

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

PRINTED: 05/18/2023
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155576		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING		X3) DATE SURVEY COMPLETED 04/26/2023	
NAME OF PROVIDER OR SUPPLIER WATERS OF HARTFORD CITY SKILLED NURSING FACILITY				STREET ADDRESS, CITY, STATE, ZIP COD 0548 S 100 W HARTFORD CITY, IN 47348			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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: 04/26/23</p> <p>Facility Number: 000289 Provider Number: 155576 AIM Number: 100289460</p> <p>At this Emergency Preparedness survey, The Waters of Hartford City Skilled Nursing Facility, 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 65 and had a census of 38 at the time of this survey.</p> <p>Quality Review completed on 05/04/23</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: 04/26/2023</p> <p>Facility Number: 000289 Provider Number: 155576 AIM Number: 100289460</p> <p>At this Life Safety Code survey, The Waters of Hartford City Skilled Nursing Facility, was found not in compliance with Requirements for</p>			K 0000	<p>May 17, 2023 To Indiana State Department of Health,</p> <p>Enclosed you will find our credible alleged compliance of our plan of correction for the survey event ID: MEIB21. We have submitted our plan of correction through the Gateway System including the plan of correction, policies, and tools as described in our plan of correction.</p>		

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

TITLE

(X6) DATE

Max Richardson

Administrator

05/17/2023

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 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 0920 SS=D Bldg. 01	<p>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 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 the corridors, areas open to the corridors and battery operated smoke detectors in the resident rooms. The facility has a capacity of 65 and had a census of 38 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered. All areas providing facility services were sprinklered.</p> <p>Quality Review completed on 05/04/23</p>				<p>We have set up our compliance date for May 17, 2023. We respectfully request an opportunity for paper compliance for K 920 SS=D Electrical Equipment – Power Cords and Extensions. Please contact us if you would like us to submit additional supporting documentation paper compliance.</p> <p>Respectfully Submitted,</p> <p>Max Richardson Administrator</p> <p>The Waters of Hartford City</p> <p>548 South 100 West</p> <p>Hartford City, IN 47348</p>		
	<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 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</p>						

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	<p>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 1 of 1 flexible cord power strip in patient care vicinity met the required UL rating of 1363A or 60601-1. This deficient practice affects two residents.</p> <p>Findings include:</p> <p>Based on observation during a tour of the facility with the Administrator and Maintenance Director on 04/26/23 at 1:30 p.m., in resident room 211 there was a power strip in use within 6 feet of a resident care area that did not meet 1363A or 60601-1. Based on interview at the time of observation, the Maintenance Director agreed a power strip was in use in resident care area and did not meet 1363A or 60601-1.</p> <p>The finding was reviewed with the Administrator and Maintenance Director during the exit conference.</p> <p>3.1-19(b)</p>			K 0920	<p>DISCLAIMER STATEMENT: Preparation and/or execution of this plan of correction in general, or this corrective action in particular, does not constitute an admission or agreement by this facility of the facts alleged or conclusions set forth in this statement of deficiencies. The plan of correction and specific corrective actions are prepared and/or executed in compliance with state and federal laws. This plan of correction constitutes a written allegation of substantial compliance with Federal Medicare and Medicaid requirements.</p> <p>K920 – It is the intent of the facility to ensure flexible cord power strips in patient care vicinity meet the required UL rating of 1363A or 60601-1 to meet set standards.</p> <p>1.CORRECTIVE ACTIONS TAKEN:</p>		05/17/2023

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			<p>1.On 4/27/2023 the Maintenance Supervisor/designee removed the power strip from resident room 211 to meet set standards. The Administrator verified the removal on 4/27/2023.</p> <p>2.ALL OTHERS WITH POTENTIAL TO BE AFFECTED:</p> <p>1.All residents and all staff and visitors have the potential to be affected but none were. On 4/27/2023 the Maintenance Supervisor/designee inspected all rooms throughout the facility for power strips and found no other negative findings.</p> <p>3.MEASURES TO PREVENT REOCCURRENCE:</p> <p>1.On 5/17/2023 the Administrator in serviced the Maintenance Supervisor/designee/all other staff that power strips are not to be used as a substitute for fixed wiring to meet set standards. See attendance log of participation (Attachment A).</p> <p>2.Maintenance Supervisor/designee will inspect all rooms throughout the facility monthly to ensure they do not have power strips in use as a part of the facility's Preventive Maintenance Program. The results of the monthly audit will document those inspection results as appropriate. See Power Strip QAPI Tool (Attachment B). If any issues are discovered, they will be</p>		

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			<p>addressed and resolved immediately. The Maintenance Supervisor/designee will review with the Administrator the inspection results.</p> <p>3.The Administrator will monitor adherence to the Preventative Maintenance schedule and validate the Preventative Maintenance documentation is in place.</p> <p>4.MONITORING CORRECTIVE ACTION:</p> <p>1.The inspection results will be presented by the Maintenance Supervisor/designee to the Administrator monthly and the Administrator will present the inspection results at the monthly Quality Assurance/Performance Improvement (QA/PI) meeting. Inspection results and system components will be reviewed by the QA/PI Committee with subsequent plans of correction developed and implemented as deemed necessary to ensure compliance is maintained.</p> <p>This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is 5/17/2023.</p>		