

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

PRINTED: 08/12/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155385	X2) MULTIPLE CONSTRUCTION A. BUILDING -- _____ B. WING _____	X3) DATE SURVEY COMPLETED 08/01/2022
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NAME OF PROVIDER OR SUPPLIER  CAMELOT CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1555 COMMERCE ST LOGANSPORT, IN 46947
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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: 08/01/22</p> <p>Facility Number: 000466 Provider Number: 155385 AIM Number: 100289810</p> <p>At this Emergency Preparedness survey, Camelot Care Center 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 91 certified beds. At the time of the survey, the census was 85.</p> <p>Quality Review completed on 08/03/22</p>	E 0000		
K 0000  Bldg. 02	<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: 08/01/22</p> <p>Facility Number: 000466 Provider Number: 155385 AIM Number: 100289810</p> <p>At this Life Safety Code survey, Camelot Care Center was found not in compliance with</p>	K 0000	Submission of this plan of correction does not constitute admission or agreement by the provider of the truth or facts alleged or correction set forth on the statement of deficiencies. The plan of correction is prepared and submitted because of requirement under state and federal law. Please accept this plan of correction as our credible allegation of compliance. Please find enclosed this plan of	

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

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined 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 disclosed 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 0291 SS=E Bldg. 02	<p>Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(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 fully sprinkled. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors, and battery powered smoke detectors in all resident sleeping rooms. The facility has a capacity of 91 and had a census of 85 at the time of this visit.</p> <p>All areas where residents have customary access were sprinklered and all areas providing facility services were sprinkled except for an aluminum shed used for storage which was not sprinklered.</p> <p>Quality Review completed on 08/03/22</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</p> <p>Based on observation and interview, the facility failed to ensure 1 of 18 battery powered emergency lights were maintained in accordance with LSC 7.9. LSC 7.9.2.6 states battery operated emergency lights shall use only reliable types of rechargeable batteries provided with suitable facilities for maintaining them in properly charged condition. Batteries used in such lights or units shall be approved for their intended use and shall comply with NFPA 70 National Electric Code. LSC</p>	K 0291	<p>correction for this survey. Due to the low scope and severity of the survey findings, please find the sufficient documentation providing evidence of compliance with the plan of correction. The documentation serves to confirm the facilities allegation of compliance. Thus, the facility respectfully requests the granting of paper compliance. Should additional information be necessary to confirm said compliance, please contact me directly.</p> <p>K291 Emergency Lighting CFR(s): NFPA 101</p> <p>1.) No Residents were affected by the deficient practice 2.) All Residents had the potential to be affected, no Residents were affected. 3.) The emergency light fixture identified during tour on the</p>	08/12/2022

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K 0511 SS=E Bldg. 02	<p>7.9.2.7 states the emergency lighting system shall be either continuously in operation or shall be capable of repeated automatic operation without manual intervention. This deficient practice could affect as many as 20 residents, 4 staff and 2 visitors in the facility.</p> <p>Findings include:</p> <p>Based on observation made during a tour of the facility on 08/01/22 at 12:40 p.m. with the facility Administrator and the Maintenance Supervisor, the battery-operated emergency light located on the Administration corridor failed to function when its respective test button was pushed five times. Based on interview at the time of the observations, Maintenance Supervisor acknowledged the aforementioned battery-operated emergency light failed to function when its respective test button was pushed and added that it was just tested recently and was unsure why it failed when tested. During the exit conference with the facility Administrator and the Maintenance Supervisor at 2:00 p.m., no additional information or evidence could be provided contrary to this deficient finding.</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, the facility failed to ensure</p>	K 0511	<p>Administration corridor was replaced on August 5, 2022. (SEE ATTACHMENT B) The emergency light policy was reviewed with no changes made.</p> <p>4.) The Maintenance Supervisor will continue to perform monthly emergency light testing and document same on the monthly emergency light test log (SEE ATTACHMENT B1). Should any fixture fail the monthly testing, same will be repaired or replaced. Any deficient practice identified will be corrected immediately. Findings from these monthly light tests will be submitted to the Quality Assurance Committee for review.</p> <p>5.) August 12, 2022</p>	08/12/2022

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K 0232 SS=E Bldg. 03	<p>1 of 1 electrical junction boxes observed were maintained in a safe operating condition. 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, 2011 Edition, Article 314.28(3) (c) states junction boxes shall be provided with covers compatible with the box and suitable for the conditions of use. Where used, metal covers shall comply with the grounding requirements of 250.110. This deficient practice could affect as many as 6 staff in the kitchen area.</p> <p>Findings include:</p> <p>Based on observation made during a tour of the facility on 08/01/22 at 12:50 p.m. with the facility Administrator and the Maintenance Supervisor, the electrical junction box located in the kitchen freezer had a cover that was not properly aligned with the box leaving high voltage wires exposed. Based on interview at the time of the observations, the Maintenance Supervisor acknowledged the aforementioned electrical junction box cover as not being properly aligned adding that he would have the cover properly aligned and resecured as soon as he could. During the exit conference with the facility Administrator and the Maintenance Supervisor at 2:00 p.m., no additional information or evidence could be provided contrary to this deficient finding.</p> <p>3.1-19(b)</p> <p>NFPA 101 Aisle, Corridor, or Ramp Width Aisle, Corridor or Ramp Width 2012 EXISTING The width of aisles or corridors (clear or</p>		<p>CFR(s): NFPA 101</p> <p>1.) No Residents were affected by the deficient practice 2.) All Residents had the potential to be affected, no Residents were affected. 3.) The electrical junction box located in the kitchen freezer had screws installed on August 4, 2022 to allow proper closure of the face plate and junction box. (SEE ATTACHMENT D) 4.) The Maintenance Supervisor will conduct on-going monthly audits on working days to ensure no other junction box are left uncovered with exposed wires. This will be added to the monthly preventative maintenance program (SEE ATTACHMENT A1) Should any deficient practice be identified during the monthly audits; corrections will be made immediately. Findings from these audits will be submitted to the Quality Assurance Committee for review. 5.) August 12, 2022</p>	

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	<p>unobstructed) serving as exit access shall be at least 4 feet and maintained to provide the convenient removal of nonambulatory patients on stretchers, except as modified by 19.2.3.4, exceptions 1-5.</p> <p>19.2.3.4, 19.2.3.5</p> <p>Based on observation, the facility failed to meet the clear width requirement for 1 of 4 corridors or met an exception per 19.2.3.4(5). LSC 19.2.3.4(5) states where the corridor width is at least 8 feet, projections into the required width shall be permitted for fixed furniture, provided that all of the following conditions are met:</p> <p>(a) the fixed furniture is securely attached to the floor or to the wall.</p> <p>(b) the fixed furniture does not reduce the clear unobstructed corridor width to less than six feet, except as permitted by 19.2.3.4(2).</p> <p>(c) the fixed furniture is located only on one side of the corridor.</p> <p>(d) the fixed furniture is grouped such that each grouping does not exceed an area of 50 square feet.</p> <p>(e) the fixed furniture groupings addressed in 19.2.3.4(5)(d) are separated from each other by a distance of at least 10 feet.</p> <p>(f) the fixed furniture is located so as to not obstruct access to building service and fire protection equipment.</p> <p>(g) corridors throughout the smoke compartment are protected by an electrically supervised automatic smoke detection system in accordance with 19.3.4, or the fixed furniture spaces are arranged and located to allow direct supervision by the facility staff from a nurse's station or similar space.</p> <p>(h) the smoke compartment is protected throughout by an approved, supervised automatic sprinkler system in accordance with 19.3.5.8</p> <p>This deficient practice could affect as many as 20</p>	K 0232	<p>K232 Aisle, Corridor, or Ramp Width CFR(s): NFPA 101</p> <p>1.) No Residents were affected by the deficient practice 2.) All Residents had the potential to be affected, no Residents were affected. 3.) The loveseat that was identified during the tour was removed August 2, 2022 from the area. (SEE ATTACHMENT A) The emergency evacuation policy was reviewed with no changes made. 4.) The Maintenance Supervisor will conduct on-going weekly audits on working days to ensure there is no obstructions in the corridors. This will be added to his preventative maintenance tasks worksheet. (SEE ATTACHMENT A1) Findings from these audits will be submitted to the Quality Assurance Committee for review. Any deficient practice identified during these audits will be corrected immediately and re-education will follow. 5.) August 12, 2022</p>	08/12/2022

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K 0321 SS=E Bldg. 03	<p>residents, 4 staff and 2 visitors if needing to exit the facility.</p> <p>Findings include:</p> <p>Based on observation made during a tour of the facility on 08/01/22 at 12:20 p.m. with the facility Administrator and the Maintenance Supervisor, a loveseat measuring approximately 40 inches was placed in the vent unit corridor. This loveseat reduceD the clear unobstructed corridor width to less than six feet and was not attached to the floor of the wall. Based on interview at the time of the observations, the Maintenance Supervisor acknowledged that the furniture was stored in the aforementioned corridor and that it extended out into the corridor, that it reduced the clear width of the corridor to less than 6 feet, and that it was not attached to the wall or the floor. During the exit conference with the facility Administrator and the Maintenance Supervisor at 2:00 p.m., no additional information or evidence could be provided contrary to this deficient finding.</p> <p>3.1-19(b)</p> <p>NFPA 101 Hazardous Areas - Enclosure Hazardous Areas - Enclosure Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4 hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1 or 19.3.5.9. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have</p>				



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K 0923 SS=E Bldg. 03	<p>fifty square feet in size and did not have a self-closing device on the door to the corridor. Based on an interview at the time of the observation, the facility Administrator and the Maintenance Supervisor both agreed that because of the abundance of combustible materials located within and the size of the room, the Medical Records room was a hazardous area and added that they would have a self-closing device attached to the corridor door as soon as possible.</p> <p>3.1-19(b)</p> <p>NFPA 101 Gas Equipment - Cylinder and Container Storage Gas Equipment - Cylinder and Container Storage Greater than or equal to 3,000 cubic feet Storage locations are designed, constructed, and ventilated in accordance with 5.1.3.3.2 and 5.1.3.3.3. &gt;300 but &lt;3,000 cubic feet Storage locations are outdoors in an enclosure or within an enclosed interior space of non- or limited- combustible construction, with door (or gates outdoors) that can be secured. Oxidizing gases are not stored with flammables, and are separated from combustibles by 20 feet (5 feet if sprinklered) or enclosed in a cabinet of noncombustible construction having a minimum 1/2 hr. fire protection rating. Less than or equal to 300 cubic feet In a single smoke compartment, individual cylinders available for immediate use in patient care areas with an aggregate volume of less than or equal to 300 cubic feet are not required to be stored in an enclosure.</p>		<p>ATTACHMENT A1). Should any deficient practice be identified during the monthly audits, corrections will be made immediately. Findings from these audits will be submitted to the Quality Assurance Committee for review.</p> <p>5.) August 12, 2022</p>		



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	<p>Cylinders must be handled with precautions as specified in 11.6.2.</p> <p>A precautionary sign readable from 5 feet is on each door or gate of a cylinder storage room, where the sign includes the wording as a minimum "CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING."</p> <p>Storage is planned so cylinders are used in order of which they are received from the supplier. Empty cylinders are segregated from full cylinders. When facility employs cylinders with integral pressure gauge, a threshold pressure considered empty is established. Empty cylinders are marked to avoid confusion. Cylinders stored in the open are protected from weather.</p> <p>11.3.1, 11.3.2, 11.3.3, 11.3.4, 11.6.5 (NFPA 99)</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 cylinders of nonflammable gases such as oxygen were properly secured from falling. NFPA 99, Health Care Facilities Code, 2012 Edition, Section 11.3.2 states storage for nonflammable gases greater than 8.5 cubic meters (300 cubic feet) but less than 85 cubic meters (3000 cubic feet) shall comply with 11.3.2.1 through 11.3.2.3. NFPA 99, Section 11.3.2.6 states cylinder or container restraints shall comply with 11.6.2.3. Section 11.6.2.3(11) states freestanding cylinders shall be properly chained or supported in a proper cylinder stand or cart. This deficient practice could affect as many as 25 residents, 6 staff and 2 visitors.</p> <p>Findings include:</p> <p>Based on observation made during a tour of the facility on 08/01/22 at 12:15 p.m. with the facility Administrator and the Maintenance Supervisor, one green 'E' type oxygen cylinder was standing</p>	K 0923	<p>K923 Gas Equipment – Cylinder and Container Storage CFR(s): NFPA 101</p> <p>1.) No Residents were affected by the deficient practice 2.) All Residents had the potential to be affected, no Residents were affected. 3.) As stated in the 2567, the E-Cylinder was removed immediately by the Administrator on 8/1/22 and placed in the oxygen transferring location. A facility-wide audit was completed on 8/1/22 and no other E-Cylinders being identified as being improperly stored. 4.) The Maintenance Supervisor will conduct on-going weekly audits on working days to ensure no other e-cylinder is being stored</p>	08/12/2022

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	<p>upright on the floor directly across from the vent unit nurses station. Based on interview at the time of observation, the facility Administrator, and the Maintenance Supervisor both agreed that the aforementioned oxygen cylinder was unsecured and not in an approved container or holder. The facility Administrator then removed the unsecured cylinder from the area placing it back into the oxygen transfilling room. During the exit conference with the facility Administrator and the Maintenance Supervisor at 2:00 p.m., no additional information or evidence could be provided contrary to this deficient finding.</p> <p>3.1-19(b)</p>		<p>improperly (SEE ATTACHMENT E).Should any deficient practice be identified during the weekly audits; corrections will be made immediately. Findings from these audits will be submitted to the Quality Assurance Committee for review.</p> <p>5.) August 12, 2022</p>		