STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	155364	A. BUILDING -- B. WING	06/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
BYRON HEALTH CENTER	1661 BEACON STREET FORT WAYNE, IN 46805

(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: 06/04/25 Facility Number: 000255 Provider Number: 155364 AIM Number: 100273280 At this Emergency Preparedness Survey, Byron Health 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 120 and had a census of 100 at the time of this survey. Quality Review completed on 06/09/25	E 0000		
K 0000 Bldg. 02	A Life Safety Code survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a). Survey Date: 06/04/25 Facility Number: 000255 Provider Number: 155364 AIM Number: 100273280 At this Life Safety Code Survey, Byron Health Center was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.90(a),	K 0000	This Plan of Correction is Byron Health Center's credible allegation of compliance. It is the intention of Byron Health Center to be in complete compliance with all Federal and State guidelines. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the state deficiencies. The plan of correction is prepared and/or executed because the	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Sarah Starcher	Executive Director/COO	06/19/2025

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclo 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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	Life Safety from Fire and the 2012 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 18, New Health Care Occupancies and 410 IAC 16.2. This one-story 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 corridors, areas open to the corridors, and in resident sleeping rooms. The facility consists of five (5) one-story comprehensive care wings and one (1) two-story residential care wing separated by a two-hour fire barrier, all connecting to a common services core. The building is partially protected by a type II ESS 300 kW diesel powered generator. The facility has a capacity of 120 and had a census of 100 at the time of this survey. All areas where the residents have customary access were sprinklered. The facility had a detached maintenance building that was not sprinklered. Quality Review completed on 06/09/25		provisions of federal and state law require it. We are requesting a desk review/paper compliance. **K 511 NFPA 101 Life Safety Code Standards** **What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?** The electrical receptacles to the right of the sinks in all five med-rooms were switched to GFCI protected receptacles. **How other residents having the potential to be affect by the same deficient practice will be identified and what corrective action(s) will be taken?** All residents had the potential to be affected by this practice. The electrical receptacles to the right of the sinks in all five med-rooms were switched to GFCI protected receptacles. **What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?** All receptacles are affixed to the wall so no other measure or systemic change needs to be in place. (K 511 Attachment 1) **How the corrective action(s) will be monitored to ensure the deficient practice will not recur i.e., what quality assurance**	

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			program will be put into place? All receptacles are affixed so no other measure or systemic change needs to be in place. **By what date the systemic changes will be completed?** July 4, 2025 **<u>K 921 NFPA 101 Life Safety Code Standards</u>** **What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?** PCREE inspections to be conducted on all resident care related electrical equipment. (K 921 Attachment 2) **How other residents having the potential to be affect by the same deficient practice will be identified and what corrective action(s) will be taken?** All residents had the potential to be affected. PCREE inspections to be conducted on all resident care related electrical equipment. (K 921 Attachment 2) **What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?** PCREE inspections to be	

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			completed annually, when new equipment is put into use and when repaired or modified. **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?** The Director of Plant Operations, or their designee, will review 25% of PCREE inspection documentation monthly. The inspection reports will be discussed in the monthly QAPI meetings. **By what date the systemic changes will be completed?** July 4, 2025	
K 0511 SS=E Bldg. 02	NFPA 101 Utilities - Gas and Electric Based on observation and interview, the facility failed to ensure 5 of 10 med-room receptacles within 6 feet from a sink or located in a wet location were provided with ground fault circuit interrupter (GFCI) protection against electric shock. LSC 19.5.1.1 requires utilities comply with Section 9.1. LSC 9.1.2 requires electrical wiring and equipment to comply with NFPA 70, National Electrical Code. 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. (B) Other Than Dwelling Units. All 125-volt, single-phase, 15- and 20-ampere receptacles	K 0511	**K 511 NFPA 101 Life Safety Code Standards** **What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?** The electrical receptacles to the right of the sinks in all five med-rooms were switched to GFCI protected receptacles. **How other residents having the potential to be affect by the same deficient practice will be identified and what corrective action(s) will be taken?** All residents had the potential to	06/19/2025

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	installed in the locations specified in 210.8(B)(1) through (8) shall have ground-fault circuit-interrupter protection for personnel. (1) Bathrooms, (2) Kitchens, (3) Rooftops, (4) Outdoors, (5) Sinks - where receptacles are installed within 1.8 m (6 ft.) of the outside edge of the sink. (6) Indoor wet locations, (7) Locker rooms with associated showering facilities, (8) Garages, service bays, and similar areas where electrical diagnostic equipment, electrical hand tools. NFPA 70, 517-20 Wet Locations, requires all receptacles and fixed equipment within the area of the wet location to have 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 5 residents in the therapy gym. This deficient practice could affect 25 residents in the dining room. Findings include: Based on observations with the Maintenance Director and Assistant Administrator on 06/04/25 between 11:00 a.m. and 1:45 p.m., in all five med-rooms the receptacles to the right of each sink measured 3 feet from the water source and were not GFCI protected. Based on an interview at 11:00 a.m. and 1:45 p.m., the Maintenance Director agreed that the electric receptacles to the right of the sinks in all five med-rooms were not GFCI protected and were within 3 feet of a water source. This was reviewed with the Administrator, the Assistant Administrator, and Maintenance Director during the exit conference at 2:00 p.m. 3.1-19(b)		be affected by this practice. The electrical receptacles to the right of the sinks in all five med-rooms were switched to GFCI protected receptacles. **What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?** All receptacles are affixed to the wall so no other measure or systemic change needs to be in place. (K 511 Attachment 1) **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?** All receptacles are affixed so no other measure or systemic change needs to be in place. **By what date the systemic changes will be completed?** July 4, 2025	

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K 0921 SS=F Bldg. 02	NFPA 101 Electrical Equipment - Testing and Maintenanc Based on records review, observation, and interview, the facility failed to maintain 1 of 1 complete documentation of inspections for Patient-Care Related Electrical Equipment (PCREE). NFPA 99 2012 edition, sections 10.3 and 10.5 states the physical integrity, resistance, leakage current, and touch current tests for fixed and portable PCREE is performed as required in 10.3. Testing intervals are established with policies and protocols. All PCREE used in patient care rooms is tested in accordance with 10.3.5.4 or 10.3.6 before being put into service and after any repair or modification. Any system consisting of several electrical appliances demonstrates compliance with NFPA 99 as a complete system. Service manuals, instructions, and procedures provided by the manufacturer include information as required by 10.5.3.1.1 and are considered in the development of a program for electrical equipment maintenance. Electrical equipment instructions and maintenance manuals are readily available, and safety labels and condensed operating instructions on the appliance are legible. A record of electrical equipment tests, repairs, and modifications is maintained for a period of time to demonstrate compliance in accordance with the facility's policy. Personnel responsible for the testing, maintenance and use of electrical appliances receive continuous training. This deficient practice affects all residents. Findings include: Based on records review with the Maintenance Director and the Assistant Administrator on 06/04/25 at 10:19 a.m., there was no documentation available for review to show testing of PCREE	K 0921	**K 921 NFPA 101 Life Safety Code Standards** **What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?** PCREE inspections to be conducted on all resident care related electrical equipment. (K 921 Attachment 2) **How other residents having the potential to be affect by the same deficient practice will be identified and what corrective action(s) will be taken?** All residents had the potential to be affected. PCREE inspections to be conducted on all resident care related electrical equipment. (K 921 Attachment 2) **What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?** PCREE inspections to be completed annually, when new equipment is put into use and when repaired or modified. **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?** The Director of Plant Operations, or their designee, will review 25%	06/19/2025

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	used in the facility. Based on observation from 11:20 a.m. to 1:30 p.m., each resident room contained PCREE such as electric beds, nebulizers, oxygen concentrators, air pumps for air mattresses, and other electrical medical equipment. Based on interviews at 11:20 a.m. and 1:30 p.m. the Maintenance Director stated PCREE in the facility was not inspected for physical integrity, resistance, leakage current, and touch current. This was reviewed with the Administrator, the Assistant Administrator, and Maintenance Director during the exit conference at 2:00 p.m. 3.1-19(b)		of PCREE inspection documentation monthly. The inspection reports will be discussed in the monthly QAPI meetings. **By what date the systemic changes will be completed?** July 4, 2025	