

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

PRINTED: 08/26/2024  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155838		X2) MULTIPLE CONSTRUCTION A. BUILDING      -- B. WING            _____		X3) DATE SURVEY COMPLETED 08/06/2024	
NAME OF PROVIDER OR SUPPLIER  STONECROFT HEALTH CAMPUS				STREET ADDRESS, CITY, STATE, ZIP COD 363 SOUTH FIELDSTONE BLVD BLOOMINGTON, IN 47403			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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: 08/06/24</p> <p>Facility Number: 013409 Provider Number: 155838 AIM Number: 201312610</p> <p>At this Emergency Preparedness survey, Stonecroft Health Campus 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 70 certified beds. At the time of the survey, the census was 46.</p> <p>Quality Review completed on 08/07/24</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: 08/06/24</p> <p>Facility Number: 013409 Provider Number: 155838 AIM Number: 201312610</p> <p>At this Life Safety Code survey, Stonecroft Health</p>			K 0000	<p><b>K 920 Electrical Equipment – Power Cords and Extension Cords</b></p> <p>Compliance date – August 6, 2024 Immediate intervention The Director of Plant Operations removed the power cord and extension during survey. The Director of Plant Operations was educated by the Executive Director on K920 Electrical Equipment – Power Cords and</p>		

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

TITLE

(X6) DATE

Dawn Black

Area Executive Director

08/26/2024

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 0920 SS=B Bldg. 01	<p>Campus was found not in compliance with Requirements for Participation 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 fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, in all areas open to the corridors with hard wired smoke detectors in all resident rooms. The facility has a capacity of 70 and had a census of 46 at the time of this visit.</p> <p>All areas where residents have customary access were sprinklered. All areas providing facility services were sprinklered.</p> <p>Quality Review completed on 08/07/24</p> <p>NFPA 101 Electrical Equipment - Power Cords and Extens</p>				<p>Extension Cords LSC – Power strips in a patient care vicinity are only used for components of movable patient-care related related electrical equipment (PCREE) assemblies that have been assembled by qualified personnel and meet the conditions of 10.12.3.6. 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 meet UL 1363A or UL 60601-1. Power strips for non-PCREE in 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 room and stated the UL listing of the power strips could not be determined. The Director of Plant Operations will inspect the deficient delayed egress signage 1x week for 1 month and then 1 x month for 3 months. . The Executive Director will present documentation to the OAPI team for further recommendations The deficient practice did not affect any other residents.</p>		

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	<p>Electrical Equipment - Power Cords and Extension Cords</p> <p>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 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 power strips in all resident rooms used outside the patient care vicinity met UL 1363. Patient care vicinity is defined as a space, within a location intended for the examination and treatment of patients, extending 6 feet beyond the normal location of the bed, chair, table, treadmill, or other device that supports the patient during examination and treatment. A patient care vicinity extends vertically to 7 feet 6 inches above the floor. This deficient practice could affect 20 resident and staff in the vicinity of resident room 221 in the 200 Hall .</p> <p>Findings include:</p>			K 0920	<p><b>K 920 Electrical Equipment – Power Cords and Extension Cords</b></p> <p>Compliance date – August 6, 2024</p> <p>Immediate intervention</p> <p>The Director of Plant Operations removed the power cord and extension during survey.</p> <p>The Director of Plant Operations was educated by the Executive Director on K920 Electrical Equipment – Power Cords and Extension Cords</p> <p>LSC – Power strips in a patient care vicinity are only used for</p>		08/06/2024

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	<p>Based on observation with the Director of Plant Operations and Facilities Management Support on 08/06/24 at 12:35 p.m., two power strips and an extension cord were found to be powering personal equipment in resident room 221. The two power strips were located in the two corners by the window and powered two chairs, lamps, a telephone and a fan. The extension cord, which was plugged into the powerstrip to the left of the window, was powering a radio. Based on interview at the time of observations, the Director of Plant Operations confirmed an extension cord and two powerstrips were in use in the resident room and stated the UL listing of the powerstrips could not be determined. The Director of Plant Operations removed the powerstrips and extension cord at the time of observation.</p> <p>This finding was reviewed with the Executive Director, Director of Plant Operations and Facilities Management Support during the exit conference.</p> <p>3.1-19(b)</p>			<p>components of movable patient-care related related electrical equipment (PCREE) assemblies that have been assembled by qualified personnel and meet the conditions of 10.12.3.6. 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 meet UL 1363A or UL 60601-1. Power strips for non-PCREE in 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 room and stated the UL listing of the power strips could not be determined. The Director of Plant Operations will inspect the deficient delayed egress signage 1x week for 1 month and then 1 x month for 3 months.</p> <p>. The Executive Director will present documentation to the OAPI team for further recommendations</p> <p>The deficient practice did not affect any other residents.</p>			