

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

PRINTED: 11/02/2022  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155660		X2) MULTIPLE CONSTRUCTION A. BUILDING      -- B. WING            _____		X3) DATE SURVEY COMPLETED 10/04/2022	
NAME OF PROVIDER OR SUPPLIER  PULASKI HEALTH CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 624 E 13TH ST WINAMAC, IN 46996			
(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: 10/04/22</p> <p>Facility Number: 000553 Provider Number: 155660 AIM Number: 100267430</p> <p>At this Emergency Preparedness survey, Pulaski Health Care Center was found not in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73</p> <p>The facility has 58 certified beds. At the time of the survey, the census was 39.</p> <p>Quality Review completed on 10/05/22</p>			E 0000	<p>The preparation and execution of this Plan of Correction does not constitute admission or agreement, by the provider, of the alleged deficiencies, or the conclusion set forth in the Statement of Deficiencies. The Plan of Correction is prepared and executed solely because it is required by the provisions of federal and state law. This provider maintains that the alleged deficiencies do not individually or collectively jeopardize the health and safety of its residents, nor are they of such character as to limit this provider's capacity to render adequate resident care. Furthermore, the operation and licensure of the long-term care facility and this Plan of Correction in its entirety, constitutes this provider's credible allegation of compliance. Completion dates are provided for procedural purposes to comply with state and federal regulations, and correlate with the most recent contemplated or accomplished corrective action. These dates do not necessarily correspond chronologically to the date the provider is of the opinion that it was in compliance with the requirements of participation.</p> <p>We are respectfully requesting a desk review to clear any and all</p>		

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

TITLE

(X6) DATE

Thelma Jean Fort

Administrator

10/31/2022

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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E 0041 SS=F Bldg. --	<p>482.15(e), 483.73(e), 485.625(e) Hospital CAH and LTC Emergency Power §482.15(e) Condition for Participation: (e) Emergency and standby power systems. The hospital must implement emergency and standby power systems based on the emergency plan set forth in paragraph (a) of this section and in the policies and procedures plan set forth in paragraphs (b)(1) (i) and (ii) of this section.</p> <p>§483.73(e), §485.625(e) (e) Emergency and standby power systems. The [LTC facility and the CAH] must implement emergency and standby power systems based on the emergency plan set forth in paragraph (a) of this section.</p> <p>§482.15(e)(1), §483.73(e)(1), §485.625(e)(1) Emergency generator location. The generator must be located in accordance with the location requirements found in the Health Care Facilities Code (NFPA 99 and Tentative Interim Amendments TIA 12-2, TIA 12-3, TIA 12-4, TIA 12-5, and TIA 12-6), Life Safety Code (NFPA 101 and Tentative Interim Amendments TIA 12-1, TIA 12-2, TIA 12-3, and TIA 12-4), and NFPA 110, when a new structure is built or when an existing structure or building is renovated.</p> <p>482.15(e)(2), §483.73(e)(2), §485.625(e)(2) Emergency generator inspection and testing. The [hospital, CAH and LTC facility] must implement the emergency power system inspection, testing, and [maintenance]</p>				proposed or implemented remedies that have been presented to date.		

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	<p>requirements found in the Health Care Facilities Code, NFPA 110, and Life Safety Code.</p> <p>482.15(e)(3), §483.73(e)(3), §485.625(e)(3) Emergency generator fuel. [Hospitals, CAHs and LTC facilities] that maintain an onsite fuel source to power emergency generators must have a plan for how it will keep emergency power systems operational during the emergency, unless it evacuates.</p> <p>*[For hospitals at §482.15(h), LTC at §483.73(g), and CAHs §485.625(g):] The standards incorporated by reference in this section are approved for incorporation by reference by the Director of the Office of the Federal Register in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. You may obtain the material from the sources listed below. You may inspect a copy at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: <a href="http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html">http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html</a>. If any changes in this edition of the Code are incorporated by reference, CMS will publish a document in the Federal Register to announce the changes. (1) National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02169, <a href="http://www.nfpa.org">www.nfpa.org</a>, 1.617.770.3000. (i) NFPA 99, Health Care Facilities Code, 2012 edition, issued August 11, 2011. (ii) Technical interim amendment (TIA) 12-2 to</p>						

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	<p>NFPA 99, issued August 11, 2011.</p> <p>(iii) TIA 12-3 to NFPA 99, issued August 9, 2012.</p> <p>(iv) TIA 12-4 to NFPA 99, issued March 7, 2013.</p> <p>(v) TIA 12-5 to NFPA 99, issued August 1, 2013.</p> <p>(vi) TIA 12-6 to NFPA 99, issued March 3, 2014.</p> <p>(vii) NFPA 101, Life Safety Code, 2012 edition, issued August 11, 2011.</p> <p>(viii) TIA 12-1 to NFPA 101, issued August 11, 2011.</p> <p>(ix) TIA 12-2 to NFPA 101, issued October 30, 2012.</p> <p>(x) TIA 12-3 to NFPA 101, issued October 22, 2013.</p> <p>(xi) TIA 12-4 to NFPA 101, issued October 22, 2013.</p> <p>(xiii) NFPA 110, Standard for Emergency and Standby Power Systems, 2010 edition, including TIAs to chapter 7, issued August 6, 2009..</p> <p>Based on record review and interview, the facility failed to implement the emergency power system inspection, testing, and maintenance requirements found in the Health Care Facilities Code, NFPA 110, and Life Safety Code in accordance with 42 CFR 483.73(e)(2). This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on record review with the facility Administrator on 10/05/22 at 11:30 a.m., documentation for monthly testing of the facilities generator was not available for review. Further record review found that the facility had no documentation of any monthly generator testing available for review within the last 12-month</p>			E 0041	<p>1.) What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>A: Training scheduled for October 21, 2022 with Herman and Goetz for new Maintenance Director and assistant to learn how to conduct the 4 hour and 30 minute load test. On October 31, 2022, Herman and Goetz provided an additional training to the Maintenance Director and assistant on the 30 minute load test and the proper documentation on the form. Maintenance Director or Assistant will continue to</p>		10/31/2022

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	<p>period either. Based on an interview at the time of record review, the facility Administrator stated that their Life Safety Code Consultant advised the facility that they did not have to conduct monthly testing well over a year ago, and that was why there was no documentation available as of the time of this survey.</p>				<p>inspect the generator weekly, exercise under load for 30 minutes monthly and conduct 4hour load test at least every 36 months.</p> <p>2.) How other residents having the potential to be affected by the same alleged deficient practice will be identified and what corrective action(s) will be taken? A: All residents in facility have the potential to be affected. Maintenance staff will be properly trained by Herman &amp; Goetz and will conduct the 4 hour generator load tests per regulation. Maintenance will continue to inspect the generator weekly and will continue to inspect the generator weekly, exercise under load for 30 minutes monthly and conduct 4hour load test at least every 36 months.</p> <p>3.) What measures will be put into place and what systemic changes will be made to ensure that the alleged deficient practice does not recur? A: Herman &amp; Goetz provided training to the maintenance staff and will continue to provide ongoing monthly training to ensure maintenance staff are inspecting and testing generator properly and to ensure the documentation is correct. Maintenance staff will inspect the generator weekly, exercise under load for 30 minutes monthly and conduct 4hour load</p>		

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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: 10/04/22</p> <p>Facility Number: 000553 Provider Number: 155660 AIM Number: 100267430</p> <p>At this Life Safety Code survey, Pulaski Health Care Center was found not in compliance with Requirements for Participation in</p>			K 0000	<p>test at least every 36 months.</p> <p>4.) How the corrective action(s) will be monitored to ensure the alleged deficient practice will not recur; what quality assurance program will be put into place? A: Maintenance will provide Administrator a copy of the log sheets each month to be reviewed in the monthly Quality Assurance Meeting. The QA Committee will review and make revisions as warranted on the basis of compliance.</p> <p>5.) By what date the systemic changes will be completed? A: October 31, 2022</p> <p>The preparation and execution of this Plan of Correction does not constitute admission or agreement, by the provider, of the alleged deficiencies, or the conclusion set forth in the Statement of Deficiencies. The Plan of Correction is prepared and executed solely because it is required by the provisions of federal and state law. This provider maintains that the alleged deficiencies do not individually or collectively jeopardize the health</p>		

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K 0291 SS=F Bldg. 01	<p>Medicare/Medicaid, 42 CFR Subpart 483.90(a), Life Safety from Fire, 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, consisting of the original building and a later addition was surveyed as one building since both were determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with hard wired smoke detection in the corridors, spaces open to the corridors, and resident rooms in the northeast wing. All other resident rooms are equipped with battery powered single station smoke detectors. The facility has the capacity for 58 and had a census of 39 at the time of this survey.</p> <p>All areas residents have customary access to were sprinklered. One detached equipment shed was unsprinklered.</p> <p>Quality Review completed on 10/05/22</p> <p>NFPA 101 Emergency Lighting Emergency Lighting Emergency lighting of at least 1-1/2-hour duration is provided automatically in accordance with 7.9. 18.2.9.1, 19.2.9.1 Based on observation and interview, the facility failed to ensure 1 of 1 battery backup lights were tested annually for 90 minutes over the past year to ensure the light would provide lighting during periods of power outages and a written record of visual inspections and tests was provided.</p>			K 0291	<p>and safety of its residents, nor are they of such character as to limit this provider's capacity to render adequate resident care. Furthermore, the operation and licensure of the long-term care facility and this Plan of Correction in its entirety, constitutes this provider's credible allegation of compliance. Completion dates are provided for procedural purposes to comply with state and federal regulations, and correlate with the most recent contemplated or accomplished corrective action. These dates do not necessarily correspond chronologically to the date the provider is of the opinion that is was in compliance with the requirements of participation.</p> <p>We are respectfully requesting a desk review to clear any and all proposed or implemented remedies that have been presented to date.</p> <p>1.) What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? A: Maintenance Director or designee will complete the annual</p>		10/10/2022

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	<p>Section 7.9.3.1.1 (1) requires functional testing shall be conducted monthly, with a minimum of 3 weeks and a maximum of 5 weeks between tests, for not less than 30 seconds, (3) Functional testing shall be conducted annually for a minimum of 1 1/2 hours if the emergency lighting system is battery powered and (5) Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction. This deficient practice could affect all residents in the facility.</p> <p>Findings include:</p> <p>Based on record review with the facility Administrator on 10/05/22 at 11:26 a.m., the Battery-Operated Emergency Light Test Log for 2022 indicated one battery operated light located at the outside emergency generator location and there was 30 second tests conducted monthly from January 4th of 2021 to the present. No documentation could be provided regarding a 90-minute test of the battery-operated emergency light. Based on observations during a tour of the facility with the facility Administrator, there was a battery-operated emergency light located at the emergency generator. The lack of annual 90-minute testing of the battery-operated exit light was verified by the facility Administrator at the time of record review.</p> <p>These findings were reviewed with the facility Administrator at the exit conference.</p> <p>3.1-19(b)</p>				<p>90 minute test on the emergency generator lighting. Test was completed on 10/10/22.</p> <p>2.) How other residents having the potential to be affected by the same alleged deficient practice will be identified and what corrective action(s) will be taken? A: All residents in facility have the potential to be affected. Maintenance staff will continue to complete the annual 90 minute test on the generator lighting to ensure the emergency lighting is functional and immediately correct any issues.</p> <p>3.) What measures will be put into place and what systemic changes will be made to ensure that the alleged deficient practice does not recur? A: Maintenance staff will complete the annual 90 minute test on the emergency generator lighting and will record results on the log sheet titled "Emergency Generator Lighting."</p> <p>4.) How the corrective action(s) will be monitored to ensure the alleged deficient practice will not recur; what quality assurance program will be put into place? A: Maintenance will provide Administrator a copy of the log sheet each month to be reviewed in the monthly Quality Assurance</p>		



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K 0355 SS=E Bldg. 01	<p>NFPA 101 Portable Fire Extinguishers Portable Fire Extinguishers Portable fire extinguishers are selected, installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers. 18.3.5.12, 19.3.5.12, NFPA 10 Based on observation and interview, the facility failed to ensure 1 of 1 portable fire extinguishers in the laundry room was installed in accordance with NFPA 10, Standard for Portable Fire Extinguishers, 2010 Edition. Section 6.1.3.4 states portable fire extinguishers other than wheeled extinguishers shall be installed using any of the following means. (1) Securely on a hanger intended for the extinguishers. (2) In the bracket supplied by the extinguisher manufacture. (3) In a listed bracket approved for such purpose. (3) In a cabinet or wall recess. This deficient practice could affect as many as 3 staff.</p> <p>Findings include:</p> <p>Based on observations made during a tour of the facility with the Administrator on 10/05/22 at 1:29 p.m., the ABC portable fire extinguisher located in the laundry room was sitting on a floor. Based on interview at the time of observation, the facility Administrator acknowledged the portable fire extinguisher was</p>			K 0355	<p>Meeting. The QA Committee will review and make revisions as warranted on the basis of compliance.</p> <p>5.) By what date the systemic changes will be completed? A: October 10, 2022</p> <p>1.) What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? A: Maintenance assistant mounted the fire extinguisher in the laundry room immediately on 10/5/22.</p> <p>2.) How other residents having the potential to be affected by the same alleged deficient practice will be identified and what corrective action(s) will be taken? A: All residents in facility have the potential to be affected. Administrator walked through facility with surveyor and no other fire extinguishers were stored improperly. Maintenance assistant immediately mounted the fire extinguisher in the laundry room.</p>		10/10/2022

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K 0918 SS=F Bldg. 01	<p>sitting on the floor and not mounted on the wall adding that they had just moved some equipment in the laundry room and had not yet had the opportunity to mount it back on the wall because the Maintenance man was currently out sick.</p> <p>These findings were again reviewed with the facility Administrator at the exit conference.</p> <p>3.1-19(b)</p> <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</p>				<p>3.) What measures will be put into place and what systemic changes will be made to ensure that the alleged deficient practice does not recur? A: Maintenance staff will complete an audit of all fire extinguishers to ensure proper storage weekly x 8 weeks then monthly x 4 months and will log results on the audit tool named "Fire Extinguisher Storage Audit" and correct any issues immediately.</p> <p>4.) How the corrective action(s) will be monitored to ensure the alleged deficient practice will not recur; what quality assurance program will be put into place? A: Maintenance will provide Administrator a copy of the log sheet each month to be reviewed in the monthly Quality Assurance Meeting. The QA Committee will review and make revisions as warranted on the basis of compliance.</p> <p>5.) By what date the systemic changes will be completed? A: October 10, 2022</p>		

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	<p>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.</p> <p>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)</p> <p>Based on record review and interview, the facility failed to maintain a complete written record of monthly generator load testing for 12 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 requires diesel generator sets in</p>			K 0918	<p>1.) What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? A: Training scheduled for October 21, 2022 with Herman and Goetz for new Maintenance Director and assistant to learn how to conduct the 4 hour and 30 minute load</p>		10/31/2022

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

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OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155660		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING		X3) DATE SURVEY COMPLETED 10/04/2022	
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	<p>service to be exercised at least once monthly, for a minimum of 30 minutes. 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 facility Administrator on 10/05/22 at 11:30 a.m., documentation for monthly testing of the facilities generator was not available for review. Further record review found that the facility had no documentation of any monthly generator testing available for review within the last 12-month period. Based on an interview at the time of record review, the facility Administrator stated that their Life Safety Code Consultant advised the facility that they did not have to conduct monthly testing well over a year ago, and that was why there was no documentation available as of the time of this survey.</p> <p>These findings were again reviewed with the facility Administrator at the exit conference.</p> <p>3.1-19(b)</p>				<p>test. On October 31, 2022, Herman and Goetz provided an additional training to the Maintenance Director and assistant on the 30 minute load test and the proper documentation on the form. Maintenance Director or Assistant will continue to inspect the generator weekly, exercise under load for 30 minutes monthly and conduct 4hour load test at least every 36 months.</p> <p>2.) How other residents having the potential to be affected by the same alleged deficient practice will be identified and what corrective action(s) will be taken? A: All residents in facility have the potential to be affected. Maintenance staff will be properly trained by Herman &amp; Goetz and will conduct the 4 hour generator load tests per regulation. Maintenance will continue to inspect the generator weekly and will continue to inspect the generator weekly, exercise under load for 30 minutes monthly and conduct 4hour load test at least every 36 months.</p> <p>3.) What measures will be put into place and what systemic changes will be made to ensure that the alleged deficient practice does not recur? A: Herman &amp; Goetz provided training to the maintenance staff and will continue to provide</p>		

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K 0920 SS=E Bldg. 01	<p>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) assemblies that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in</p>				<p>ongoing monthly training to ensure maintenance staff are inspecting and testing generator properly and to ensure the documentation is correct. Maintenance staff will inspect the generator weekly, exercise under load for 30 minutes monthly and conduct 4hour load test at least every 36 months.</p> <p>4.) How the corrective action(s) will be monitored to ensure the alleged deficient practice will not recur; what quality assurance program will be put into place? A: Maintenance will provide Administrator a copy of the log sheets each month to be reviewed in the monthly Quality Assurance Meeting. The QA Committee will review and make revisions as warranted on the basis of compliance.</p> <p>5.) By what date the systemic changes will be completed? A: October 31, 2022</p>		

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	<p>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 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</p> <p>Based on observation and interview, the facility failed to ensure in 1 of 1 conference room, flexible cords were not used 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 as many as 8 staff.</p> <p>Findings include:</p> <p>Based on observations made during a tour of the facility with the with the Administrator on 10/05/22 at 1:37 p.m., the conference room where record review was being conducted had a salt-water fish tank located within it. The electronic devices: an aerator, a water filter, and a thermostat, were plugged into a small power strip that was not UL rated. Based on an interview at the time of the observation, the facility</p>			K 0920	<p>1.) What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? A: Maintenance Assistant immediately went to store and purchased an approved power strip and replaced the power strip that was being used in the employee conference room which is a non-resident area. Education was provided to staff on not utilizing power strips in resident areas.</p> <p>2.) How other residents having the potential to be affected by the same alleged deficient practice will be identified and what corrective action(s) will be taken? A: The power strip was temporarily being utilized in a non-resident area. An approved Tripp Lite Safe-IT Medical Grade UL 1363</p>		10/10/2022

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	<p>Administrator advised that the fish tank had been recently moved as they were replacing the flooring throughout the entire facility and that they would buy an approved power strip to replace the current one as soon as they could.</p> <p>These findings were again reviewed with the facility Administrator at the exit conference.</p> <p>3.1-19(b)</p>				<p>power strip was purchased and replaced the one being used.</p> <p>3.) What measures will be put into place and what systemic changes will be made to ensure that the alleged deficient practice does not recur? A: Maintenance staff will complete a walk-through of all resident areas to ensure that no extension cords are being utilized weekly x 8 weeks then monthly x 4 months and will log results on the audit tool named "Extension Cord Audit" and correct any issues immediately.</p> <p>4.) How the corrective action(s) will be monitored to ensure the alleged deficient practice will not recur; what quality assurance program will be put into place? A: Maintenance will provide Administrator a copy of the audit form each month to be reviewed in the monthly Quality Assurance Meeting. The QA Committee will review and make revisions as warranted on the basis of compliance.</p> <p>5.) By what date the systemic changes will be completed? A: October 10, 2022</p>		