

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

PRINTED: 11/30/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155495		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING		X3) DATE SURVEY COMPLETED 11/02/2022	
NAME OF PROVIDER OR SUPPLIER PADDOCK SPRINGS				STREET ADDRESS, CITY, STATE, ZIP COD 2695 SHELDON STREET WARSAW, IN 46582			
(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>A Posit Revisit Survey (PSR) to the Emergency Preparedness Survey on 08/29/22 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73.</p> <p>Survey Date: 11/02/22</p> <p>Facility Number: 000491 Provider Number: 155495 AIM Number: 100291230</p> <p>At this PSR survey, Paddock Springs, 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 60 certified beds. At the time of the survey, the census was 54.</p> <p>Quality Review completed on 11/07/22</p>			E 0000			
K 0000 Bldg. 02	<p>A Post Revisit Survey (PSR) to the Life Safety Code Survey on 08/29/22 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a).</p> <p>Survey Date: 11/02/22</p> <p>Facility Number: 000491 Provider Number: 155495 AIM Number: 100291230</p> <p>At this PSR survey, Paddock Springs was found</p>			K 0000			

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

TITLE

(X6) DATE

Humberto Nunez

Executive Director

11/28/2022

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 0131 SS=E Bldg. 02	<p>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 18, New Health Care Occupancies and 410 IAC 16.2.</p> <p>This one story facility constructed in 2018 was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with hard wire smoke detection in the corridors, areas open to the corridors and in all resident rooms. The facility is fully protected by a Type II ESS 150 kW Natural Gas generator. The Healthcare Facility is connected to an Assisted Living Facility (Residential Board and Care Occupancy) from which it is separated by a Fire Wall with a 2-hour Fire Resistance Rating. All areas where the residents will have customary access were sprinklered. The facility has a capacity of 60 and had a census of 54 at the time of this survey.</p> <p>Quality Review completed on 11/07/22</p> <p>NFPA 101 Multiple Occupancies Multiple Occupancies - Sections of Health Care Facilities Sections of health care facilities classified as other occupancies meet all of the following:</p> <ul style="list-style-type: none"> o They are not intended to serve four or more inpatients for purposes of housing, treatment, or customary access. o They are separated from areas of health care occupancies by construction having a minimum two hour fire resistance rating in 						

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	<p>accordance with Chapter 8.</p> <ul style="list-style-type: none"> The entire building is protected throughout by an approved, supervised automatic sprinkler system in accordance with Section 9.7. <p>Hospital outpatient surgical departments are required to be classified as an Ambulatory Health Care Occupancy regardless of the number of patients served.</p> <p>18.1.3.3, 42 CFR 482.41, 42 CFR 485.623</p> <p>Based on observation, rerecord review, and interview, the facility failed to ensure 1 of 1 90-minute fire rated separation barrier doors with windows met the proper requirements for window glazing in accordance with LSC 8.3.3. Section 8.3.3.12 states new fire protection-rated glazing shall be marked in accordance with Table 8.3.3.12 and Table 8.3.4.2, and such marking shall be permanently affixed. 8.3.3.6 Glazing in fire window assemblies, other than in existing fire window installations of wired glass and other fire-rated glazing material, shall be of a design that has been tested to meet the conditions of acceptance of NFPA 257 or ANSI/UL 9. Fire protection-rated glazing in fire door assemblies, other than in existing fire-rated door assemblies, shall be of a design that has been tested to meet the conditions of acceptance of NFPA 252, ANSI/UL 10B, or 10C. This deficient practice could affect 20 residents in one smoke compartment.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Director on 11/02/22 at 2:00 p.m., the separation fire door was a 90-minute rated fire door with a window. The window was not marked and permanently affixed. It was unknown if the window contained a fire-rated glazing material.</p>			K 0131	<p>Corrections to be completed by January 1, 2023</p> <p>K – 131 – Multiple Occupancies</p> <p>1. The deficient practice has the potential to affect 20 residents in one smoke compartment. The Executive Director and Director of Plant Operations have acquired the appropriate documentation from the builders of the facility. The Executive Director and Director of Plant Operations have contacted the contractor to upgrade the glass and glazing in the window in the 90-minute fire-rated door that will have the appropriate markings and documentation.</p> <p>2. A waiver for the scope of work is being requested. Due to the upcoming holiday season, potential delay in delivery of the glass and glazing, and the schedule of the contractor this will prohibit the facility from completing the appropriate replacement of glass and glazing. The Director of Plant Operations</p>		01/01/2023

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	<p>Based on records review at 2:12 p.m., documentation was provided explaining the different types of window glazings that could be used, but the documentation did not indicate if the window in the fire door contained one of the types of window glazings.</p> <p>Based on interview at the time of observation and records review, the Administrator agreed the window was not marked with a fire-rated glazing identifier and could not show if the provided documentation was for the window in the fire door.</p> <p>This finding was reviewed with the Administrator and Maintenance Director during the exit conference.</p> <p>This deficiency was cited on 08/29/22. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>3.1-19(b)</p>				<p>has acquired the appropriate documentation and markings from the contractor, the updated glass and glazing has been ordered and will be replaced no later than January 1, 2023.</p> <p>3. The glass and glazing in the fire-rated door has been ordered in accordance with the regulations listed. The updated glass that has been ordered will have the appropriate markings in accordance with the regulations of the Indiana State Department of Health and the State Operation Manual. The glass and glazing will be replaced by January 1, 2023.</p> <p>4. The Director of Plant Operations was educated by the Executive Director on K131, Multiple Occupancies regulations. K131 states new fire protection-rated glazing shall be marked in accordance with Table 8.3.3.12 and Table 8.3.4.2 and such markings shall be permanently affixed. 8.3.3.6, Glazing in fire window assemblies, shall be of design that has been tested to meet the conditions of acceptance of NFPA 257 or ANSI/UL9. The DPO or designee will audit the deficient windows located in the 90-minute fire rated door for appropriate markings and glazing weekly for six weeks following the updates to the glass and glazing. As a quality measure, the DPO or designee will review any findings and</p>		

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K 0379 SS=F Bldg. 02	<p>NFPA 101 Smoke Barrier Door Glazing Smoke Barrier Door Glazing 2012 NEW Windows in smoke barrier doors shall be installed in each cross corridor swinging or horizontal-sliding door protected by fire-rated glazing or by wired glass panels in approved frames. 18.3.7.9 Based on observation, records review, and interview, the facility failed to ensure 5 of 5 smoke barrier doors with windows met the proper requirements for window glazing in accordance with LSC 18.3.7.9 and 18.3.7.10. LSC 18.3.7.9 states vision panels consisting of fire-rated glazing in approved frames shall be provided in each cross-corridor swinging door and at each cross-corridor horizontal-sliding door in a smoke barrier. 18.3.7.10 states vision panels in doors in smoke barriers, if provided, shall be of fire-rated glazing in approved frames. This deficient practice could affect all residents.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Director on 11/02/22 at 2:00 p.m., the separation</p>			K 0379	<p>corrective action monthly and ongoing until campus achieves one hundred percent compliance in the campus Quality Assurance Performance Improvement meetings. The plan will be reviewed and updated as warranted. Ongoing monitoring will continue past 6 months if warranted until 100% compliance met.</p> <p>Corrections to be completed by January 1, 2023 K – 379 – Smoke Barrier Door Glazing</p> <p>1. The deficient practice has the potential to affect all residents in the facility. The Executive Director and Director of Plant Operations have acquired the appropriate documentation from the builders of the facility. The Executive Director and Director of Plant Operations have contacted the contractor to upgrade the glass and glazing in the window in the 90-minute fire-rated door that will have the appropriate markings</p>		01/01/2023

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	<p>fire door was a 90-minute rated fire door with a window. The window was not marked and permanently affixed. It was unknown if the window contained a fire-rated glazing material. Based on records review at 2:12 p.m., documentation was provided explaining the different types of window glazings that could be used, but the documentation did not indicate if the window in the fire door contained one of the types of window glazings.</p> <p>Based on interview at the time of observation and records review, the Administrator agreed the window was not marked with a fire-rated glazing identifier and could not show if the provided documentation was for the window in the fire door.</p> <p>This finding was reviewed with the Administrator and Maintenance Director during the exit conference.</p> <p>This deficiency was cited on 08/29/22. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>3.1-19(b)</p>				<p>and documentation.</p> <p>2. A waiver for the scope of work is being requested. Due to the upcoming holiday season, potential delay in delivery of the glass and glazing, and the schedule of the contractor this will prohibit the facility from completing the appropriate replacement of glass and glazing. The Director of Plant Operations has acquired the appropriate documentation and markings from the contractor, the updated glass and glazing has been ordered and will be replaced no later than January 1, 2023.</p> <p>3. The glass and glazing in the fire-rated door has been ordered in accordance with the regulations listed. The updated glass that has been ordered will have the appropriate markings in accordance with the regulations of the Indiana State Department of Health and the State Operation Manual. The glass and glazing will be replaced by January 1, 2023.</p> <p>4. The Director of Plant Operations was educated by the Executive Director on K131, Multiple Occupancies regulations. K379 states window in smoke barrier doors shall be installed in each cross corridor swinging or horizontal-sliding door protected by fire-rated glazing or by wired glass panels in approved frames, 18.3.7.9. The DPO or designee will audit the deficient windows</p>		

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			located in the 90-minute fire rated door for appropriate markings and glazing weekly for six weeks following the updates to the glass and glazing. As a quality measure, the DPO or designee will review any findings and corrective action monthly and ongoing until campus achieves one hundred percent compliance in the campus Quality Assurance Performance Improvement meetings. The plan will be reviewed and updated as warranted. Ongoing monitoring will continue past 6 months if warranted until 100% compliance met.		