STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	155794	A. BUILDING -- B. WING	06/29/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
RETREAT AT THE STRATFORD, THE	2460 GLEBE ST CARMEL, IN 46032

(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. --	A Post Survey Revisit (PSR) to the Emergency Preparedness Survey conducted in 04/04/23 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73. Survey Date: 06/29/23 Facility Number: 011151 Provider Number: 155794 AIM Number: NA At this PSR Emergency Preparedness survey, The Retreat at the Stratford was found not in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73. The facility has 18 certified beds. At the time of this PSR survey, the census was 11. Quality Review completed on 07/06/23	E 0000	This Plan of Correction represents The Retreat at the Stratford allegation of compliance. Submission of this response and Plan of Correction is NOT a legal admission that a deficiency exists or, that this Statement of Deficiencies was correctly cited, and is also NOT to be construed as an admission against interest by the residence, or any employees, agents, or other individuals who drafted or may be discussed in the response or Plan of Correction. In addition, preparation and submission of this Plan of Correction does NOT constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency.	
E 0041 SS=F Bldg. --	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. §483.73(e), §485.625(e) (e) Emergency and standby power systems.			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Lorna Ray | Administrator | 07/16/2023

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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	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. §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. 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] requirements found in the Health Care Facilities Code, NFPA 110, and Life Safety Code. 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. *[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			

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	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: http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html. 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, www.nfpa.org, 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 NFPA 99, issued August 11, 2011. (iii) TIA 12-3 to NFPA 99, issued August 9, 2012. (iv) TIA 12-4 to NFPA 99, issued March 7, 2013. (v) TIA 12-5 to NFPA 99, issued August 1, 2013. (vi) TIA 12-6 to NFPA 99, issued March 3, 2014. (vii) NFPA 101, Life Safety Code, 2012 edition, issued August 11, 2011. (viii) TIA 12-1 to NFPA 101, issued August 11, 2011. (ix) TIA 12-2 to NFPA 101, issued October 30, 2012. (x) TIA 12-3 to NFPA 101, issued October 22, 2013.			

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	(xi) TIA 12-4 to NFPA 101, issued October 22, 2013. (xiii) NFPA 110, Standard for Emergency and Standby Power Systems, 2010 edition, including TIAs to chapter 7, issued August 6, 2009.. 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. Findings include: Based on records review and interview with the Director of Facilities and Care Services Administrator on 06/29/23 between 9:30 a.m. and 11:55 a.m., no documentation of an annual fuel quality test for the diesel generator was available for review. The facility has 1 diesel fired generator. The Director of Facilities stated the vendor had been contracted to provide this service, but it had not been done yet. During the survey, the Director of Facilities scheduled this service for the next few days. Based on interview at the time of records review, the fuel quality testing for the diesel fired generator was not available. Based on records review and interview with the Director of Facilities and Care Services Administrator on 06/29/23 between 9:30 a.m. and 11:55 a.m., the facility provided documentation for testing of the emergency generator, however, could not provide documentation of a three-year 4 hour test. During the survey, the Director of Facilities scheduled this service for the next few days.	E 0041	What corrective actions will be accomplished for those residents found to have been affected by the deficient practice: Generator annual fuel quality test samples collected on 7/3/2023. Generator had three-year 4 hour test completed on 7/3/2023. How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken: All residents have the potential to be affected by the deficient practice. No further concerns noted. Facilities team will be educated on generator testing requirements. What measures will be put in place or what systemic changes the facility will makes to ensure that the deficient practice does not occur: Director of Facilities or designee will conduct monthly generator testing audits. Any issues identified will require a work order placed for repair. All logs will be audited monthly. How the corrective actions will be monitored to ensure the deficient practice will not recur, I,e., what quality assurance program will be	07/03/2023

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	This finding was acknowledged by the Director of Facilities and Care Services Administrator at the time of discovery and again at the exit conference with the Director of Facilities and Care Services Administrator present. This deficiency was cited on 04/04/23. The facility failed to implement a systemic plan of correction to prevent recurrence.		put into place The Director of Facilities or designee will bring audits to monthly QAPI Committee for review and recommendation until 100% compliance is met. Any recommendation made by the committee will be followed up by the Director of Facilities or designee.	
K 0000 Bldg. 02	A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 04/04/23 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a). Survey Date: 06/29/23 Facility Number: 011151 Provider Number: 155794 AIM Number: NA At this Life Safety Code survey, The Retreat at the Stratford was found not in compliance with Requirements for Participation in Medicare, 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. This facility located on the second floor of a three-story building was determined to be of Type II (111) construction and fully sprinkled. The	K 0000	This Plan of Correction represents The Retreat at the Stratford allegation of compliance. Submission of this response and Plan of Correction is NOT a legal admission that a deficiency exists or, that this Statement of Deficiencies was correctly cited, and is also NOT to be construed as an admission against interest by the residence, or any employees, agents, or other individuals who drafted or may be discussed in the response or Plan of Correction. In addition, preparation and submission of this Plan of Correction does NOT constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency.	

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	155794	A. BUILDING 02 B. WING	06/29/2023

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	facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors, and hard-wired smoke detectors in all resident sleeping rooms. The facility has a capacity of 18 and had a census of 11 at the time of this PSR visit. All areas where residents have customary access were sprinkled and all areas providing facility services were sprinkled. Quality Review completed on 07/06/23			
K 0918 SS=F Bldg. 02	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 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. 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			

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	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)			
	1. Based on record review and interview, the facility failed to ensure an annual fuel quality test was performed for 1 of 1 facility's diesel-powered generator. NFPA 99, Health Care Facilities Code, 2012 Edition Section 6.5.4.1.1.2 states Type 2 EES (Essential Electrical System) generator sets shall be inspected and tested in accordance with Section 6.4.4.1.1.3. Section 6.4.4.1.1.3 states maintenance shall be performed in accordance with NFPA110, Standard for Emergency and Standby Power Systems, 2010 Edition, Chapter 8. NFPA 110, Section 8.3.8 states a fuel quality test shall be performed at least annually using tests approved by ASTM standards. This deficient practice could affect all residents. Findings include: Based on records review and interview with the Director of Facilities and Care Services Administrator on 06/29/23 between 9:30 a.m. and 11:55 a.m., no documentation of an annual fuel quality test for the diesel generator was available for review. The facility has 1 diesel fired generator. The Director of Facilities stated the vendor had been contracted to provide this service, but it had not been done yet. During the survey, the Director of Facilities scheduled this service for the next few days. Based on interview at the time of	K 0918	What corrective actions will be accomplished for those residents found to have been affected by the deficient practice: Generator annual fuel quality test samples collected on 7/3/2023. Generator had three-year 4 hour test completed on 7/3/2023. How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken: All residents have the potential to be affected by the deficient practice. No further concerns noted. Facilities team will be educated on generator testing requirements. What measures will be put in place or what systemic changes the facility will makes to ensure that the deficient practice does not occur: Director of Facilities or designee will conduct monthly generator testing audits. Any issues identified will require a work order placed for repair. All logs will be	07/03/2023

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	records review, the fuel quality testing for the diesel fired generator was not available. This finding was acknowledged by the Director of Facilities and Care Services Administrator at the time of discovery and again at the exit conference with the Director of Facilities and Care Services Administrator present. 2. Based on record review and interview, the facility failed to maintain 1 of 1 Emergency Power Standby System in accordance with NFPA 110, Standard for Emergency and Standby Power Systems, Section 8.4.9, as required by NFPA 99 Health Care Facilities Code, Section 6.4.1.1.6.1. NFPA 110 Section 8.4.9 states that all Level 1 Emergency Power Systems shall be tested at least once within every three years. Where the assigned class is greater than 4 hours, it shall be permitted to terminate the test after 4 hours. NFPA 99 Section 6.4.1.1.6.1 states that Type 1 and Type 2 essential electrical system power sources shall be classified at Type 10, Class X, Level 1 generator sets. This deficient practice could affect all building occupants. Findings include: Based on records review and interview with the Director of Facilities and Care Services Administrator on 06/29/23 between 9:30 a.m. and 11:55 a.m., the facility provided documentation for testing of the emergency generator, however, could not provide documentation of a three-year 4 hour test. During the survey, the Director of Facilities scheduled this service for the next few days. This finding was acknowledged by the Director of		audited monthly. How the corrective actions 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 Facilities or designee will bring audits to monthly QAPI Committee for review and recommendation until 100% compliance is met. Any recommendation made by the committee will be followed up by the Director of Facilities or designee.	

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	Facilities and Care Services Administrator at the time of discovery and again at the exit conference with the Director of Facilities and Care Services Administrator present. This deficiency was cited on 04/04/23. The facility failed to implement a systemic plan of correction to prevent recurrence. 3.1-19(b)			