

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

PRINTED: 11/20/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155617		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING		X3) DATE SURVEY COMPLETED 10/30/2024	
NAME OF PROVIDER OR SUPPLIER WATERS OF CHESTERFIELD SKILLED NURSING FACILITY				STREET ADDRESS, CITY, STATE, ZIP COD 524 ANDERSON RD CHESTERFIELD, IN 46017			
(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
K 0000 Bldg. 01	<p>An investigation of Complaint Number IN00445598 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a).</p> <p>Complaint Number IN00445598 was substantiated - Federal/State deficiencies related to the allegation were cited at K711 and K921.</p> <p>Survey Date: 10/30/24</p> <p>Facility Number: 000524 Provider Number: 155617 AIM Number: 100267090</p> <p>At this Life Safety Code Complaint survey, Waters of Chesterfield Skilled Nursing Facility 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 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 sleeping rooms. The facility has a capacity of 60 and had a census of 44 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>			K 0000	<p>Preparation and/or execution of this plan of correction in general, or this corrective action, 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>		

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

TITLE

(X6) DATE

Eileen Thomas HFA

Administrator

11/18/2024

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 0711 SS=F Bldg. 01	<p>Quality Review completed on 11/04/24</p> <p>NFPA 101 Evacuation and Relocation Plan</p> <p>Based on observation, record review, and interview, the facility failed to ensure staff were properly trained and followed the written emergency fire safety plan during a fire emergency that incorporated all items listed in NFPA 101, Section 19.7.2.2.</p> <ol style="list-style-type: none"> 1. Use of alarms. 2. Transmission of alarms to fire department. 3. Emergency phone call to fire department 4. Response to alarms. 5. Isolation of fire. 6. Evacuation of immediate area. 7. Evacuation of smoke compartment. 8. Preparation of floors and building for evacuation. 9. Extinguishment of fire. <p>This deficient practice affects all residents, staff, and visitors during a fire emergency.</p> <p>Findings include:</p> <p>Based on observation of room 104 and photos of a burnt oxygen concentrator with the Maintenance Director and the Administrator on 10/30/24 at 12:40 p.m., there was evidence of an electrical fire that took place inside an oxygen concentrator in room 104.</p> <p>Based on records review at 1:00 p.m., the provided fire safety plan addressed all required items and includes the instructions for R.A.C.E (Remove from Danger, Activate the Alarm, Contain Fire, Extinguish and Evacuate), but the fire safety plan was not followed during an actual fire emergency. Also, there was no training documentation</p>		K 0711	<p>1 CORRECTIVE ACTIONS TAKEN:</p> <p>a On 11.13.2024 the Administrator inserviced all staff on the proper procedures according to the facilities fire safety plan which includes activating the fire alarm system, calling the fire department (911), evacuating the affected smoke compartment and properly extinguishing an electrical fire with an ABC fire extinguisher to meet set standards.</p> <p>2 ALL OTHERS WITH POTENTIAL TO BE AFFECTED:</p> <p>a All residents and all staff and visitors have the potential to be affected but none were.</p> <p>3 MEASURES TO PREVENT REOCCURRENCE:</p> <p>a The Administrator/Maintenance Supervisor will ensure all staff are aware of the proper procedures according to the facilities fire safety plan as a part of the facilities Emergency Preparedness Program and document those inspection results as appropriate. All staff will be inserviced annually or as needed. If any issues are discovered, they will be addressed and resolved</p>		11/18/2024	

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	<p>available for review on how to extinguish a fire nor instruction for a complete fire response.</p> <p>Based on an interview at the time of records review and observation, the Administrator stated on 10/18/24 at 12:40 a.m., an oxygen concentrator caught fire from the electrical components inside an oxygen concentrator. LPN-1 heard an alarm coming from a concentrator in room 104. LPN-1 did remove the resident from harm, but failed to activate the fire alarm system, alert someone to activate the alarm, or had nursing staff contact the fire department (911). LPN-1 tried to extinguish the electrical fire by pouring a cup of water on the oxygen concentrator which did not extinguish the fire. LPN-2 grabbed an ABC fire extinguisher and extinguished the electrical fire. Also, the resident from room 104 was evacuated but no other residents in the affected smoke compartment were evacuated to the next smoke compartment. It was revealed no other fire alarm appliance was activated nor did the fire department arrive to determine if the building was safe to occupy. No residents were injured during the incident. The administrator agreed that staff did not follow the proper procedures according to the fire safety plan by not activating the fire alarm system, calling the fire department (911), evacuating the affected smoke compartment, and properly extinguishing an electrical fire with an ABC fire extinguisher instead of water.</p> <p>The findings were reviewed with the Administrator and the Maintenance Director during the exit conference.</p> <p>3.1-19(b)</p> <p>This federal tag relates to complaint number IN00445598.</p>				<p>immediately.</p> <p>b The Administrator will monitor adherence to the Emergency Preparedness Program.</p> <p>4 MONITORING CORRECTIVE ACTION:</p> <p>a The Maintenance Supervisor/designee will conduct a random survey of staff monthly until compliance is met to ensure knowledge and understanding of the Fire Safety Plan, any concerns will be immediately addressed. The results of the survey will be presented at the monthly Quality Assurance/Performance Improvement (QA/PI) meeting. The survey results 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>		

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K 0921 SS=F Bldg. 01	<p>NFPA 101 Electrical Equipment - Testing and Maintenance Based on records review, observation, and interview, the facility failed to conduct the required maintenance and maintain 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.</p> <p>Findings include:</p> <p>Based on records review with the Administrator and the Maintenance director on 10/30/24 at 12:49 p.m., there was documentation of testing of</p>			K 0921	<p>1.CORRECTIVE ACTIONS TAKEN: 1.On 11.18.2024 the Administrator/Maintenance Supervisor updated the PCREE form to include checking the physical integrity, resistance, leakage current and touch current on oxygen concentrators to meet set standards. The Administrator verified the training on 11.18.2024. 2.On 11.18.2024 the facilities trained Regional Property Manager conducted PCREE testing on the other PCREE in the facility including: electric beds, nebulizers, oxygen concentrators, air pumps for air mattresses, vital sign monitors, and other electrical medical equipment to meet set standards. The Administrator verified the training on 11.18.2024. 2.ALL OTHERS WITH POTENTIAL TO BE AFFECTED: 1.All residents and all staff and visitors have the potential to be affected but none were. 3.MEASURES TO PREVENT REOCCURRENCE: 1.On 11.18.24 the Regional Property Manager inserviced the Maintenance Supervisor/designee to ensure the testing of the PCREE is conducted and documented on all PCREE equipment to meet set standards.</p>		11/18/2024

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	<p>oxygen concentrators in use throughout the facility, but the form only listed checking the electrical cords, wheels for damage, and cleaning the filters. The inspection form did not address the physical integrity, resistance, leakage current, and touch current. Also, no documentation was available for testing of other PCREE in the facility. Based on observation from 12:36 p.m. to 1:30 p.m., it was revealed the facility provided PCREE such as electric beds, nebulizers, oxygen concentrators, air pumps for air mattresses, vital sign monitors, and other electrical medical equipment was present in the facility.</p> <p>Based on an interview during observation and records review, the Administrator stated an oxygen concentrator caught fire from the electrical components inside of the concentrator in room 104. The Administrator and Maintenance Director agreed all oxygen concentrators were not inspected for physical integrity, resistance, leakage current, and touch current and stated the facility was not aware of all required PCREE testing to prevent an electrical fire.</p> <p>The findings were reviewed with the Administrator and the Maintenance Director during the exit conference.</p> <p>3.1-19(b)</p> <p>This federal tag relates to complaint number IN00445598.</p>			<p>2.Maintenance Supervisor/designee will ensure testing of the PCREE is conducted and documented on all PCREE equipment as a part of the facility's annual Preventive Maintenance Program and document those inspection results as appropriate. If any issues are discovered, they will be 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>			