

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

PRINTED: 06/07/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155305		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING		X3) DATE SURVEY COMPLETED 05/22/2023	
NAME OF PROVIDER OR SUPPLIER  SKILLED CARING CENTER OF MEMORIAL HOSPITAL				STREET ADDRESS, CITY, STATE, ZIP COD 800 W NINTH ST JASPER, IN 47546			
(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. --	<p>An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73.</p> <p>Survey Date: 05/22/23</p> <p>Facility Number: 000202 Provider Number: 155305 AIM Number: 100284870</p> <p>At this Emergency Preparedness survey, Skilled Caring Center of Memorial Hospital 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 a capacity of 14 certified beds and had a census of 12 at the time of this visit.</p> <p>Quality Review completed on 05/24/23</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: 05/22/23</p> <p>Facility Number: 000202 Provider Number: 155305 AIM Number: 100284870</p> <p>At this Life Safety Code survey, Skilled Caring</p>			K 0000			

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

TITLE

(X6) DATE

Cheryl Welp

Executive Director of Post Acute Services

06/01/2023

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 0345 SS=F Bldg. 01	<p>Center of Memorial Hospital 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 located on the third floor of this three story building and was determined to be of Type I (443) construction and was fully 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 14 and had a census of 12 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered and all areas providing facility services were sprinklered.</p> <p>Quality Review completed on 05/24/23</p> <p>NFPA 101 Fire Alarm System - Testing and Maintenance Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 Based on record review and interview, the facility failed to maintain 1 of 1 fire alarm system in accordance with NFPA 72, as required by LSC 101 Sections 19.3.4.5.1 and 9.6. NFPA 72, Section</p>			K 0345	What corrective action(s) will be accomplished for those residents found to have been affected by the deficient		06/01/2023

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	<p>14.3.1 states that unless otherwise permitted by 14.3.2, visual inspections shall be performed in accordance with the schedules in Table 14.3.1, or more often if required by the authority having jurisdiction. Table 14.3.1 states that the following must be visually inspected semi-annually:</p> <ul style="list-style-type: none"> <li>a. Control unit trouble signals</li> <li>b. Remote annunciators</li> <li>c. Initiating devices (e.g. duct detectors, manual fire alarm boxes, heat detectors, smoke detectors, etc.)</li> <li>d. Notification appliances</li> <li>e. Magnetic hold-open devices</li> </ul> <p>This deficient practice could affect all occupants in the facility.</p> <p>Findings include:</p> <p>Based on record review on 05/22/23 between 10:00 a.m. and 1:00 p.m. with the Physical Environment Supervisor present, there was documentation provided regarding an annual fire alarm system inspection dated 02/14/23 by the facility's fire alarm inspection vendor, however, there was no semi-annual visual inspection documentation provided prior to the annual inspection either by the vendor or in-house maintenance staff. Based on interview at the time of record review, the Physical Environment Supervisor said a semi-annual visual inspection of the fire alarm system's devices has never been performed.</p> <p>This finding was reviewed with the Executive Director and Physical Environment Supervisor during the exit conference.</p> <p>3.1-19(b)</p>				<p><b>practice:</b></p> <p>Corrective action taken: A full annual test and inspection of the building fire system was completed in Feb. 2023. A supplemental semi-annual visual inspection was performed of all components of the fire system of the Skilled Care Center listed under NFPA 101-2012, Table 14.3.1. The inspection was completed on May 31, 2023. No deficiencies were noted. (Refer to Exhibit A)</p> <p><b>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:</b></p> <p>Corrective action taken: A full annual test and inspection of the building fire system was completed in Feb. 2023. A supplemental semi-annual visual inspection was performed of all components of the fire system of the Skilled Care Center listed under NFPA 101-2012, Table 14.3.1. The inspection was completed on May 31, 2023. No deficiencies were noted. (Refer to Exhibit A)</p> <p><b>What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur.</b></p> <p>There were two systemic changes made to ensure future compliance in fire system inspection and</p>		

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					<p>testing:</p> <p>1. A Preventive Maintenance (PM) work order was created and added to the computerized maintenance management system as a reminder that semi-annual inspections of all fire system components found in NFPA 101-2012, table 14.3.1 will be performed. The PM will generate every 01Aug, beginning on Aug 1, 2023. The PM completion date is set to be by the end of August each year.</p> <p>2. An addendum was added to the inspection and testing contract of the fire system testing vendor. The addendum is to perform inspection and testing on all fire system components according to NFPA 99-2012, Table 14.3.1. The testing was added to the vendor's calendar of scheduled work. The first semi-annual inspection will be performed in August of 2023. The systemic changes are complete as of June 1, 2023.</p> <p><b>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:</b></p> <p>The computerized maintenance management system will provide the means to monitor the deficient practice. Monthly preventive work order completion rates are reported to the organization each month. Life Safety preventive</p>		

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					maintenance work orders are required to be 100% completed each month. (Refer to Exhibit A) Tool was implemented May 30, 2023. <b>By what date the systemic changes for each deficiency will be completed:</b> The systemic changes are complete as of June 1, 2023.		