

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

PRINTED: 08/01/2023  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155682		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING		X3) DATE SURVEY COMPLETED 07/06/2023	
NAME OF PROVIDER OR SUPPLIER  WOODMONT HEALTH CAMPUS				STREET ADDRESS, CITY, STATE, ZIP COD 1325 ROCKPORT RD BOONVILLE, IN 47601			
(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
E 0000  Bldg. --	<p>An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73.</p> <p>Survey Date: 07/06/23</p> <p>Facility Number: 002724 Provider Number: 155682 AIM Number: 200309330</p> <p>At this Emergency Preparedness survey, Woodmont Health Campus was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73</p> <p>The facility has 60 certified beds. At the time of the survey, the census was 54.</p> <p>Quality Review completed on 07/14/23</p>			E 0000			
K 0000  Bldg. 01	<p>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).</p> <p>Survey Date: 07/06/23</p> <p>Facility Number: 002724 Provider Number: 155682 AIM Number: 200309330</p> <p>At this Life Safety Code survey, Woodmont</p>			K 0000			

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

TITLE

(X6) DATE

Jessica West

Executive Director

07/28/2023

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 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 0131 SS=F Bldg. 01	<p>Health Campus 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 one story facility was determined to be of Type V (111) construction and was sprinklered. The facility has a fire alarm system with hard wired smoke detectors in the corridors, spaces open to the corridors and all resident sleeping rooms. The facility has a capacity of 60 and had a census of 54 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered and all areas providing facility services were sprinklered.</p> <p>Quality Review completed on 07/14/23</p> <p>NFPA 101 Multiple Occupancies Multiple Occupancies - Sections of Health Care Facilities Sections of health care facilities classified as other occupancies meet all of the following:</p> <ul style="list-style-type: none"> <li>o They are not intended to serve four or more inpatients for purposes of housing, treatment, or customary access.</li> <li>o They are separated from areas of health care occupancies by construction having a minimum two hour fire resistance rating in accordance with Chapter 8.</li> <li>o The entire building is protected throughout by an approved, supervised automatic sprinkler system in accordance</li> </ul>						

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	<p>with Section 9.7.</p> <p>Hospital outpatient surgical departments are required to be classified as an Ambulatory Health Care Occupancy regardless of the number of patients served.</p> <p>19.1.3.3, 42 CFR 482.41, 42 CFR 485.623</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 single fire door in the 2 hour fire separation wall between the Assisted Living section of the facility and the skilled health care section of the facility was not held open by an object that would not allow the door to close automatically and would close fully and latched when tested. LSC 8.3.3.1 states openings required to have a fire protection rating of 1 1/2 hour in a 2 hour fire wall or partition shall be protected by approved, listed, labeled fire door assemblies and fire window assemblies and their accompanying hardware, including all frames, closing devices, anchorage, and sills in accordance with the requirements of NFPA 80, Standard for Fire Doors and Other Opening Protectives. 8.3.3.2.2 states all products required shall bear an approved label.</p> <p>This deficient practice could affect all residents while in the dining room.</p> <p>Findings include:</p> <p>Based on observation on 07/06/23 between 2:10 p.m. and 4:15 p.m. during a tour of the facility with the Director of Plant Operations and the Regional Facility Support person, the single 90 minute rated fire door between the kitchen and dining room, which is part of the two hour fire wall that separates the Assisted Living section and the skilled health care section of the facility was held half open with a rubber door wedge. Furthermore, when the rubber door wedge was removed, the door did not close fully and latch when tested</p>			K 0131	<p><b>Immediate Intervention</b></p> <p>The Director of Plant Operations completed adjustments and repairs to the door between the Health Center dining room and the kitchen to ensure it closed fully. Additionally, education was completed the Director of Plant Operations on the regulation stating the door must not be propped open.</p> <p>The Director of Plant Operations was educated by the Executive Director on K131 Multiple Occupancies. [Sections of a health care facility] are separated from areas of health care occupancies by construction having a minimum two hour fire resistance rating in accordance with NFPA 80, Standard for Fire Doors and Other Openings Chapter 8.</p> <p>The Director of Plant Operations will audit the closure of the doors between Health Center and the Kitchen 3 x week for 1 month, 1 x a week for 2 months and 1 x a month for 3 months.</p> <p>The results of these inspections will be presented by Executive Director to the QAPI committee for further recommendations and</p>		07/28/2023

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K 0222 SS=E Bldg. 01	<p>several times. There was a three inch gap between the door and its frame when attempted to close. Based on interview at the time of observation, the Director of Plant Operations said it would not close fully due to an air flow issue. This was acknowledged by both Director of Plant Operations and the Regional Facility Support person at the time of observation.</p> <p>This finding was reviewed with the Executive Director, Director of Plant Operations and the Regional Facility Support person during the exit conference.</p> <p>3.1-19(b)</p> <p>NFPA 101 Egress Doors Egress Doors</p> <p>Doors in a required means of egress shall not be equipped with a latch or a lock that requires the use of a tool or key from the egress side unless using one of the following special locking arrangements: CLINICAL NEEDS OR SECURITY THREAT LOCKING</p> <p>Where special locking arrangements for the clinical security needs of the patient are used, only one locking device shall be permitted on each door and provisions shall be made for the rapid removal of occupants by: remote control of locks; keying of all locks or keys carried by staff at all times; or other such reliable means available to the staff at all times.</p> <p>18.2.2.2.5.1, 18.2.2.2.6, 19.2.2.2.5.1, 19.2.2.2.6</p> <p>SPECIAL NEEDS LOCKING ARRANGEMENTS</p> <p>Where special locking arrangements for the</p>				<p>continue until the Quality Assurance Team determines substantial compliance has been achieved.</p> <p>The deficient practice could affect all residents, staff and visitors.</p>		

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	<p>safety needs of the patient are used, all of the Clinical or Security Locking requirements are being met. In addition, the locks must be electrical locks that fail safely so as to release upon loss of power to the device; the building is protected by a supervised automatic sprinkler system and the locked space is protected by a complete smoke detection system (or is constantly monitored at an attended location within the locked space); and both the sprinkler and detection systems are arranged to unlock the doors upon activation.</p> <p>18.2.2.2.5.2, 19.2.2.2.5.2, TIA 12-4 DELAYED-EGRESS LOCKING ARRANGEMENTS Approved, listed delayed-egress locking systems installed in accordance with 7.2.1.6.1 shall be permitted on door assemblies serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system or an approved, supervised automatic sprinkler system.</p> <p>18.2.2.2.4, 19.2.2.2.4 ACCESS-CONTROLLED EGRESS LOCKING ARRANGEMENTS Access-Controlled Egress Door assemblies installed in accordance with 7.2.1.6.2 shall be permitted.</p> <p>18.2.2.2.4, 19.2.2.2.4 ELEVATOR LOBBY EXIT ACCESS LOCKING ARRANGEMENTS Elevator lobby exit access door locking in accordance with 7.2.1.6.3 shall be permitted on door assemblies in buildings protected throughout by an approved, supervised automatic fire detection system and an approved, supervised automatic sprinkler system.</p>						

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K 0341 SS=E Bldg. 01	<p>18.2.2.2.4, 19.2.2.2.4</p> <p>Based on observation and interview, the facility failed to ensure the means of egress through 2 of 8 locked exit doors was readily and easily accessible for residents, staff, and visitors. This deficient practice could affect at least 10 residents, as well as staff and visitors.</p> <p>Findings include:</p> <p>Based on observations on 07/06/23 between 2:10 p.m. and 4:15 p.m. during a tour of the facility with the Director of Plant Operations and Regional Facility Support person, the Service Hall exit door (across from the courtyard access door), and the 300 Hall exit door, both required heavy force to open when the door code was pushed on the keypad. The magnetic locks did release when the code was entered, however, both doors took heavy force several times to open. Based on interview at the time of observation, the Director of Plant Operations acknowledged both exit doors required heavy force to open.</p> <p>This finding was reviewed with the Executive Director, Director of Plant Operations, and Regional Facility Support person during the exit conference.</p> <p>3.1-19(b)</p> <p>NFPA 101 Fire Alarm System - Installation Fire Alarm System - Installation A fire alarm system is installed with systems</p>			K 0222	<p><b>Immediate Intervention</b></p> <p>The Director of Plant Operations, contacted a contractor to repair to the Service Hall exit door and the 300 Hall exit door that required heavy force to open. Architectural sales building new doors. The estimated date</p> <p>The Director of Plant Operations was educated by the Executive Director on K222, NFPA 101, Egress Doors 18.2.2.2.4, 19.2.2.2.4. Doors in a required means of egress shall not be equipped with a latch or a lock that requires the use of a tool or key from the egress side unless using one of the following special locking arrangements:</p> <p>The Director of Plant Operations will inspect the deficient doors for proper operation 1 x week for 1 month and 1 x a month for 3 months.</p> <p>The results of these inspections will be presented by Executive Director to the QAPI committee for further recommendations and continue until the Quality Assurance Team determines substantial compliance has been achieved.</p> <p>The deficient practice could affect all residents, staff and visitors.</p>		07/28/2023

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	<p>and components approved for the purpose in accordance with NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm Code to provide effective warning of fire in any part of the building. In areas not continuously occupied, detection is installed at each fire alarm control unit. In new occupancy, detection is also installed at notification appliance circuit power extenders, and supervising station transmitting equipment. Fire alarm system wiring or other transmission paths are monitored for integrity.</p> <p>18.3.4.1, 19.3.4.1, 9.6, 9.6.1.8</p> <p>Based on observation and interview, the facility failed to ensure 2 of over 100 hard wired smoke detectors in the facility were not installed where air flow would adversely affect its operation. NFPA 72, 2010 edition, 17.7.6.3.2 requires that smoke detectors shall not be located directly in the airstream of supply registers. Section 17.7.4.1 requires in spaces served by air handling systems, detectors shall not be located where air flow prevents operation of the detectors. A.17.7.4.1 states detectors should not be located in a direct airflow or closer than 36 inches from an air supply diffuser or return air opening. This deficient practice could affect mostly staff.</p> <p>Findings include:</p> <p>Based on observations on 07/06/23 between 2:10 p.m. and 4:15 p.m. during a tour of the facility with the Director of Plant Operations and Regional Facility Support person, ceiling mounted smoke detectors in the maintenance office and employee break room were both only 28 inches from air supply vents. Based on interview at the time of each observation, the Director of Plant Operations agreed the smoke detectors in question were to</p>			K 0341	<p><b>Immediate Intervention</b></p> <p>The Director of Plant Operations installed deflectors to the air vent located in the maintenance office and breakroom with a minimum of 36in. from the air supply.</p> <p>The Director of Plant Operations was educated by the Executive Director on K341, Fire Alarm System – installation. A fire alarm system is installed with systems and components approved for the purpose in accordance with NFPA 72, National Fire Alarm Code, 2010 Edition. 17.7.6.3.2</p> <p>The Director of Plant Operations will audit the smoke detector in the breakroom for location 1 X per week X 4weeks X 1 months. Results of this audit will be presented by Executive Director to the QAPI committee for further recommendations and continue until the Quality Assurance Team determines substantial compliance has been achieved.</p>		07/28/2023

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K 0353 SS=C Bldg. 01	<p>close to air supply vents.</p> <p>This finding was reviewed with the Executive Director, Director of Plant Operations, and Regional Facility Support person during the exit conference.</p> <p>3.1-19(b)</p> <p>NFPA 101 Sprinkler System - Maintenance and Testing Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available.</p> <p>a) Date sprinkler system last checked</p> <p>b) Who provided system test</p> <p>c) Water system supply source</p> <p>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 Based on record review and interview, the facility failed to document sprinkler system inspections in accordance with NFPA 25 for 1 of 1 sprinkler system. NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 2011 Edition, Section 5.1.2 states valves and fire department connections shall be inspected, tested, and maintained in accordance with Chapter 13. Section 13.1.1.2 states Table 13.1.1.2 shall be utilized for</p>			K 0353	<p>This deficient practice could affect staff in the breakroom.</p> <p><b>Immediate Intervention</b> The Director of Plant Operations performed a visual inspection of the sprinkler valves. The Director of Plant Operations was educated by the Executive Director on K353 Sprinkler System-Maintenance and Testing 9.7.5, 9.7.7, 9.7.8, and NFPA 25. The Director of Plant Operations</p>		07/28/2023



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K 0500 SS=C Bldg. 01	<p>inspection, testing and maintenance of valves, valve components and trim. Section 4.3.1 states records shall be made for all inspections, tests, and maintenance of the system and its components and shall be made available to the authority having jurisdiction upon request. This deficient practice could affect all residents, staff, and visitors in the facility.</p> <p>Findings include:</p> <p>Based on record review on 07/06/23 between 10:15 a.m. and 2:10 p.m. with the Director of Plant Operations and Regional Facility Support person present, there was no monthly sprinkler system control valves inspection documentation for the past 12 month period. Based on interview at the time of record review, the Director of Plant Operations confirmed the lack of sprinkler system inspections on the control valves during the past 12 months.</p> <p>This finding was reviewed with the Executive Director, Director of Plant Operations, and Regional Facility Support person during the exit conference.</p> <p>3.1-19(b)</p> <p>NFPA 101 Building Services - Other Building Services - Other List in the REMARKS section any LSC Section 18.5 and 19.5 Building Services requirements that are not addressed by the provided K-tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. Based on record review and interview, the facility</p>			K 0500	<p>performed a visual inspection of the sprinkler valves. As a quality measure, the ED or designee will review any findings and corrective action at least monthly x6 months and x1 per quarterly until 100% compliance is achieved. All findings will be reviewed monthly in the Quality Assurance Performance Improvement meetings. Results of this audit will be presented by Executive Director to the QAPI committee for further recommendations and continue until the Quality Assurance Team determines substantial compliance has been achieved. The deficient practice could affect all residents, staff and visitors.</p> <p><b>Immediate Intervention</b></p>		07/28/2023

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K 0511 SS=D Bldg. 01	<p>failed to ensure 2 of 2 fuel-fired boilers had current inspection certificates to ensure the boilers were in safe operating condition. NFPA 101, Section 19.1.1.3.1 requires all health facilities to be designed, constructed, maintained, and operated to minimize the possibility of a fire emergency requiring the evacuation of occupants. This deficient practice could affect all residents, staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on record review on 07/06/23 between 10:15 a.m. and 2:10 p.m. with the Director of Plant Operations and Regional Facility Support person present, the two fuel-fired boilers in the facility had certificates with expiration dates of 06/03/23. Based on interview at the time of record review, the Director of Plant Operations confirmed the expiration dates of the two fuel-fired boilers.</p> <p>This finding was reviewed with the Executive Director, Director of Plant Operations, and Regional Facility Support person during the exit conference.</p> <p>3.1-19(b)</p> <p>NFPA 101 Utilities - Gas and Electric Utilities - Gas and Electric Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life. 18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2 Based on observation and interview, the facility failed to ensure 1 of over 10 wet locations, were</p>			K 0511	<p>The Director of Plant Operations contacted Traveler's Insurance for inspection and subsequent inspection certificates showing the boilers are in safe operating condition.</p> <p>Director of plant Operations was educated by the Executive Director on K500 Building Services - Other and NFPA 101 Section 19.1.1.3.1.</p> <p>The Executive Director and the Director of Plant Operations conducted a one day audit to ensure that the two-fuel fired boilers had updated certificates. The results of these inspections will be presented by Executive Director to the QAPI committee for further recommendations and continue until the Quality Assurance Team determines substantial compliance has been achieved.</p> <p>The deficient practice could affect all residents, staff and visitors in the facility.</p> <p><b>Immediate Intervention</b> The Director of Plant Operations</p>		07/28/2023

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	<p>provided with ground fault circuit interrupter (GFCI) protection against electric shock. NFPA 70, NEC 2011 Edition at 210.8 Ground-Fault Circuit-Interrupter Protection for Personnel, states, ground-fault circuit-interruption for personnel shall be provided as required in 210.8(A) through (C). The ground-fault circuit-interrupter shall be installed in a readily accessible location.</p> <p>Informational Note: See 215.9 for ground-fault circuit interrupter protection for personnel on feeders.</p> <p>(B) Other Than Dwelling Units. All 125-volt, single-phase, 15- and 20-ampere receptacles installed in the locations specified in 210.8(B)(1) through (8) shall have ground-fault circuit-interrupter protection for personnel.</p> <p>(1) Bathrooms (2) Kitchens (3) Rooftops (4) Outdoors</p> <p>Exception No. 1 to (3) and (4): Receptacles that are not readily accessible and are supplied by a branch circuit dedicated to electric snow-melting, deicing, or pipeline and vessel heating equipment shall be permitted to be installed in accordance with 426.28 or 427.22, as applicable.</p> <p>Exception No. 2 to (4): In industrial establishments only, where the conditions of maintenance and supervision ensure that only qualified personnel are involved, an assured equipment grounding conductor program as specified in 590.6(B)(2) shall be permitted for only those receptacle outlets used to supply equipment that would create a greater hazard if power is interrupted or having a design that is not compatible with GFCI protection.</p> <p>(5) Sinks - where receptacles are installed within 1.8 m (6 ft.) of the outside edge of the sink.</p> <p>Exception No. 1 to (5): In industrial laboratories,</p>				<p>replaced outlet within 4 feet of the sink in the Nourishment Room with Hospital Grade GFCI outlet. Director of plant Operations was educated by the Executive Director on K511 NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life 18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2. The Director of Plant Operations will visually inspect affected location for Hospital Grade GFCI outlet 1 X per week X 8 weeks. The Executive Director will present the results of visual inspection thru the QAPI committee for further recommendations and will continue until QAPI team determines substantial compliance has been achieved.</p>		

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155682		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING		X3) DATE SURVEY COMPLETED 07/06/2023	
NAME OF PROVIDER OR SUPPLIER  WOODMONT HEALTH CAMPUS				STREET ADDRESS, CITY, STATE, ZIP COD 1325 ROCKPORT RD BOONVILLE, IN 47601			
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	<p>receptacles used to supply equipment where removal of power would introduce a greater hazard shall be permitted to be installed without GFCI protection.</p> <p>Exception No. 2 to (5): For receptacles located in patient bed locations of general care or critical care areas of health care facilities other than those covered under</p> <p>210.8(B)(1), GFCI protection shall not be required.</p> <p>(6) Indoor wet locations</p> <p>(7) Locker rooms with associated showering facilities</p> <p>(8) Garages, service bays, and similar areas where electrical diagnostic equipment, electrical hand tools.</p> <p>NFPA 70, 517-20 Wet Locations, requires all receptacles and fixed equipment within the area of the wet location to have ground-fault circuit interrupter (GFCI) protection. Note: Moisture can reduce the contact resistance of the body, and electrical insulation is more subject to failure. This deficient practice could affect mostly staff while in the Nourishment Room.</p> <p>Findings include:</p> <p>Based on observations on 07/06/23 between 2:10 p.m. and 4:15 p.m. during a tour of the facility with the Director of Plant Operations and Regional Facility Support person, the electric receptacle within four feet of the sink in the Nourishment Room was not provided with a GFCI receptacle. When tested with a GFCI testing device the receptacle did not break the electrical circuit. Based on interview at the time of observation, the Director of Plant Operations agreed the receptacle in the Nourishment Room was not properly GFCI protected.</p> <p>This finding was reviewed with the Executive</p>						

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K 0712 SS=F Bldg. 01	<p>Director, Director of Plant Operations, and Regional Facility Support person during the exit conference.</p> <p>3.1-19(b)</p> <p>NFPA 101 Fire Drills Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms.</p> <p>19.7.1.4 through 19.7.1.7 Based on record review and interview, the facility failed to provide quarterly fire drill documentation for 2 of 3 shifts during 3 of 4 quarters. This deficient practice could affect all residents, as well as staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on review of the facility's fire drill reports on 07/06/23 between 10:15 a.m. and 2:10 p.m. with the Director of Plant Operations and Regional Facility Support person present, there were 12 fire drills performed during the past 12 month period, however, the facility lacked fire drill documentation for the following shifts and quarters during the past 12 month period:</p> <p>a. Second shift (evening) of the first quarter (January, February, and March) of 2023</p> <p>b. Third shift (night) of the fourth quarter</p>			K 0712	<p><b>Immediate Intervention</b></p> <p>The Director of Plant Operations conducted a fire drill on first shift July 21, 2023.</p> <p>The Director of Plant Operations was educated by the Executive Director on NFPA 101 Fire Drills. Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift.</p> <p>The Director of Plant Operations will inspect drills 1 x per month x 3 months for proper varying timing of fire drills.</p> <p>Results of these inspections will</p>		07/28/2023

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	<p>(October, November, and December) of 2022, and, second quarter (April, May, and June) of 2023. Based on interview at the time of record review, the Director of Plant Operations confirmed the lack of fire drill reports during the previously mentioned shifts and quarters.</p> <p>This finding was reviewed with the Executive Director, Director of Plant Operations and the Regional Facility Support person during the exit conference.</p> <p>3.1-19(b)</p>				<p>be presented by Executive Director to the QAPI committee for further recommendations and continue until the Quality Assurance Team determines substantial compliance has been achieved.</p> <p>The deficient practice could affect all residents, staff and visitors in the facility.</p>		