

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

PRINTED: 02/13/2024

FORM APPROVED

OMB NO. 0938-039

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|---|--|---|--|---|--|--|----------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155073 | | X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING | | X3) DATE SURVEY COMPLETED 01/22/2024 | |
| NAME OF PROVIDER OR SUPPLIER PILGRIM MANOR | | | | STREET ADDRESS, CITY, STATE, ZIP COD 222 PARKVIEW ST PLYMOUTH, IN 46563 | | | |
| (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 IN00426717 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a).</p> <p>Federal deficiencies related to the allegations were cited at K354 and K711</p> <p>Complaint Number IN00426717 was substantiated.</p> <p>Survey Date: 01/22/24</p> <p>Facility Number: 000030 Provider Number: 155073 AIM Number: 100275260</p> <p>At this complaint survey, Pilgrim Manor 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>Building 1 is a one story original constructed facility determined to be of Type V (000) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and in all areas open to the corridor. The facility has battery operated smoke detectors in all resident sleeping rooms. Building 2 ia a one story addition determined to be of Type V (111) construction and was fully sprinklered. The addition is separated from the original building by a firewall with a two-hour fire resistance rating. The facility has a fire alarm</p> | | | K 0000 | Please accept this as our credible plan of correction. Compliance will be 2-12-2024. | | |

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

TITLE

(X6) DATE

Lori Smith

Administrator

02/09/2024

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that 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 0354 SS=F Bldg. 01 | <p>system with smoke detection in the corridors, spaces open to the corridors and resident sleeping rooms The facility has 78 certified beds. The facility had a census of 53 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. All areas providing facility services were sprinklered except for three detached buildings which are a maintenance building, a freezer and the laundry for the facility.</p> <p>Quality Review completed on 01/26/24</p> <p>NFPA 101 Sprinkler System - Out of Service Sprinkler System - Out of Service Where the sprinkler system is impaired, the extent and duration of the impairment has been determined, areas or buildings involved are inspected and risks are determined, recommendations are submitted to management or designated representative, and the fire department and other authorities having jurisdiction have been notified. Where the sprinkler system is out of service for more than 10 hours in a 24-hour period, the building or portion of the building affected are evacuated or an approved fire watch is provided until the sprinkler system has been returned to service.</p> <p>18.3.5.1, 19.3.5.1, 9.7.5, 15.5.2 (NFPA 25) Based on record review and interview, the facility failed to properly conduct 1 of 1 fire watches when the event the automatic sprinkler system had been placed out-of-service for 10 hours or more in a 24-hour period in accordance with LSC, Section 9.7.5. LSC 9.7.6 requires sprinkler impairment procedures comply with NFPA 25, 2011 Edition, the Standard for the Inspection,</p> | | | K 0354 | <p>1. No resident was affected by this alleged deficient practice.</p> <p>2. All 53 residents had the potential to be affected by this alleged deficient practice. No residents were affected by this practice.</p> <p>3. All staff have been in-serviced</p> | | 02/12/2024 |

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| | <p>Testing and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 15.5.2 requires nine procedures that the impairment coordinator shall follow. A.15.5.2 (4) (b) states a fire watch should consist of trained personnel who continuously patrol the affected area. Ready access to fire extinguishers and the ability to promptly notify the fire department are important items to consider. During the patrol of the area, the person should not only be looking for fire, but making sure that the other fire protection features of the building such as egress routes and alarm systems are available and functioning properly. This deficient practice could affect all occupants in the facility.</p> <p>Findings include:</p> <p>Based on record review on 01/22/24 between 09:40 a.m. and 10:45 a.m. with the Maintenance Director and Administrator present, the facility had documented a fire watch for a short time on January 22, 2024 due to a breakage in the sprinkler pipe in the Therapy Room. In total, the sprinkler system had been marked out of service for 10-hours respectively. The records provided stated that two rounds of fire watch were conducted. Based on interview with the Administrator, she stated that a housekeeping employee was the only person who conducted fire watch. She further stated that she had instructed the housekeeper regarding the fire watch process just before the fire watch rounds had started. During a second interview with the housekeeper, the housekeeper was asked to describe the fire watch process and how they were trained. The housekeeper indicated that the training she received was from the Administrator just before the fire watch had started and had received</p> | | | | <p>on the Fire Watch Policy and the Fire Plan. This included when and how a fire watch is determined. They have also been in-serviced on how to conduct a fire watch (See Exhibit 1). The Fire Watch policy includes that a fire watch will be started if the fire system is down for 4 hours or more. It also includes that if a sprinkler system is down for 10 or more hours a fire watch will be started (See Exhibit 2) The in-service also includes RACE: Rescue, Alarm, Contain and Evacuate. They were also trained on PASS: Pull, Aim, Squeeze and Sweep. All employee's that are currently on working status, have or will be in-serviced by the end of the day on 02-12-2024.</p> <p>4. All new employees will be oriented to Fire Plan and Fire Watch policy during orientation (See Exhibit 3 Page 3). Staff will be in-serviced on the Fire Plan and Fire Watch on an annual basis. At the Quarterly QAPI meeting, the Staff Development Director will do a report on how many new hires and how many orientations on Fire Plan and Fire Watch have been conducted that quarter. She will also review the annual in-service at the appropriate quarterly QAPI meeting. The Quarterly QAPI committee consists of Medical Director, Administrator, Business Office Manager, Unit Managers (3),</p> | | |

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| K 0711 SS=F Bldg. 01 | <p>documentation to record the fire watch.. There was no indication that the housekeeper was already knowledgeable and trained to conduct a fire watch.</p> <p>Findings were discussed with the Maintenance Director and Administrator at exit conference.</p> <p>3.1-19(b)</p> <p>This federal relates to complaint number IN00426717</p> <p>NFPA 101 Evacuation and Relocation Plan Evacuation and Relocation Plan There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. Employees are periodically instructed and kept informed with their duties under the plan, and a copy of the plan is readily available with telephone operator or with security. The plan addresses the basic response required of staff per 18/19.7.2.1.2 and provides for all of the fire safety plan components per 18/19.2.2. 18.7.1.1 through 18.7.1.3, 18.7.2.1.2, 18.7.2.2, 18.7.2.3, 19.7.1.1 through 19.7.1.3, 19.7.2.1.2, 19.7.2.2, 19.7.2.3 Based on record review and interview, the facility failed to properly respond to an activation of a fire alarm system. LSC 19.7.2.2 requires a written health care occupancy fire safety plan that shall provide for the following: (1) Use of alarms (2) Transmission of alarm to fire department</p> | K 0711 | <p>Director of Nursing, Dietary Manager, Social Service Director, Environmental Director, Maintenance Director, MDS Coordinator, Medical Records and Infection Control/In-Service Director. At the Weekly QAPI meeting, the Maintenance Director or Administrator will review any fire watch that has taken place to ensure it was completed correctly and for the duration of the time either system is down (See Exhibit 4).</p> <p>1 No resident was affected by this alleged deficient practice. 2 All 53 residents had the potential to be affected by this alleged deficient practice. No residents were affected by this practice.</p> | 02/12/2024 | |

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| | <p>(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 This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on a record review with the Maintenance Director and Administrator on 01/22/24 between 09:40 a.m. and 10:45 a.m. a fire safety plan was provided at the time of the survey. Based on interview with the Housekeeper who had conducted fire watch from a sprinkler pipe break, she had been asked to explain the process of what would happen in the event a fire was found on the fire watch. The Housekeeper stated that they would be responsible for telling the Administrator or nearby nurse. She then stated that if she would be able to use a fire extinguisher she could, but hadn't described the process of using a fire extinguisher. Furthermore, the Housekeeper did not describe activating a pull station or sounding an alarm or announcing the designated code used by the facility.</p> <p>Findings were discussed with the Maintenance Director and Administrator at exit conference.</p> <p>3.1-19(b)</p> <p>This federal tag relates to complaint number IN00426717</p> | | | | <p>3 All staff have been in-serviced on the Fire Watch Policy and the Fire Plan. This included when and how a fire watch is determined. They have also been in-serviced on how to conduct a fire watch (See Exhibit 1). The Fire Watch policy includes that a fire watch will be started if the fire system is down for 4 hours or more. It also includes that if a sprinkler system is down for 10 or more hours a fire watch will be started (See Exhibit 2). The in-service also includes RACE: Rescue, Alarm, Contain and Evacuate. They were also trained on PASS: Pull, Aim, Squeeze and Sweep. All employee's that are currently on working status, have or will be in-serviced by the end of the day on 02-12-2024.</p> <p>4 All new employees will be oriented to Fire Plan and Fire Watch policy during orientation (See Exhibit 3 Page 3). Staff will be in-serviced on the Fire Plan and Fire Watch on an annual basis. At the Quarterly QAPI meeting, the Staff Development Director will do a report on how many new hires and how many orientations on Fire Plan and Fire Watch have been conducted that quarter. She will also review the annual in-service at the appropriate quarterly QAPI meeting. The Quarterly QAPI committee consists of Medical Director,</p> | | |

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| | | | Administrator, Business Office Manager, Unit Managers (3), Director of Nursing, Dietary Manager, Social Service Director, Environmental Director, Maintenance Director, MDS Coordinator, Medical Records and Infection Control/In-Service Director. At the Weekly QAPI meeting, the Maintenance Director or Administrator will review any fire watch that has taken place to ensure it was completed correctly and for the duration of the time either system is down (See Exhibit 4). | | |