STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	155262	A. BUILDING -- B. WING	05/31/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
WATERS OF SULLIVAN NURSING FACILITY, THE	505 W WOLFE ST SULLIVAN, IN 47882

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E 0000 Bldg. --	A Emergency Preparedness Recertification and State Licensure Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73. Survey Date: 05/31/23 Facility Number: 000163 Provider Number: 155262 AIM Number: 100291380 At this Emergency Preparedness survey, The Waters of Sullivan Nursing Facility was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR Subpart 483.73. The facility has 93 certified beds. At the time of the survey, the census was 45. Quality Review completed on 06/02/23	E 0000	**DISCLAIMER STATEMENT: Preparation and/or execution of this plan of correction in general, or this corrective action in particular, does not constitute an admission or agreement by this facility of the facts alleged or conclusions set forth in this statement of deficiencies. The plan of correction and specific corrective actions are prepared and/or executed in compliance with state and federal laws. This plan of correction constitutes a written allegation of substantial compliance with Federal Medicare and Medicaid requirements.**	
K 0000 Bldg. 01	A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a). Survey Date: 05/31/23 Facility Number: 000163 Provider Number: 155262 AIM Number: 100291380	K 0000	**DISCLAIMER STATEMENT: Preparation and/or execution of this plan of correction in general, or this corrective action in particular, does not constitute an admission or agreement by this facility of the facts alleged or conclusions set forth in this statement of deficiencies. The plan of correction and specific**	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclo days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	At this Life Safety Code survey, The Waters of Sullivan Nursing Facility was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.90(a), Life Safety from Fire and the 2012 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2. This one story facility was determined to be of Type V (000) construction and was fully sprinklered. The facility has a fire alarm system with hard wired smoke detectors in the corridors and spaces open to the corridors, plus battery operated smoke alarms in all resident sleeping rooms. The facility has a capacity of 93 and had a census of 45 at the time of this survey. All areas where the residents have customary access were sprinklered and all areas providing facility services were sprinklered. Quality Review completed on 06/02/23		**corrective actions are prepared and/or executed in compliance with state and federal laws. This plan of correction constitutes a written allegation of substantial compliance with Federal Medicare and Medicaid requirements.**	
K 0918 SS=F Bldg. 01	NFPA 101 Electrical Systems - Essential Electric Syste Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a			

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	year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70) 1. Based on record review and interview, the facility failed to ensure an annual fuel quality test was performed for 1 of 1 facility's diesel-powered generator. NFPA 99, Health Care Facilities Code, 2012 Edition Section 6.5.4.1.1.2 states Type 2 EES (Essential Electrical System) generator sets shall be inspected and tested in accordance with Section 6.4.4.1.1.3. Section 6.4.4.1.1.3 states maintenance shall be performed in accordance with NFPA110, Standard for Emergency and Standby Power Systems, 2010 Edition, Chapter 8. NFPA 110, Section 8.3.8 states a fuel quality test shall be performed at least annually using tests approved by ASTM standards. This deficient practice could affect all residents. Findings include:	K 0918	**K918**– It is the intent of the facility to ensure an annual fuel quality test is performed for facility's diesel powered generator to meet set standards. 1. **CORRECTIVE ACTIONS TAKEN**: a. On 1-4-23 the Facilities Certified Contractor conducted the annual fuel quality test for the diesel generator, as of 6-1-23 the documentation of the results to meet set standards are on file at the facility. b. On 6-13-23 the Maintenance Supervisor conducted the weekly inspection for the generator and documented	06/17/2023

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	Based on records review with the Maintenance Director on 05/31/23 between 9:40 a.m. and 12:10 p.m., no documentation of an annual fuel quality test within the last 12 months for the diesel generator was available for review. The most recent fuel quality test provided was dated 02/09/22. Based on interview at the time of records review, the Maintenance Director stated the diesel generator was serviced on 12/27/22, but he was unsure if the fuel was sampled for an annual quality test. The most recent annual fuel quality test was not available for review at the time of the survey. This finding was reviewed with the Executive Director and Maintenance Director at the exit conference. 2. Based on record review and interview, the facility failed to ensure a written record of weekly inspections for the generator was maintained for 2 of 52 weeks. NFPA 99, 6.4.4.1.3 requires onsite generators shall be maintained in accordance with NFPA 110, Standard for Emergency and Standby Power Systems. NFPA 110, 8.4.1 requires an Emergency Power Supply System (EPSS) including all appurtenant components, shall be inspected weekly and exercised monthly. NFPA 99, 6.4.4.2 requires a written record of inspection, performance, exercising period, and repairs for the generator to be regularly maintained and available for inspection by the authority having jurisdiction. This deficient practice could affect all residents, staff and visitors. Findings include: Based on record review with the Maintenance Director on 05/31/23 at 10:20 a.m., documentation for two weeks in October 2022 weekly generator		the results to meet set standards. 2. **ALL OTHERS WITH POTENTIAL TO BE AFFECTED**: a. All residents and all staff and visitors have the potential to be affected but none were. 3. **MEASURES TO PREVENT REOCCURRENCE**: a. On 6-13-23 the Administrator inserviced the Maintenance Supervisor/designee on the requirement that an annual fuel quality test for the diesel generator and a weekly inspection of the generator must be conducted and documented to meet set standards. b. The Maintenance Supervisor/designee will ensure an annual fuel quality test for the diesel generator and a weekly inspection of the generator is conducted and documented as a part of the facility's Preventive Maintenance Program and document those inspection results as appropriate. If any issues are discovered, they will be addressed and resolved immediately. The Maintenance Supervisor/designee will review with the Administrator the inspection results. c. The Administrator will monitor adherence to the Preventative Maintenance schedule and validate the Preventative Maintenance documentation is in place. 2. **MONITORING**	

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	testing was not available for review. Based on an interview at the time of record review, the Maintenance Director confirmed weekly generator inspection for two weeks in October 2022 was not available for review at the time of the survey. This finding was reviewed with the Executive Director and Maintenance Director at the exit conference. 3.1-19(b)		**CORRECTIVE ACTION**: a. The inspection results will be presented by the Maintenance Supervisor/designee to the Administrator monthly and the Administrator will present the inspection results at the monthly Quality Assurance/Performance Improvement (QA/PI) meeting. Inspection results and system components will be reviewed by the QA/PI Committee with subsequent plans of correction developed and implemented as deemed necessary to ensure compliance is maintained. **This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is 6-17-23.**	
K 0920 SS=D Bldg. 01	NFPA 101 Electrical Equipment - Power Cords and Extens Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assembles that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips			

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	for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4. 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5 Based on observation and interview, the facility failed to ensure 1 of 1 power strips was not used as a substitute for fixed wiring to provide power equipment with a high current draw. NFPA-70/2011, 400.8 state unless specifically permitted in 400.7 flexible cords and cables shall not be used for (1) as a substitute for fixed wiring. This deficient practice could affect up to 2 staff. Findings include: Based on observation during a tour of the facility with the Maintenance Director on 05/31/23 at 12:15 p.m. in a Conference Room across the corridor from room 25, a power strip was being used to power a dorm style refrigerator/freezer (high power draw equipment). Based on interview at the time of observation, the Maintenance Director confirmed a refrigerator was plugged into and being powered by a power strip and unplugged it at the time of observation. This finding was reviewed by the Executive Director and Maintenance Director at the exit conference. 3.1-19(b)	K 0920	**K920 -** It is the intent of the facility to ensure power strips are not used as a substitute for fixed wiring to provide power equipment with a high current draw to meet set standards. 1. **CORRECTIVE ACTIONS TAKEN**: a. On 5-31-23 the Maintenance Supervisor/designee removed the power strip from the dorm style refrigerator/freezer located in the conference room across the corridor from room 25 to meet set standards. The Administrator verified the removal of the cord on 5-31-23 . 2. **ALL OTHERS WITH POTENTAL TO BE AFFECTED**: a. All residents and all staff and visitors have the potential to be affected but none were. On 6-13-23 the Maintenance Supervisor/designee inspected all rooms throughout the facility for power strips and found no other negative findings. 3. **MEASURES TO PREVENT**	06/17/2023

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			REOCCURRENCE: a. On 6-13-23___ the Administrator inserviced the Maintenance Supervisor/designee and all other staff on the requirement that power strips are not to be used as a substitute for fixed wiring to provide power equipment with a high current draw in the facility to meet set standards. b. Maintenance Supervisor/Administrator/designee will inspect all rooms throughout the facility monthly and remove any non approved power strips found as a part of the facility's Preventive Maintenance Program and document those inspection results as appropriate. If any issues are discovered, they will be addressed and resolved immediately. The Maintenance Supervisor/designee will review with the Administrator the inspection results. c. The Administrator will monitor adherence to the Preventative Maintenance schedule and validate the Preventative Maintenance documentation is in place. 4. **MONITORING CORRECTIVE ACTION**: a. The inspection results will be presented by the Maintenance Supervisor/designee to the Administrator monthly and the Administrator will present the inspection results at the monthly	

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			Quality Assurance/Performance Improvement (QA/PI) meeting. Inspection results and system components will be reviewed by the QA/PI Committee with subsequent plans of correction developed and implemented as deemed necessary to insure compliance is maintained. **This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is 6-17-23 .**	