STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	155363	A. BUILDING -- B. WING	01/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
WILLOWDALE VILLAGE	404 W WILLOW RD DALE, IN 47523

(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. --	An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73. Survey Date: 01/07/25 Facility Number: 000254 Provider Number: 155363 AIM Number: 100266270 At this Emergency Preparedness survey, Willowdale Village was found not in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73 The facility has 50 certified beds, with a current census of 23. Quality Review completed on 01/10/25 The requirement at 42 CFR, Subpart 483.73 is NOT MET as evidenced by:	E 0000	/p> This provider respectfully requests that this 2567 Plan of Correction be considered the Letter of Credible Allegation of Compliance and requests a desk review in lieu of a post survey review on or after 1/31/25.	
E 0041 SS=F Bldg. --	482.15(e), 483.73(e), 485.542(e), 485.62 Hospital CAH and LTC Emergency Power 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). Based on observation and interview, the facility failed to ensure 1 of 1 temporary emergency generator was provided with an operating alarm	E 0041	It is the intent of the facility to conduct and document emergency power supply visual and audio signals according to NFPA and Life Safety Code. **What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?**	01/31/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Kristy Denton	HFA	01/31/2025

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155363	A. BUILDING -- B. WING	01/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
WILLOWDALE VILLAGE	404 W WILLOW RD DALE, IN 47523

(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
	annunciator in a location readily observed by operating personnel at a regular work station such as a nurses' stations. NFPA 99, 2012 Edition, Health Care Facilities Code, at 6.4.1.1.17 requires a remote annunciator that is storage battery powered shall be provided to operate outside of the generating room in a location readily observed by operating personnel at a regular work station. The annunciator shall be hard-wired to indicate alarm conditions of the emergency or auxiliary power source as follows: (1) Individual visual signals shall indicate: a. When the emergency or auxiliary power source is operating to supply power to load. b. When the battery charger is malfunctioning. (2) Individual visual signals plus a common audible signal to warn of an engine-generator alarm condition shall indicate: a. Low lubricating oil pressure. b. Low water temperature. c. Excessive water temperature. d. Low fuel when the main fuel storage tank contains less than a 4-hour operating supply. e. Overcrank (failed to start). f. Overspeed. 6.4.1.1.17.1 A remote, common audible alarm shall be provided as specified in 6.4.1.1.17.4 that is powered by the storage battery and located outside of the EPS service room at a work site observable by personnel. 6.4.1.1.17.4 Individual alarm indication to annunciate any of the conditions listed in Table 6.4.1.1.16.2 shall have the following characteristics: (1) It shall be battery powered. (2) It shall be visually indicated. (3) It shall have additional contacts or circuits for a common audible alarm that signals locally and		·Education provided to maintenance director related to emergency power supply visual and audio signals. ·Temporary generator was removed and primary generator is functioning with proper audio and visual signaling to annunciator panel. **How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?** ·All residents in the facility have the potential to be affected by the alleged deficient practice. ·Maintenance supervisor to ensure that generator audio and visual signaling is properly relayed to annunciator. **What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?** ·Maintenance Director will educated on generator audio and visual signaling testing and maintenance. ·Monthly generator testing to include inspection of proper signaling to annunciator panel. **How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality**	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155363	A. BUILDING -- B. WING	01/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
WILLOWDALE VILLAGE	404 W WILLOW RD DALE, IN 47523

(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
	remotely when any of the itemized conditions occurs (4) It shall have a lamp test switch(es) to test the operation of all alarm lamps. This deficient practice could affect all residents, as well as visitors and staff in the facility. Findings include: Based on interview during record review on 01/07/25 between 10:00 a.m. and 2:00 p.m. with the Maintenance Director and Regional Support present, the Maintenance Director said the facility has been using a temporary generator for the past two weeks due to mechanical/electrical issues with the natural gas/LP generator. The Maintenance Director also said the temporary generator is a diesel generator. Based on observations between 2:00 p.m. and 4:00 p.m. during a tour of the facility with the Maintenance Director and Regional Support there was no remote annunciator panel for the temporary generator and the temporary generator was not connected to the current annunciator panel located at the north Nurse's Station. This was confirmed by the Maintenance Director at the time of observation who further said he has been in contact with the generator vendor and is hoping to get the generator fixed as soon as possible. This finding was reviewed with the Administrator, Maintenance Supervisor, and Regional Support during the exit conference.		**assurance program will be put into place?** ·Executive Director/ designee will review pm audit results related to generator and annunciator function and monitor compliance and report to QAPI. ·If 100% threshold is not achieved, an action plan will be developed to ensure compliance.	
K 0000 Bldg. 01	A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana	K 0000	/p> This provider respectfully requests that this 2567 Plan of	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155363	A. BUILDING 01 B. WING	01/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
WILLOWDALE VILLAGE	404 W WILLOW RD DALE, IN 47523

(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
	Department of Health in accordance with 42 CFR 483.90(a). Survey Date: 01/07/25 Facility Number: 000254 Provider Number: 155363 AIM Number: 100266270 At this Life Safety Code survey, Willowdale Village 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. This one story facility was determined to be of Type V (000) construction and was fully sprinklered. The facility has a fire alarm system with hard wired smoke detectors in the corridors and spaces open to the corridors, plus battery operated smoke detectors in all resident sleeping rooms. The facility has a capacity of 50 and had a census of 23 at the time of this survey. All areas where the residents have customary access were sprinklered and all areas providing facility services were sprinklered except one detached wood framed garage and one detached wood framed shed, both used for facility storage. Quality Review completed on 01/10/25		Correction be considered the Letter of Credible Allegation of Compliance and requests a desk review in lieu of a post survey review on or after 1/31/25.	
K 0291 SS=C Bldg. 01	NFPA 101 Emergency Lighting Based on record review, observation, and interview; the facility failed to ensure	K 0291	It is the intent of the facility to provide emergency lighting	01/31/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155363	A. BUILDING 01 B. WING	01/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
WILLOWDALE VILLAGE	404 W WILLOW RD DALE, IN 47523

(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
	documentation was provided for the testing of 3 of 3 battery powered emergency light units that were tested monthly for 30 seconds during 11 of the past 12 months to ensure the light would provide lighting during periods of power outages. LSC 19.2.9.1 requires emergency lighting shall be provided in accordance with Section 7.9. Section 7.9.3.1.1 (1) requires functional testing shall be conducted monthly, with a minimum of 3 weeks and a maximum of 5 weeks between tests, for not less than 30 seconds, (3) Functional testing shall be conducted annually for a minimum of 1 1/2 hours if the emergency lighting system is battery powered and (5) Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction. This deficient practice could affect all residents, as well as staff and visitors in the facility. Findings include: Based on record review on 01/07/25 between 10:00 a.m. and 2:00 p.m. with the Maintenance Director and Regional Support present, the facility did have a preventative maintenance report that 2 of 3 battery powered emergency light units were tested annually for 90 minutes on 04/10/24, however, there was no documentation to show a 30 second monthly test was performed on the 3 battery powered emergency light units for 11 of the past 12 months. Based on observations between 2:00 p.m. and 4:00 p.m., the 2 battery powered emergency light units tested were located at the generator and transfer switch. There was also a battery powered emergency light unit located in the kitchen that had not been tested monthly or annually. Based on an interview at the time of record review, the Maintenance Director confirmed there were no		documentation according to Life Safety Code. **What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?** ·Education provided to the maintenance director related to emergency lighting testing and documentation. ·Testing documentation updated to include documentation of the additional unit located in the kitchen on emergency lighting monthly testing. Testing conducted and passed on all emergency lighting. **How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?** ·All residents in the facility have the potential to be affected by the alleged deficient practice. ·Light in kitchen removed as no longer needed due to full capacity emergency generator. ·Maintenance supervisor to ensure that monthly testing and documentation occurs on each emergency lighting unit in accordance with Life Safety codes. **What measures will be put into place or what systemic changes you will make to**	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	155363	A. BUILDING 01 B. WING	01/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
WILLOWDALE VILLAGE	404 W WILLOW RD DALE, IN 47523

(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
	monthly 30 second tests performed during 11 of the past 12 months, and no 90 minute test performed during the past 12 month period for the battery powered emergency light unit in the kitchen. This finding was reviewed with the Administrator, Maintenance Director, and Regional Support during the exit conference. 3.1-19(b)		**ensure that the deficient practice does not recur?** ·Maintenance Director educated on emergency lighting testing and documentation requirements. ·Monthly emergency lighting testing occurred and was properly documented. **How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?** ·Executive Director/ designee will review pm audit results related to emergency lighting testing monthly. ·If 100% threshold is not achieved, an action plan will be developed to ensure compliance.	
K 0353 SS=F Bldg. 01	NFPA 101 Sprinkler System - Maintenance and Testing Based on record review and interview, the facility failed ensure 1 of 1 backflow prevention device in the sprinkler system piping was properly maintained in accordance with NFPA 25. NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 2011 Edition, Section 13.6.2.1 states all backflow preventers installed in fire protection system piping shall be tested annually by conducting a forward flow test of the system at the designed flow rate, including hose stream demand, where hydrants or inside hose stations are located downstream of the backflow preventer. This deficient practice could affect all residents,	K 0353	**K 353 Sprinkler System-Maintenance Testing** It is the intent of the facility to perform sprinkler maintenance and testing according to Life Safety Code. **What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?** ·Education provided to maintenance director related to sprinkler system maintenance and	01/31/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155363	A. BUILDING 01 B. WING	01/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
WILLOWDALE VILLAGE	404 W WILLOW RD DALE, IN 47523

(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
	staff, and visitors in the facility. Findings include: Based on record review on 01/07/25 between 10:00 a.m. and 2:00 p.m. with the Maintenance Director and Regional Support present, there was documentation of an annual backflow prevention inspection/test report dated 10/28/24 from the sprinkler inspection vendor available for review. In the comments section of the report it was stated "Test cock #2 and #3 need replaced and are leaking very bad during testing device." This was acknowledged by the Maintenance Director at the time of record review who further said the the two test cocks have not yet been replaced. This finding was reviewed with the Administrator, Maintenance Director, and Regional Support during the exit conference. 3.1-19(b)		testing. ·Sprinkler testing occurred on 1-14-25 with no deficits or leaks noted. Test cock 2 and 3 were replaced by IEI on 1-14-25. **How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?** ·All residents in the facility have the potential to be affected by the alleged deficient practice. ·Maintenance supervisor to ensure that sprinkler testing occurs addressing any concern areas in accordance with Life Safety codes. **What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?** ·Maintenance Director educated on sprinkler testing and maintenance requirements. ·Preventative maintenance log to send reminder and maintenance director to document proper sprinkler maintenance and testing quarterly. **How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?**	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155363	A. BUILDING 01 B. WING	01/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
WILLOWDALE VILLAGE	404 W WILLOW RD DALE, IN 47523

(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
			·Executive Director/ designee will review sprinkler testing and maintenance documents and logs to ensure compliance. ·If 100% threshold is not achieved, an action plan will be developed to ensure compliance.	
K 0916 SS=F Bldg. 01	NFPA 101 Electrical Systems - Essential Electric Syste Based on observation and interview, the facility failed to ensure 1 of 1 temporary emergency generator was provided with an operating alarm annunciator in a location readily observed by operating personnel at a regular work station such as a nurses' stations. NFPA 99, 2012 Edition, Health Care Facilities Code, at 6.4.1.1.17 requires a remote annunciator that is storage battery powered shall be provided to operate outside of the generating room in a location readily observed by operating personnel at a regular work station. The annunciator shall be hard-wired to indicate alarm conditions of the emergency or auxiliary power source as follows: (1) Individual visual signals shall indicate: a. When the emergency or auxiliary power source is operating to supply power to load. b. When the battery charger is malfunctioning. (2) Individual visual signals plus a common audible signal to warn of an engine-generator alarm condition shall indicate: a. Low lubricating oil pressure. b. Low water temperature. c. Excessive water temperature. d. Low fuel when the main fuel storage tank contains less than a 4-hour operating supply. e. Overcrank (failed to start). f. Overspeed.	K 0916	It is the intent of the facility to conduct and document emergency power supply visual and audio signals according to NFPA and Life Safety Code. **What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?** ·Education provided to maintenance director related to emergency power supply visual and audio signals. ·Temporary generator was removed and primary generator is functioning with proper audio and visual signaling to annunciator panel. **How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?** ·All residents in the facility have the potential to be affected by the alleged deficient practice. ·Maintenance supervisor to	01/31/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155363	A. BUILDING 01 B. WING	01/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
WILLOWDALE VILLAGE	404 W WILLOW RD DALE, IN 47523

(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
	6.4.1.1.17.1 A remote, common audible alarm shall be provided as specified in 6.4.1.1.17.4 that is powered by the storage battery and located outside of the EPS service room at a work site observable by personnel. 6.4.1.1.17.4 Individual alarm indication to annunciate any of the conditions listed in Table 6.4.1.1.16.2 shall have the following characteristics: (1) It shall be battery powered. (2) It shall be visually indicated. (3) It shall have additional contacts or circuits for a common audible alarm that signals locally and remotely when any of the itemized conditions occurs (4) It shall have a lamp test switch(es) to test the operation of all alarm lamps. This deficient practice could affect all residents, as well as visitors and staff in the facility. Findings include: Based on interview during record review on 01/07/25 between 10:00 a.m. and 2:00 p.m. with the Maintenance Director and Regional Support present, the Maintenance Director said the facility has been using a temporary generator for the past two weeks due to mechanical/electrical issues with the natural gas/LP generator. The Maintenance Director also said the temporary generator is a diesel generator. Based on observations between 2:00 p.m. and 4:00 p.m. during a tour of the facility with the Maintenance Director and Regional Support there was no remote annunciator panel for the temporary generator and the temporary generator was not connected to the current annunciator panel located at the north Nurse's Station. This was		ensure that generator audio and visual signaling is properly relayed to annunciator. **What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?** ·Maintenance Director will educated on generator audio and visual signaling testing and maintenance. ·Monthly generator testing to include inspection of proper signaling to annunciator panel. **How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?** ·Executive Director/ designee will review pm audit results related to generator and annunciator function and monitor compliance and report to QAPI. ·If 100% threshold is not achieved, an action plan will be developed to ensure compliance.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155363	A. BUILDING 01 B. WING	01/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
WILLOWDALE VILLAGE	404 W WILLOW RD DALE, IN 47523

(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
	confirmed by the Maintenance Director at the time of observation who further said he has been in contact with the generator vendor and is hoping to get the generator fixed as soon as possible. This finding was reviewed with the Administrator, Maintenance Supervisor, and Regional Support during the exit conference. 3.1-19(b)			
K 0921 SS=F Bldg. 01	NFPA 101 Electrical Equipment - Testing and Maintenanc Based on record 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	K 0921	**K 921- Electrical Equipment Testing and Maintenance** It is the intent of the facility to perform electrical function testing on PCREE in accordance with Life Safety standards. **What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?** ·Education provided to maintenance director related to PCREE testing. ·PCREE testing to occur on February 18th by Medical Device inspection company. **How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?** ·All residents in the facility have the potential to be affected by the alleged deficient practice.	02/18/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155363	A. BUILDING 01 B. WING	01/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
WILLOWDALE VILLAGE	404 W WILLOW RD DALE, IN 47523

(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
	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 could affect all residents. Findings include: Based on record review on 01/07/25 between 10:00 a.m. and 2:00 p.m. with the Maintenance Director and Regional Support present, there was no documentation for the testing of PCREE, such as electric beds, nebulizers, oxygen concentrators, air pumps for air mattresses, vital sign monitors, and other electrical medical equipment. Based on interview at the time of record review, the Maintenance Director and Regional Support said the facility was not aware PCREE items had to be tested and documented. Based on observation between 2:00 p.m. to 4:00 p.m. during a tour of the facility with the Maintenance Director and Regional Support , it was revealed the facility provided PCREE such as electric beds, oxygen concentrators, air pumps for air mattresses, and other electrical medical equipment was present in the facility. This finding was reviewed with the Administrator, Maintenance Director, and Regional Support during the exit conference. 3.1-19(b)		·Maintenance supervisor to ensure that electrical testing occurs on all PCREE in resident rooms in accordance with Life Safety codes. **What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?** ·Maintenance Director educated on PCREE testing requirements. ·PCREE testing and verification to be added to preventative maintenance log ensure ongoing compliance. **How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?** ·Executive Director/ designee will review PCREE testing and maintenance logs. ·If 100% threshold is not achieved, an action plan will be developed to ensure compliance.	