

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

PRINTED: 12/13/2024
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155656		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING		X3) DATE SURVEY COMPLETED 11/26/2024	
NAME OF PROVIDER OR SUPPLIER CANTERBURY NURSING AND REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 2827 NORTHGATE BLVD FORT WAYNE, IN 46835			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
E 0000 Bldg. --	An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73. Survey Date: 11/26/24 Facility Number: 000275 Provider Number: 155656 AIM Number: 100290930 At this Emergency Preparedness survey, Canterbury Nursing and Rehabilitation Center was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73. The facility has a capacity of 142 and had a census of 103 at the time of this survey. Quality Review completed on 11/27/24			E 0000	This facility is requesting paper compliance		
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: 11/26/24 Facility Number: 000275 Provider Number: 155656 AIM Number: 100290930 At this Life Safety Code survey, Canterbury Nursing and Rehabilitation Center was found not in compliance with Requirements for Participation			K 0000	This facility is requesting paper compliance		

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

TITLE

(X6) DATE

MEETA ANAND

EXECUTIVE DIRECTOR

12/12/2024

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that 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 30 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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K 0920 SS=E Bldg. 01	<p>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 one-story facility with a partial second-story office occupancy was separated by a two-hour floor assembly, 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, areas open to the corridors and battery-operated smoke detectors in all resident rooms. The facility is fully protected by Type II 350 kW diesel powered generator. The facility has a capacity of 142 and had a census of 103 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. The facility had a detached garage containing lawn equipment, maintenance equipment, and supplies that was not sprinklered.</p> <p>Quality Review completed on 11/27/24</p> <p>NFPA 101 Electrical Equipment - Power Cords and Extens</p> <p>Based on observation and interview, the facility failed to ensure flexible cords and adapters were not used in 4 of 9 smoke compartments as a substitute for fixed wiring. LSC 9.1.2 requires electrical wiring and equipment shall be in accordance with NFPA 70, National Electrical Code. NFPA 70, 2011 Edition, Article 400.8 requires that, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice could affect residents staff and visitors in 4 of 9 smoke compartments.</p>			K 0920	<p>K 920</p> <p>Based on observation and interview, the facility failed to ensure flexible cords and adapters were not used in 4 of 9 smoke compartments as a substitute for fixed wiring.</p> <p>what corrective action(s) will be accomplished for those residents found to have been affected by the deficient</p>		12/20/2024

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	<p>Findings include:</p> <p>Based on observation and interview with the Executive Director and Maintenance Supervisor from 12:05 p.m. to 2:25 p.m. on 11/26/24, 1.) A power strip was found powering a high-amperage refrigerator in resident room 209. 2.) A power strip was found powering a high-amperage refrigerator in Housekeeping Manager's office, 3.) A power strip used for office equipment was plugged into and supplied power by a second power strip in the business manager's office, and 4.) A multiplug adapter that was not UL 1363A was found powering a lamp, night light, and radio in resident room 525. Based on interview with the Maintenance Supervisor and Administrator at the time of observation, they acknowledged the improper use of the power strips and adapters, stating that the managers know to not use the power strips as observed. The Maintenance Supervisor also stated he believes that family members often provide power strips and adapters without the facility's knowledge.</p> <p>This finding was reviewed with the Executive Director and Maintenance Supervisor at the exit conference.</p> <p>3.1-19(b)</p>				<p>practice;</p> <p>The four resident rooms and offices found to have deficient practice during the survey were immediately corrected by ensuring that the power strips that were found powering high amperage refrigerators were immediately disconnected and powered directly into the wall outlet. In addition, the second power strip was removed from the business office manager's office. Also, the multi plug adapter found in the resident's room that was not UL 1363A was immediately replaced with a UL 1363A adapter.</p> <p>how other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken;</p> <p>This deficient practice could affect residents, staff and visitors in all the 9 smoke compartments of the facility. This deficient practice will be corrected by ensuring flexible cords and adapters are not used in all 9 smoke compartments as a substitute for fixed wiring per the NFPA 70, 2011 Edition, Article 400.8. If not compliant, they will be immediately disconnected and powered directly into wall outlet and /or replaced with a UL 1363A adapter as applicable.</p> <p>All rooms and offices were checked by the Maintenance</p>		

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			<p>Director to ensure there were no other inappropriate power strips.</p> <p>what measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur;</p> <p>Maintenance Director and designee (Maintenance Assistant) will be educated by the Director of Property Management on NFPA 70, 2011 Edition, Article 400.8 which states that "unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure".</p> <p>The Interdisciplinary team and All staff will be educated by the Maintenance Director regarding NFPA 70, 2011 Edition, Article 400.8 guidelines on usage of power strips and usage of approved UL 1363A adapters.</p> <p>Also, if not in compliance, a work order needs to be generated so the maintenance department can address it immediately.</p> <p>how the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place</p> <p>QAPI Audit Tool- "K 920- Flexible cords and Adapters" will be completed weekly times 4 weeks</p>		

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			then every 2 weeks times 4 weeks then monthly for at least 6 months by the Maintenance Director or designee. This will be presented and reviewed by the Interdisciplinary Team at the QAPI meeting each month. If 100% is not achieved an action plan will be developed. By what date the systemic changes for each deficiency will be completed. The systemic changes will be completed by December 20th, 2024		