

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/24/2022

FORM APPROVED

OMB NO. 0938-039

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|--|---|---|--|---|---|--|----------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155202 | | X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING | | X3) DATE SURVEY COMPLETED 08/11/2022 | |
| NAME OF PROVIDER OR SUPPLIER WATERS OF GREENCASTLE, THE | | | | STREET ADDRESS, CITY, STATE, ZIP COD 1601 HOSPITAL DR GREENCASTLE, IN 46135 | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | | (X5) COMPLETION DATE |
| K 0000 Bldg. 01 | <p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 06/27/22 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a).</p> <p>Survey Date: 08/11/22</p> <p>Facility Number: 000109 Provider Number: 155202 AIM Number: 100266290</p> <p>At this PSR survey, The Waters of Greencastle, 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.</p> <p>This facility was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors and battery operated smoke detectors in all resident sleeping rooms. The facility has a capacity of 100 and had a census of 57 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. All areas providing facility services were sprinklered except for three detached equipment storage sheds which were not sprinklered.</p> <p>Quality Review completed on 08/11/22</p> | | | K 0000 | <p>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.</p> | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards 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 disclosable 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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| K 0918 SS=F Bldg. 01 | <p>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 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 maintain a complete written record</p> | | | K 0918 | <p>K918 – It is the intent of the facility to ensure to maintain a</p> | | 08/19/2022 |

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| | <p>of monthly generator load testing for 1 of the last 12 months. Chapter 6.4.4.1.1.4(a) of 2012 NFPA 99 requires monthly testing of the generator serving the emergency electrical system to be in accordance with NFPA 110, the Standard for Emergency and Standby Powers Systems, Chapter 8. NFPA 110 8.4.2.4 requires spark-ignited generator sets shall be exercised at least once a month with the available EPSS load for 30 minutes or until the water temperature and the oil pressure have stabilized. Chapter 6.4.4.2 of NFPA 99 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 occupants.</p> <p>Findings include:</p> <p>Based on record review with the Maintenance Director on 08/11/22 at 10:20 a.m., documentation for July and August 2022 generator load testing was not available for review. Based on an interview at the time of record review, the Maintenance Director confirmed that monthly load testing for July and August 2022 had not been conducted as he has not been shown how to perform monthly generator load testing.</p> <p>This finding was reviewed with the Maintenance Director at the exit conference.</p> <p>This deficiency was cited on 06/27/22. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>2. Based on record review and interview, the facility failed to ensure a written record of weekly inspections for the generator was maintained for</p> | | | | <p>complete written record of monthly generator load testing for the last 12 months and ensure a written record of weekly inspections for the generator is maintained every week to meet set standards.</p> <p>1. CORRECTIVE ACTIONS TAKEN:</p> <p>a. On _____ August 19, 2022 _____ the Administrator inserviced the Maintenance Supervisor/designee on the requirement that monthly load testing of the emergency generator must be completed and documentation retained in the Emergency Preparedness Binder to meet set standards.</p> <p>b. On _____ August 19, 2022 _____ the Administrator inserviced the Maintenance Supervisor/designee on the requirement that weekly testing for the generator must be conducted every week and documentation retained in the Emergency Preparedness Binder to meet set standards.</p> <p>c. On _____ August 19, 2022 _____ the facilities certified generator contractor was on site to complete training on the weekly testing and the monthly load testing of the emergency generator. The administrator verified this on _____ August 19, 2022 _____.</p> <p>2. ALL OTHERS WITH POTENTIAL TO BE AFFECTED:</p> <p>a. All residents and all staff</p> | | |

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| | <p>20 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.</p> <p>Findings include:</p> <p>Based on record review with the Maintenance Director on 08/11/22 at 10:20 a.m., documentation for weekly generator testing was last documented 07/11/2022. Based on an interview at the time of record review, the Maintenance Director confirmed that weekly generator inspections have not been documented since 07/11/2022.</p> <p>This finding was reviewed with the Maintenance Director at the exit conference.</p> <p>This deficiency was cited on 06/27/22. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>3.1-19(b)</p> | | | | <p>and visitors have the potential to be affected but none were. The facility has only one emergency generator.</p> <p>3. MEASURES TO PREVENT REOCCURRENCE:</p> <p>a. Maintenance Supervisor/designee will inspect and test the emergency generator weekly and perform monthly load testing as required and retain documentation of those tests and inspections in the facility's Emergency Preparedness Binder 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.</p> <p>b. The Administrator will monitor adherence to the Preventative Maintenance schedule and validate the Preventative Maintenance documentation is in place.</p> <p>4. MONITORING CORRECTIVE ACTION:</p> <p>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</p> | | |

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| | | | | <p>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.</p> <p>This plan of correction constitutes our credible allegation of compliance with all regulatory requirements.</p> <p>Our date of compliance is _____ August 19, 2022_____.</p> | | | |