

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

PRINTED: 08/02/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155770		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING		X3) DATE SURVEY COMPLETED 07/11/2024	
NAME OF PROVIDER OR SUPPLIER WATERS OF GEORGETOWN, THE				STREET ADDRESS, CITY, STATE, ZIP COD 1002 SISTER BARBARA WAY GEORGETOWN, IN 47122			
(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. --	<p>An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73.</p> <p>Survey Dates: 07/10/24 and 07/11/24</p> <p>Facility Number: 011509 Provider Number: 155770 AIM Number: 200909280</p> <p>At this Emergency Preparedness survey, The Waters of Georgetown 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 68 certified beds, with a current census of 61.</p> <p>Quality Review completed on 07/16/24</p>			E 0000	<p>Preparation and/or execution of this plan of correction in general, or this corrective action in particular does not constitute and 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 our credible allegation of compliance with all regulatory requirements. Our date of compliance is August 16, 2024. 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 revisit.</p>		
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 Dates: 07/10/24 and 07/11/24</p>			K 0000	<p>Preparation and/or execution of this plan of correction in general, or this corrective action in particular does not constitute and admission or agreement by this facility of the facts alleged, or conclusions</p>		

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

TITLE

(X6) DATE

Eric Will

Administrator

08/01/2024

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 disclosed 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.

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K 0345 SS=F Bldg. 01	<p>Facility Number: 011509 Provider Number: 155770 AIM Number: 200909280</p> <p>At this Life Safety Code survey, The Waters of Georgetown, 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), and 410 IAC 16.2. Villa 1002 was surveyed with Chapter 19, Existing Health Care Occupancies.</p> <p>This one story facility was determined to be of Type V (111) construction and fully sprinkled. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors, and all resident sleeping rooms. The facility has a capacity of 10 and had a census of 10 at the time of this visit.</p> <p>All areas where residents have customary access were sprinkled and all areas providing facility services were sprinkled.</p> <p>Quality Review completed on 07/16/24</p> <p>NFPA 101 Fire Alarm System - Testing and Maintenance Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available.</p>				<p>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 our credible allegation of compliance with all regulatory requirements. Our date of compliance is August 16, 2024. This provider respectfully requests that this 2567 Plan of Correction be considered the Letter of Compliance and requests a desk review in lieu of a post survey revisit.</p>		

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	<p>9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72</p> <p>1. Based on record review and interview, the facility failed to ensure the annual testing of all devices connected to 1 of 1 fire alarm system was performed. NFPA 72, National Fire Alarm Code, the 2010 Edition, at 14.6.2.4 requires a record of all inspections, testing, and maintenance shall be provided that includes the following information regarding tests and all the applicable information requested in Figure 14.6.2.4:</p> <p>(1) Date</p> <p>(2) Test frequency</p> <p>(3) Name of property</p> <p>(4) Address</p> <p>(5) Name of person performing inspection, maintenance, tests, or combination thereof, and affiliation, business address, and telephone number</p> <p>(6) Name, address, and representative of approving agency (ies)</p> <p>(7) Designation of the detector(s) tested</p> <p>(8) Functional test of detectors</p> <p>(9)*Functional test of required sequence of operations</p> <p>(10) Check of all smoke detectors</p> <p>(11) Loop resistance for all fixed-temperature, line-type heat detectors</p> <p>(12) Functional test of mass notification system control units</p> <p>(13) Functional test of signal transmission to mass notification systems</p> <p>(14) Functional test of ability of mass notification system to silence fire alarm notification appliances</p> <p>(15) Tests of intelligibility of mass notification system speakers</p> <p>(16) Other tests as required by the equipment manufacturer's published instructions</p> <p>(17) Other tests as required by the authority having jurisdiction</p> <p>(18) Signatures of tester and approved authority</p>			K 0345	<p>K345 – Building 8 - It is the intent of the facility to ensure the annual testing of all devices connected to fire alarm systems are performed and to maintain fire alarm system in accordance with NFPA 72, as required by LSC 101 Sections 19.3.4.5.1 and 9.6 and to ensure complete documentation is available for the sensitivity testing of all hard wired smoke detectors and to show what testing instrument is used to test all smoke detectors for sensitivity to meet set standards.</p> <p>1 CORRECTIVE ACTIONS TAKEN:</p> <p>a On 8/9/2024 the facilities licensed contractor performed the annual fire alarm system inspection / test report and documented in the facilities Life Safety Binder to meet set standards. The Administrator verified the work on 8/9/2024.</p> <p>b On 8/9/2024 the facilities licensed contractor performed the semi-annual visual fire alarm system inspection and documented in the facilities Life Safety Binder to meet set standards. The Administrator verified the work on 8/9/2024.</p> <p>c On 8/9/2024 the facilities license contractor performed the biannual sensitivity testing on the fire alarm system smoke detectors and documented the results in the Life Safety Binder</p>		08/16/2024

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	<p>representative</p> <p>(19) Disposition of problems identified during test (e.g., system owner notified, problem corrected/successfully retested, device abandoned in place)</p> <p>This deficient practice could affect all occupants in the facility.</p> <p>Findings include:</p> <p>Based on record review on 07/10/24 between 10:15 a.m. and 4:30 p.m. with the Maintenance Director present, the facility was unable to provide an annual fire alarm system inspection/test report performed during the past 12 month period. The most recent annual fire alarm system inspection/test report was dated 06/14/23 performed by the facility's fire alarm system vendor. Based on interview at the time of record review, this was confirmed by the Maintenance Director.</p> <p>This finding was reviewed with the Director of Nursing and Maintenance Director during the exit conference on 07/11/24.</p> <p>3.1-19(b)</p> <p>2. Based on record review and interview, the facility failed to maintain 1 of 1 fire alarm system in accordance with NFPA 72, as required by LSC 101 Sections 19.3.4.5.1 and 9.6. NFPA 72, Section 14.3.1 states that unless otherwise permitted by 14.3.2, visual inspections shall be performed in accordance with the schedules in Table 14.3.1, or more often if required by the authority having jurisdiction. Table 14.3.1 states that the following must be visually inspected semi-annually:</p> <p>a. Control unit trouble signals</p> <p>b. Remote annunciators</p>				<p>and also documented the manufacturer's calibrated sensitivity test instrument from the fire alarm system inspection contractor to meet set standards. The Administrator verified the work on 8/9/2024.</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 On 8/6/2024 the Administrator in serviced the Maintenance Supervisor/designee on the requirement to ensure fire alarm systems are maintained properly including the semi-annual and annual fire alarm system inspections and testing documents to be retained in the facilities Life Safety Binder and to ensure the smoke detector sensitivity test of all hard wired smoke detectors contains the name of the manufacturer's calibrated sensitivity test instrument to meet set standards.</p> <p>b Maintenance Supervisor/designee will ensure fire alarm systems are maintained properly including the semi-annual and annual fire alarm system inspections and testing documents to be retained in the facilities Life Safety Binder and to ensure the smoke detector sensitivity test of all hard wired</p>		

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	<p>c. Initiating devices (e.g. duct detectors, manual fire alarm boxes, heat detectors, smoke detectors, etc.)</p> <p>d. Notification appliances</p> <p>e. Magnetic hold-open devices</p> <p>This deficient practice could affect all residents, staff, and visitors in the facility.</p> <p>Findings include:</p> <p>Based on record review on 07/10/24 between 10:15 a.m. and 4:30 p.m. with the Maintenance Director present, there was no documentation provided regarding a semi-annual visual fire alarm system inspection during the past 12 month period. The only fire alarm system inspection/test provided was dated 06/14/23 for an annual fire alarm inspection/test by the facility's vendor. Based on interview at the time of record review, the Maintenance Director confirmed there was no semi-annual visual inspection of the facility's fire alarm system devices performed during the past 12 month period.</p> <p>This finding was reviewed with the Director of Nursing and Maintenance Director during the exit conference on 07/11/24.</p> <p>3.1-19(b)</p> <p>3. Based on record review and interview, the facility failed to ensure complete documentation was available for the sensitivity testing of all hard wired smoke detectors, and to show what testing instrument was used to test all smoke detectors for sensitivity. NFPA 72, National Fire Alarm Code, 2010 Edition, Section 14.4.5.3.1 states detector sensitivity shall be checked within 1 year of installation, and every alternate year thereafter. After the second required calibration test, if</p>				<p>smoke detectors contains the name of the manufacturer's calibrated sensitivity test instrument as a part of the facility's 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>c The Administrator will monitor adherence to the Preventative Maintenance schedule and validate the Preventative Maintenance documentation is in place.</p> <p>4 MONITORING</p> <p>CORRECTIVE ACTION:</p> <p>a The inspection results will be presented by the Maintenance Supervisor/designee to the Administrator 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> <p>This plan of correction constitutes our credible allegation of compliance with all regulatory requirements.</p>		

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	<p>sensitivity tests indicate that the detector has remained within its listed and marked sensitivity range, the length of time between calibration tests shall be permitted to be extended to a maximum of 5 years. If the frequency is extended, records of detector caused nuisance alarms and subsequent trends of these alarms shall be maintained. In zones or areas where nuisance alarms show an increase over the previous year, calibration tests shall be performed. To ensure that each smoke detector is within its listed and marked sensitivity range, it shall be tested using any of the methods:</p> <p>(1) Calibrated test method.</p> <p>(2) Manufacturer's calibrated sensitivity test instrument.</p> <p>(3) Listed control equipment arranged for the purpose.</p> <p>(4) Smoke detector/fire alarm control unit arrangement whereby the detector causes a signal at the control unit where its sensitivity is outside its listed sensitivity range.</p> <p>(5) Other calibrated sensitivity method acceptable to the authority having jurisdiction.</p> <p>Detectors found to have sensitivity outside the listed and marked sensitivity range shall be cleaned and recalibrated, or replaced.</p> <p>The detector sensitivity cannot be tested or measured using any spray device that administers an unmeasured concentration of aerosol into the detector. This deficient practice could affect all residents, staff, and visitors in the facility.</p> <p>Findings include:</p> <p>Based on record review on 07/10/24 between 10:15 a.m. and 4:30 p.m. with the Maintenance Director present, there was documentation available to show a smoke detector sensitivity test of all hard wired smoke detectors was performed on 06/14/23 by the facility's fire alarm system inspection</p>				<p>Our date of compliance is 8/16/2024.</p>		

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K 0353 SS=F Bldg. 01	<p>vendor, however, the report did not include the name of the manufacturer's calibrated sensitivity test instrument. This was confirmed by the Maintenance Director at the time of record review.</p> <p>This finding was reviewed with the Director of Nursing and Maintenance Director during the exit conference on 07/11/24.</p> <p>3.1-19(b)</p> <p>NFPA 101 Sprinkler System - Maintenance and Testing Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available.</p> <p>a) Date sprinkler system last checked</p> <p>b) Who provided system test</p> <p>c) Water system supply source</p> <p>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 1. Based on record review and interview, the facility failed to provide written documentation or other evidence the sprinkler system components had been inspected and tested for 1 of 4 quarters for 1 of 1 sprinkler system. LSC 4.6.12.1 requires any device, equipment or system required for compliance with this Code be maintained in accordance with applicable NFPA requirements.</p>			K 0353	<p>K353 – Building 08 It is the intent of the facility to ensure to provide written documentation or other evidence the sprinkler system components have been inspected and tested for 1 of 4 quarters for the sprinkler system and to ensure to document sprinkler</p>		08/16/2024

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	<p>Sprinkler systems shall be properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 4.3.1 requires records shall be made for all inspections, tests, and maintenance of the system components and shall be made available to the authority having jurisdiction upon request. 4.3.2 requires that records shall indicate the procedure performed (e.g., inspection, test, or maintenance), the organization that performed the work, the results, and the date. NFPA 25, 5.2.5 requires that waterflow alarm devices shall be inspected quarterly to verify they are free of physical damage. NFPA 25, 5.3.3.1 requires the mechanical waterflow alarm devices including, but not limited to, water motor gongs, shall be tested quarterly. 5.3.3.2 requires vane-type and pressure switch-type waterflow alarm devices shall be tested semiannually. This deficient practice could affect all residents, staff, and visitors in the facility.</p> <p>Findings include:</p> <p>Based on review of the quarterly sprinkler system inspection records on 07/10/24 between 10:15 a.m. and 4:30 p.m. with the Maintenance Director present, there was no quarterly sprinkler system inspection report available for the second quarter (April, May, and June) of 2024. Based on interview at the time of record review, the Maintenance Director confirmed there was no written documentation available to show the sprinkler system had been inspected during the second quarter of 2024.</p> <p>This finding was reviewed with the Director of Nursing and Maintenance Director during the exit conference on 07/11/24.</p>				<p>system inspections in accordance with NFPA 25 the dry sprinkler system's pressure gauges and during 10 of the past 12 months for the sprinkler system's control valves to meet set standards.</p> <p>1.CORRECTIVE ACTIONS TAKEN:</p> <p>1.On 8/9/2024 the facilities licensed sprinkler contractor performed the quarterly sprinkler inspection and documented the results in the facilities Life Safety Binder to meet set standards. The Administrator verified the work on 8/9/2024.</p> <p>2.On 7/31/2024 the Maintenance Supervisor performed the weekly inspection of the facilities dry sprinkler system gauges and documented the results in the facility life safety binder to meet set standards. The Administrator verified the work on 7/31/2024.</p> <p>3.On 7/31/2024 the Maintenance Supervisor performed the monthly inspection of the facilities sprinkler system control valves and documented the results in the facility life safety binder to meet set standards. The Administrator verified the work on 7/31/2024 .</p> <p>2.ALL OTHERS WITH POTENTIAL TO BE AFFECTED:</p> <p>1.All residents and all staff and visitors have the potential to be affected but none were.</p> <p>3.MEASURES TO PREVENT</p>		

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	<p>3.1-19(b)</p> <p>2. Based on record review, observation, and interview; the facility failed to document sprinkler system inspections in accordance with NFPA 25 for 1 of 1 dry sprinkler system during 47 of the past 52 weeks for the sprinkler system's pressure gauges, and during 10 of the past 12 months for the sprinkler system's control valves. NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 2011 Edition, Section 5.2.4.2 states gauges on dry pipe sprinkler systems shall be inspected weekly to ensure that normal air and water pressures are being maintained. Section 5.1.2 states valves and fire department connections shall be inspected, tested, and maintained in accordance with Chapter 13. Section 13.1.1.2 states Table 13.1.1.2 shall be utilized for inspection, testing and maintenance of valves, valve components and trim. Section 4.3.1 states records shall be made for all inspections, tests, and maintenance of the system and its components and shall be made available to the authority having jurisdiction upon request. This deficient practice could affect all residents, staff, and visitors in the facility.</p> <p>Findings include:</p> <p>a. Based on record review on 07/10/24 between 10:15 a.m. and 4:30 p.m. with the Maintenance Director present, there was no documentation available to show the facility's dry sprinkler system gauges were inspected weekly during 47 of the past 52 week period. The only weekly sprinkler gauge inspections were for the weeks in June and July of 2024. Based on interview at the time of record review, the Maintenance Director</p>				<p>REOCCURRENCE:</p> <p>1.On 8/6/2024 the Administrator in serviced the Maintenance Supervisor/designee on the requirement to ensure sprinkler inspections are conducted and documented including the quarterly sprinkler inspection, weekly inspection of the gauges and the monthly inspection of the control valves to meet set standards.</p> <p>2.Maintenance Supervisor/designee will ensure sprinkler inspections are conducted and documented including the quarterly sprinkler inspection, weekly inspection of the gauges and the monthly inspection of the control valves as a part of the facility's 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</p>		

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K 0712 SS=F Bldg. 01	<p>confirmed there was no documentation available to show that the facility's sprinkler gauges have been inspected at least weekly during 47 of the past 52 weeks. Based on observations on 07/11/24 between 9:45 a.m. and 12:15 p.m. during a tour of the facility with the Maintenance Director the facility had two pressure gauges at the sprinkler riser.</p> <p>b. Based on record review on 07/10/24 between 10:15 a.m. and 4:30 p.m. with the Maintenance Director present, there was no monthly sprinkler system control valves inspection documentation for 10 of the past 12 months. The only monthly inspections available were for June and July of 2024. Based on interview at the time of record review, the Maintenance Director confirmed the lack of sprinkler system inspections on the control valves during the past 12 months.</p> <p>This finding was reviewed with the Director of Nursing and Maintenance Director during the exit conference on 07/11/24.</p> <p>3.1-19(b)</p> <p>NFPA 101 Fire Drills Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms.</p>				<p>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> <p>This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is 8/16/2024.</p>		

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	<p>19.7.1.4 through 19.7.1.7</p> <p>1. Based on record review and interview, the facility failed to provide quarterly fire drill documentation for 3 of 3 shifts during 3 of 4 quarters. This deficient practice could affect all residents, as well as staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on review of the facility's fire drill reports on 07/10/24 between 10:15 a.m. and 4:30 p.m. with the Maintenance Director present, the facility was only able to provide eight documented fire drill reports for the past 12 month period. The following shifts and quarters were missing fire drill reports:</p> <p>a. The first shift (day) of the third quarter (July, August, and September) of 2023.</p> <p>b. The second shift (evening) of the third quarter (July, August, and September), and fourth quarter (October, November, and December) of 2023, and first quarter (January, February, and March) of 2024.</p> <p>c. The third shift (night) of the third quarter (July, August, and September) of 2023.</p> <p>Based on interview at the time of record review, the Maintenance Director confirmed the lack of fire drill reports for the previously mentioned shifts and quarters</p> <p>This finding was reviewed with the Director of Nursing and Maintenance Director during the exit conference on 07/11/24.</p> <p>3.1-19(b) 3.1-51(c)</p> <p>2. Based on record review and interview, the facility failed to ensure 3 of 8 fire drill reports</p>			K 0712	<p>K712 – Building 08 - It is the intent of the facility to ensure to provide quarterly fire drill documentation for 3 shifts during all 4 quarters and to ensure fire drill reports included complete documentation of the transmission of a fire alarm signal to the monitoring company/fire department during the past twelve months to meet set standards.</p> <p>1 CORRECTIVE ACTIONS TAKEN:</p> <p>a On 8/6/2024 the Administrator in-serviced the Maintenance Supervisor/designee on the requirement that fire drills must be conducted at unexpected times under varying conditions at least quarterly on each shift and documented to meet set standards.</p> <p>b On 8/6/2024 the Administrator in-serviced the Maintenance Supervisor/designee on the requirement to include documentation for the transmission of the alarm to the monitoring company to meet set standards.</p> <p>c On 8/6/2024 the Administrator in-serviced the Maintenance Supervisor/designee on the requirement to ensure fire drills are held on varied dates for all shifts and quarters to meet set standards.</p> <p>2 ALL OTHERS WITH POTENTIAL TO BE AFFECTED:</p>		08/16/2024

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	<p>included complete documentation of the transmission of a fire alarm signal to the monitoring company/fire department during the past twelve months. LSC 19.7.1.4 requires fire drills in health care occupancies shall include the transmission of the fire alarm signal and simulation of emergency conditions. This deficient practice could affect all residents.</p> <p>Findings include:</p> <p>Based on review of the facility's fire drill reports on 07/10/24 between 10:15 a.m. and 4:30 p.m. with the Maintenance Director present, 3 of 8 fire drill reports performed during the past 12 month period were not provided with documentation for the transmission of the alarm to the monitoring company. These drill dates and times include: 10/26/23 at 8:00 p.m., 02/27/24 at 9:45 p.m., 05/28/24 at 10:15 p.m. Based on interview at the time of record review, the Maintenance Director acknowledged there was no information on 3 of 8 fire drill reports to verify that transmission of the alarm was received by the monitoring company.</p> <p>This finding was reviewed with the Director of Nursing and Maintenance Director during the exit conference on 07/11/24.</p> <p>3-1.19(b) 3.1-51(c)</p> <p>3. Based on record review and interview, the facility failed to ensure fire drills were held on varied dates for all shifts and quarters. This deficient practice could affect all residents in the facility.</p> <p>Findings include:</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 Maintenance Supervisor/designee will ensure fire drills are conducted at unexpected times under varying conditions at least quarterly on each shift and that documentation be retained in the facility's Life Safety Binder and all reports will have documentation for the transmission of the alarm to the monitoring company and will ensure fire drills are held on varied dates for all shifts and quarters as a part of the facility's 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>b 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>a The inspection results will be presented by the Maintenance Supervisor/designee to the Administrator monthly and the Administrator will present the</p>		

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	<p>Based on review of the facility's fire drill reports on 07/10/24 between 10:15 a.m. and 4:30 p.m. with the Maintenance Director present, there were eight documented fire drills performed during the past 12 month period and on three occasions there were two fire drills performed on the same day (10/26/23, 02/27/24, and 05/28/24). Based on interview at the time of record review, the Maintenance Director acknowledged there were only eight fire drills documented during the past 12 month period and there were three occasions where two fire drills were performed during the same day.</p> <p>This finding was reviewed with the Director of Nursing and Maintenance Director during the exit conference on 07/11/24.</p> <p>3.1-19(b) 3.1-51(c)</p>				<p>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> <p>This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is 8/16/2024.</p> <p>K914 – Building 01 - It is the intent of the facility to ensure complete documentation is available for all non hospital grade electrical receptacles in all resident room locations are tested at least annually to meet set standards.</p> <p>1 CORRECTIVE ACTIONS TAKEN: a On 8/7/2024 the Maintenance Supervisor/designee conducted the annual electrical receptacle inspection and documented the results in the facilities Life safety binder to meet set standards. The Administrator verified repairs on 8/7/2024.</p> <p>2 ALL OTHERS WITH POTENTIAL TO BE AFFECTED: a All residents and all staff and visitors have the potential to be affected but none were.</p>		

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			3 MEASURES TO PREVENT REOCCURRENCE: a On 8/6/2024 the Administrator in-serviced the Maintenance Supervisor/designee on the requirement the annual electrical receptacle inspection and testing must be completed annually and documented in the life safety binder to meet set standards. b Maintenance Supervisor/designee will ensure the annual electrical receptacle inspection and testing is completed and documented as a part of the facility's 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. c The Administrator will monitor adherence to the Preventative Maintenance schedule and validate the Preventative Maintenance documentation is in place. 4 MONITORING CORRECTIVE ACTION: a The inspection results will be presented by the Maintenance Supervisor/designee to the Administrator and the Administrator will present the inspection results at the monthly Quality Assurance/Performance		

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K 0914 SS=F Bldg. 01	NFPA 101 Electrical Systems - Maintenance and Testing Electrical Systems - Maintenance and Testing Hospital-grade receptacles at patient bed locations and where deep sedation or general anesthesia is administered, are tested after initial installation, replacement or servicing. Additional testing is performed at intervals defined by documented performance data. Receptacles not listed as hospital-grade at these locations are tested at intervals not exceeding 12 months. Line isolation monitors (LIM), if installed, are tested at intervals of less than or equal to 1 month by actuating the LIM test switch per 6.3.2.6.3.6, which activates both visual and audible alarm. For LIM circuits with automated self-testing, this manual test is performed at intervals less than or equal to 12 months. LIM circuits are tested per 6.3.3.3.2 after any repair or renovation to the electric distribution system. Records are maintained of required tests and		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. This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is 8/16/2024.		

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	<p>associated repairs or modifications, containing date, room or area tested, and results.</p> <p>6.3.4 (NFPA 99) Based on observation, record review and interview; the facility failed to ensure complete documentation was available for all nonhospital-grade electrical receptacles in all resident room locations tested at least annually. NFPA 99, Health Care Facilities Code 2012 Edition, Section 6.3.4.1.3 states receptacles not listed as hospital-grade, at patient bed locations and in locations where deep sedation or general anesthesia is administered, shall be tested at intervals not exceeding 12 months. Additionally, Section 6.3.3.2, Receptacle Testing in Patient Care Rooms requires the physical integrity of each receptacle shall be confirmed by visual inspection. The continuity of the grounding circuit in each electrical receptacle shall be verified. Correct polarity of the hot and neutral connections in each electrical receptacle shall be confirmed; and retention force of the grounding blade of each electrical receptacle (except locking-type receptacles) shall be not less than 115 grams (4 ounces). This deficient practice could affect all residents.</p> <p>Findings include:</p> <p>Based on record review on 07/10/24 between 10:15 a.m. and 4:30 p.m. with the Maintenance Director present, there was no documentation available of an annual resident room receptacle test for non hospital-grade receptacles. Based on interview at the time of record review, the Maintenance Director said all of the electrical receptacles in resident rooms were not hospital-grade receptacles as far as he knew. He further said he could not find documentation to show that annual</p>		K 0914	<p>K914 – Building 08 - It is the intent of the facility to ensure complete documentation is available for all non hospital grade electrical receptacles in all resident room locations are tested at least annually to meet set standards.</p> <p>1 CORRECTIVE ACTIONS TAKEN: a On 8/7/2024 the Maintenance Supervisor/designee conducted the annual electrical receptacle inspection and documented the results in the facilities Life safety binder to meet set standards. The Administrator verified repairs on 8/7/2024.</p> <p>2 ALL OTHERS WITH POTENTIAL TO BE AFFECTED: a All residents and all staff and visitors have the potential to be affected but none were.</p> <p>3 MEASURES TO PREVENT REOCCURRENCE: a On 8/6/2024 the Administrator in-serviced the Maintenance Supervisor/designee on the requirement the annual electrical receptacle inspection and testing must be completed annually and documented in the life safety binder to meet set standards. b Maintenance Supervisor/designee will ensure</p>		08/16/2024	

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	<p>testing per NFPA 99, Receptacle Testing requirements was met with all pertinent information within the past 12 month period or prior. Based on observations on 07/11/24 between 9:45 a.m. and 12:15 p.m. during a tour of the facility with the Maintenance Director, there were at least four electrical receptacles in each resident room.</p> <p>This finding was reviewed with the Director of Nursing and Maintenance Director during the exit conference on 07/11/24.</p> <p>3.1-19(b)</p>				<p>the annual electrical receptacle inspection and testing is completed and documented as a part of the facility's 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>c The Administrator will monitor adherence to the Preventative Maintenance schedule and validate the Preventative Maintenance documentation is in place.</p> <p>4 MONITORING</p> <p>CORRECTIVE ACTION:</p> <p>a The inspection results will be presented by the Maintenance Supervisor/designee to the Administrator 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> <p>This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is</p>		

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K 0918 SS=F Bldg. 01	<p>NFPA 101 Electrical Systems - Essential Electric Syste Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)</p>				8/16/2024.		

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	<p>Based on record review and interview, the facility failed to maintain a complete written record of monthly generator load testing for 1 of 1 generator during 1 of the past 12 months. Chapter 6.4.4.1.1.4(a) of 2012 NFPA 99 requires monthly testing of the generator serving the emergency electrical system to be in accordance with NFPA 110, the Standard for Emergency and Standby Powers Systems, Chapter 8. Chapter 6.4.4.2 of NFPA 99 requires a written record of inspection, performance, exercising period, and repairs for the generator to be regularly maintained and available for inspection by the authority having jurisdiction. Chapter 6-4.4.1.3 of 2012 NFPA 99 requires batteries for on-site generators shall be maintained in accordance with NFPA 110, 2010 Edition, Standard for Emergency and Standby Power Systems. 8.3.7 requires storage batteries, including electrolyte levels or battery voltage, used in connection with systems shall be inspected weekly and maintained in full compliance with manufacturer's specifications. 8.3.7.2 states defective batteries shall be repaired or replaced immediately upon discovery of defects. Chapter 6.5.4.2 of NFPA 99 requires a written record of inspection, performance, exercising period, and repairs shall be regularly maintained and available for inspection by the authority having jurisdiction. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of the generator inspection and testing reports on 07/10/24 between 10:15 a.m. and 4:30 p.m. with the Maintenance Director present, there was no monthly generator load test documentation available for June of 2024 for the emergency generator. Based on interview at the</p>			K 0918	<p>K918 – Building 08 - It is the intent of the facility to ensure to maintain a complete written record of monthly generator load testing for generator during the past twelve months to meet set standards.</p> <p>1 CORRECTIVE ACTIONS TAKEN:</p> <p>a On 7/15/2024 the Maintenance Supervisor conducted the monthly load testing for the emergency generator and documented the results in the facilities Life Safety Binder to meet set standards. The Administrator verified the work on 7/15/2024.</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 On 8/6/2024 the Administrator in-serviced the Maintenance Supervisor/designee on the requirement to conduct all testing on the emergency generator including the monthly testing to meet set standards.</p> <p>b The Maintenance Supervisor/designee will ensure to conduct all testing on the emergency generator including the monthly load testing as a part of the facility's Preventive Maintenance Program and document those inspection results</p>		08/16/2024

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K 0000 Bldg. 03	<p>time of record review, the Maintenance Director said the facility has been in a transition period with new ownership and the monthly load test of the emergency generator was not completed.</p> <p>This finding was reviewed with the Director of Nursing and Maintenance Director during the exit conference on 07/11/24.</p> <p>3.1-19(b)</p>				<p>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>c The Administrator will monitor adherence to the Preventative Maintenance schedule and validate the Preventative Maintenance documentation is in place.</p> <p>4 MONITORING</p> <p>CORRECTIVE ACTION:</p> <p>a 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> <p>This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is 8/16/2024.</p>		

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K 0291 SS=F Bldg. 03	<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 Dates: 07/10/24 and 07/11/24</p> <p>Facility Number: 011509 Provider Number: 155770 AIM Number: 200909280</p> <p>At this Life Safety Code survey, The Waters of Georgetown, 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), and 410 IAC 16.2. Villa 1004 was surveyed with Chapter 19, Existing Health Care Occupancies.</p> <p>This one story facility was determined to be of Type V (111) construction and fully sprinkled. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors, and all resident sleeping rooms. The facility has a capacity of 10 and had a census of 8 at the time of this visit.</p> <p>All areas where residents have customary access were sprinkled and all areas providing facility services were sprinkled.</p> <p>Quality Review completed on 07/16/24</p> <p>NFPA 101 Emergency Lighting Emergency Lighting Emergency lighting of at least 1-1/2-hour duration is provided automatically in</p>			K 0000	<p>Preparation and/or execution of this plan of correction in general, or this corrective action in particular does not constitute and 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 our credible allegation of compliance with all regulatory requirements. Our date of compliance is August 16, 2024. 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 revisit.</p>		

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	<p>accordance with 7.9. 18.2.9.1, 19.2.9.1</p> <p>Based on record review, observation, and interview; the facility failed to ensure documentation was provided for the testing of 10 of 10 battery powered emergency light units that were tested monthly for 30 seconds during 12 of the past 12 months, and annually for 90 minutes during the past 12 months to ensure the light would provide lighting during periods of power outages, furthermore, 9 of 10 battery powered emergency light units failed to operate when tested. 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.</p> <p>Findings include:</p> <p>Based on record review on 07/10/24 between 10:15 a.m. and 4:30 p.m. with the Maintenance Director present, the facility did not have a preventative maintenance report that the 10 battery powered emergency light units, located in each bathroom, were tested monthly for 30 seconds during the past 12 month period. Furthermore, there was no documentation available to show the battery powered emergency light units were tested annually for 90 minutes during the past 12 month period. Based on observations on 07/11/24</p>			K 0291	<p>Building 04 - K291 – It is the intent of the facility to ensure documentation is provided for the testing of battery powered emergency light units that are tested monthly for 30 seconds during 12 of the past 12 months and annually for 90 minutes during the past 12 months to ensure the light would provide lighting during periods of power outages and ensure battery powered emergency light units operate to meet set standards.</p> <p>1.CORRECTIVE ACTIONS TAKEN:</p> <p>1.On 8/7/2024 the Maintenance Supervisor/designee performed the monthly testing of the 10 battery powered emergency light units located in each bathroom in Villa 4 and performed the annual testing of the battery powered emergency light units and documented the results in the facilities life safety binder to meet set standards. The Administrator verified the work on 8/7/2024.</p> <p>2.ALL OTHERS WITH POTENTIAL TO BE AFFECTED:</p> <p>1.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>1.On 8/6/2027 the Administrator in-serviced the Maintenance Supervisor/designee</p>		08/16/2024

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	<p>between 9:45 a.m. and 12:15 p.m. during a tour of the facility with the Maintenance Director, 9 of 10 battery powered emergency light units did not illuminate when tested. Based on an interview at the time of record review, the Maintenance Director said he was not aware of any battery powered emergency light units in any of the Villas, furthermore, based on interview at the time of observations of the battery powered emergency light units, the Maintenance Director said he has not tested the light units because he did not know they were there. A short time later, the Maintenance Director said he realized the battery powered emergency light units were in each bathrooms because this Villa does not have an emergency generator.</p> <p>This finding was reviewed with the Director of Nursing and Maintenance Director during the exit conference on 07/11/24.</p> <p>3.1-19(b)</p>		<p>on the requirement to ensure documentation is provided for the testing of battery powered emergency light units including monthly and annual testing and documented in the facilities life safety binder to meet set standards.</p> <p>2.Maintenance Supervisor/designee will ensure documentation is provided for the testing of battery powered emergency light units including monthly and annual testing and documented in the facilities life safety binder as a part of the facility's Preventive Maintenance Program and document those tests on the Battery-Operated Emergency Lights and signs Test Log and will maintain emergency lighting to meet set standards. 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</p>		

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K 0345 SS=F Bldg. 03	<p>NFPA 101 Fire Alarm System - Testing and Maintenance Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 1. Based on record review and interview, the facility failed to ensure the annual testing of all devices connected to 1 of 1 fire alarm system was performed. NFPA 72, National Fire Alarm Code, the 2010 Edition, at 14.6.2.4 requires a record of all inspections, testing, and maintenance shall be provided that includes the following information regarding tests and all the applicable information requested in Figure 14.6.2.4:</p>	K 0345	<p>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. This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is 8/16/2024.</p> <p>K345 – Building 8 - It is the intent of the facility to ensure the annual testing of all devices connected to fire alarm systems are performed and to maintain fire alarm system in accordance with NFPA 72, as required by LSC 101 Sections 19.3.4.5.1 and 9.6 and to ensure complete documentation is</p>	08/16/2024	

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	<p>(1) Date</p> <p>(2) Test frequency</p> <p>(3) Name of property</p> <p>(4) Address</p> <p>(5) Name of person performing inspection, maintenance, tests, or combination thereof, and affiliation, business address, and telephone number</p> <p>(6) Name, address, and representative of approving agency (ies)</p> <p>(7) Designation of the detector(s) tested</p> <p>(8) Functional test of detectors</p> <p>(9)*Functional test of required sequence of operations</p> <p>(10) Check of all smoke detectors</p> <p>(11) Loop resistance for all fixed-temperature, line-type heat detectors</p> <p>(12) Functional test of mass notification system control units</p> <p>(13) Functional test of signal transmission to mass notification systems</p> <p>(14) Functional test of ability of mass notification system to silence fire alarm notification appliances</p> <p>(15) Tests of intelligibility of mass notification system speakers</p> <p>(16) Other tests as required by the equipment manufacturer's published instructions</p> <p>(17) Other tests as required by the authority having jurisdiction</p> <p>(18) Signatures of tester and approved authority representative</p> <p>(19) Disposition of problems identified during test (e.g., system owner notified, problem corrected/successfully retested, device abandoned in place)</p> <p>This deficient practice could affect all occupants in the facility.</p> <p>Findings include:</p>				<p>available for the sensitivity testing of all hard wired smoke detectors and to show what testing instrument is used to test all smoke detectors for sensitivity to meet set standards.</p> <p>1 CORRECTIVE ACTIONS TAKEN:</p> <p>a On 8/9/2024 the facilities licensed contractor performed the annual fire alarm system inspection / test report and documented in the facilities Life Safety Binder to meet set standards. The Administrator verified the work on 8/9/2024.</p> <p>b On 8/9/2024 the facilities licensed contractor performed the semi-annual visual fire alarm system inspection and documented in the facilities Life Safety Binder to meet set standards. The Administrator verified the work on 8/9/2024.</p> <p>c On 8/9/2024 the facilities license contractor performed the biannual sensitivity testing on the fire alarm system smoke detectors and documented the results in the Life Safety Binder and also documented the manufacturer's calibrated sensitivity test instrument from the fire alarm system inspection contractor to meet set standards. The Administrator verified the work on 8/9/2024.</p> <p>2 ALL OTHERS WITH POTENTIAL TO BE AFFECTED:</p> <p>a All residents and all staff</p>		

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	<p>Based on record review on 07/10/24 between 10:15 a.m. and 4:30 p.m. with the Maintenance Director present, the facility was unable to provide an annual fire alarm system inspection/test report performed during the past 12 month period. The most recent annual fire alarm system inspection/test report was dated 06/14/23 performed by the facility's fire alarm system vendor. Based on interview at the time of record review, this was confirmed by the Maintenance Director.</p> <p>This finding was reviewed with the Director of Nursing and Maintenance Director during the exit conference on 07/11/24.</p> <p>3.1-19(b)</p> <p>2. Based on record review and interview, the facility failed to maintain 1 of 1 fire alarm system in accordance with NFPA 72, as required by LSC 101 Sections 19.3.4.5.1 and 9.6. NFPA 72, Section 14.3.1 states that unless otherwise permitted by 14.3.2, visual inspections shall be performed in accordance with the schedules in Table 14.3.1, or more often if required by the authority having jurisdiction. Table 14.3.1 states that the following must be visually inspected semi-annually:</p> <ul style="list-style-type: none"> a. Control unit trouble signals b. Remote annunciators c. Initiating devices (e.g. duct detectors, manual fire alarm boxes, heat detectors, smoke detectors, etc.) d. Notification appliances e. Magnetic hold-open devices <p>This deficient practice could affect all residents, staff, and visitors in the facility.</p> <p>Findings include:</p>				<p>and visitors have the potential to be affected but none were.</p> <p>3 MEASURES TO PREVENT REOCCURRENCE:</p> <p>a On 8/6/2024 the Administrator in serviced the Maintenance Supervisor/designee on the requirement to ensure fire alarm systems are maintained properly including the semi-annual and annual fire alarm system inspections and testing documents to be retained in the facilities Life Safety Binder and to ensure the smoke detector sensitivity test of all hard wired smoke detectors contains the name of the manufacturer's calibrated sensitivity test instrument to meet set standards.</p> <p>b Maintenance Supervisor/designee will ensure fire alarm systems are maintained properly including the semi-annual and annual fire alarm system inspections and testing documents to be retained in the facilities Life Safety Binder and to ensure the smoke detector sensitivity test of all hard wired smoke detectors contains the name of the manufacturer's calibrated sensitivity test instrument as a part of the facility's Preventive Maintenance Program and document those inspection results as appropriate. If any issues are discovered, they will be addressed and resolved immediately. The Maintenance</p>		

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	<p>Based on record review on 07/10/24 between 10:15 a.m. and 4:30 p.m. with the Maintenance Director present, there was no documentation provided regarding a semi-annual visual fire alarm system inspection during the past 12 month period. The only fire alarm system inspection/test provided was dated 06/14/23 for an annual fire alarm inspection/test by the facility's vendor. Based on interview at the time of record review, the Maintenance Director confirmed there was no semi-annual visual inspection of the facility's fire alarm system devices performed during the past 12 month period.</p> <p>This finding was reviewed with the Director of Nursing and Maintenance Director during the exit conference on 07/11/24.</p> <p>3.1-19(b)</p> <p>3. Based on record review and interview, the facility failed to ensure complete documentation was available for the sensitivity testing of all hard wired smoke detectors, and to show what testing instrument was used to test all smoke detectors for sensitivity. NFPA 72, National Fire Alarm Code, 2010 Edition, Section 14.4.5.3.1 states detector sensitivity shall be checked within 1 year of installation, and every alternate year thereafter. After the second required calibration test, if sensitivity tests indicate that the detector has remained within its listed and marked sensitivity range, the length of time between calibration tests shall be permitted to be extended to a maximum of 5 years. If the frequency is extended, records of detector caused nuisance alarms and subsequent trends of these alarms shall be maintained. In zones or areas where nuisance alarms show an increase over the previous year, calibration tests shall be performed. To ensure that each smoke</p>				<p>Supervisor/designee will review with the Administrator the inspection results.</p> <p>c 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>a The inspection results will be presented by the Maintenance Supervisor/designee to the Administrator 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> <p>This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is 8/16/2024.</p>		

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	<p>detector is within its listed and marked sensitivity range, it shall be tested using any of the methods:</p> <p>(1) Calibrated test method.</p> <p>(2) Manufacturer's calibrated sensitivity test instrument.</p> <p>(3) Listed control equipment arranged for the purpose.</p> <p>(4) Smoke detector/fire alarm control unit arrangement whereby the detector causes a signal at the control unit where its sensitivity is outside its listed sensitivity range.</p> <p>(5) Other calibrated sensitivity method acceptable to the authority having jurisdiction.</p> <p>Detectors found to have sensitivity outside the listed and marked sensitivity range shall be cleaned and recalibrated, or replaced.</p> <p>The detector sensitivity cannot be tested or measured using any spray device that administers an unmeasured concentration of aerosol into the detector. This deficient practice could affect all residents, staff, and visitors in the facility.</p> <p>Findings include:</p> <p>Based on record review on 07/10/24 between 10:15 a.m. and 4:30 p.m. with the Maintenance Director present, there was no documentation available to show a smoke detector sensitivity test of all hard wired smoke detectors has been performed during the past 24 month period. This was confirmed by the Maintenance Director at the time of record review.</p> <p>This finding was reviewed with the Director of Nursing and Maintenance Director during the exit conference on 07/11/24.</p> <p>3.1-19(b)</p>						

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K 0353 SS=F Bldg. 03	<p>NFPA 101 Sprinkler System - Maintenance and Testing Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available.</p> <p>a) Date sprinkler system last checked _____</p> <p>b) Who provided system test _____</p> <p>c) Water system supply source _____</p> <p>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 1. Based on record review and interview, the facility failed to provide written documentation or other evidence the sprinkler system components had been inspected and tested for 1 of 4 quarters for 1 of 1 sprinkler system. LSC 4.6.12.1 requires any device, equipment or system required for compliance with this Code be maintained in accordance with applicable NFPA requirements. Sprinkler systems shall be properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 4.3.1 requires records shall be made for all inspections, tests, and maintenance of the system components and shall be made available to the authority having jurisdiction upon request. 4.3.2 requires that records shall indicate the procedure performed (e.g., inspection, test, or maintenance), the organization that performed the work, the</p>			K 0353	<p>K353 – Building 08 It is the intent of the facility to ensure to provide written documentation or other evidence the sprinkler system components have been inspected and tested for 1 of 4 quarters for the sprinkler system and to ensure to document sprinkler system inspections in accordance with NFPA 25 the dry sprinkler system's pressure gauges and during 10 of the past 12 months for the sprinkler system's control valves to meet set standards.</p> <p>1.CORRECTIVE ACTIONS TAKEN: 1.On 8/9/2024 the facilities licensed sprinkler contractor performed the quarterly sprinkler</p>		08/16/2024

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	<p>results, and the date. NFPA 25, 5.2.5 requires that waterflow alarm devices shall be inspected quarterly to verify they are free of physical damage. NFPA 25, 5.3.3.1 requires the mechanical waterflow alarm devices including, but not limited to, water motor gongs, shall be tested quarterly. 5.3.3.2 requires vane-type and pressure switch-type waterflow alarm devices shall be tested semiannually. This deficient practice could affect all residents, staff, and visitors in the facility.</p> <p>Findings include:</p> <p>Based on review of the quarterly sprinkler system inspection records on 07/10/24 between 10:15 a.m. and 4:30 p.m. with the Maintenance Director present, there was no quarterly sprinkler system inspection report available for the second quarter (April, May, and June) of 2024. Based on interview at the time of record review, the Maintenance Director confirmed there was no written documentation available to show the sprinkler system had been inspected during the second quarter of 2024.</p> <p>This finding was reviewed with the Director of Nursing and Maintenance Director during the exit conference on 07/11/24.</p> <p>3.1-19(b)</p> <p>2. Based on record review, observation, and interview; the facility failed to document sprinkler system inspections in accordance with NFPA 25 for 1 of 1 dry sprinkler system during 47 of the past 52 weeks for the sprinkler system's pressure gauges, and during 10 of the past 12 months for the sprinkler system's control valves. NFPA 25, Standard for the Inspection, Testing, and</p>				<p>inspection and documented the results in the facilities Life Safety Binder to meet set standards. The Administrator verified the work on 8/9/2024.</p> <p>2.On 7/31/2024 the Maintenance Supervisor performed the weekly inspection of the facilities dry sprinkler system gauges and documented the results in the facility life safety binder to meet set standards. The Administrator verified the work on 7/31/2024.</p> <p>3.On 7/31/2024 the Maintenance Supervisor performed the monthly inspection of the facilities sprinkler system control valves and documented the results in the facility life safety binder to meet set standards. The Administrator verified the work on 7/31/2024 .</p> <p>2.ALL OTHERS WITH POTENTIAL TO BE AFFECTED:</p> <p>1.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>1.On 8/6/2024 the Administrator in serviced the Maintenance Supervisor/designee on the requirement to ensure sprinkler inspections are conducted and documented including the quarterly sprinkler inspection, weekly inspection of the gauges and the monthly inspection of the control valves to</p>		

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	<p>Maintenance of Water-Based Fire Protection Systems, 2011 Edition, Section 5.2.4.2 states gauges on dry pipe sprinkler systems shall be inspected weekly to ensure that normal air and water pressures are being maintained. Section 5.1.2 states valves and fire department connections shall be inspected, tested, and maintained in accordance with Chapter 13. Section 13.1.1.2 states Table 13.1.1.2 shall be utilized for inspection, testing and maintenance of valves, valve components and trim. Section 4.3.1 states records shall be made for all inspections, tests, and maintenance of the system and its components and shall be made available to the authority having jurisdiction upon request. This deficient practice could affect all residents, staff, and visitors in the facility.</p> <p>Findings include:</p> <p>a. Based on record review on 07/10/24 between 10:15 a.m. and 4:30 p.m. with the Maintenance Director present, there was no documentation available to show the facility's dry sprinkler system gauges were inspected weekly during 47 of the past 52 week period. The only weekly sprinkler gauge inspections were for the weeks in June and July of 2024. Based on interview at the time of record review, the Maintenance Director confirmed there was no documentation available to show that the facility's sprinkler gauges have been inspected at least weekly during 47 of the past 52 weeks. Based on observations on 07/11/24 between 9:45 a.m. and 12:15 p.m. during a tour of the facility with the Maintenance Director the facility had two pressure gauges at the sprinkler riser.</p> <p>b. Based on record review on 07/10/24 between 10:15 a.m. and 4:30 p.m. with the Maintenance</p>				<p>meet set standards.</p> <p>2.Maintenance Supervisor/designee will ensure sprinkler inspections are conducted and documented including the quarterly sprinkler inspection, weekly inspection of the gauges and the monthly inspection of the control valves as a part of the facility's 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</p>		

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K 0712 SS=F Bldg. 03	<p>Director present, there was no monthly sprinkler system control valves inspection documentation for 10 of the past 12 months. The only monthly inspections available were for June and July of 2024. Based on interview at the time of record review, the Maintenance Director confirmed the lack of sprinkler system inspections on the control valves during the past 12 months.</p> <p>This finding was reviewed with the Director of Nursing and Maintenance Director during the exit conference on 07/11/24.</p> <p>3.1-19(b)</p> <p>NFPA 101 Fire Drills Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms.</p> <p>19.7.1.4 through 19.7.1.7</p> <p>1. Based on record review and interview, the facility failed to provide quarterly fire drill documentation for 3 of 3 shifts during 3 of 4 quarters. This deficient practice could affect all residents, as well as staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on review of the facility's fire drill reports</p>			K 0712	<p>compliance is maintained. This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is 8/16/2024.</p> <p>K712 – Building 08 - It is the intent of the facility to ensure to provide quarterly fire drill documentation for 3 shifts during all 4 quarters and to ensure fire drill reports included complete documentation of the transmission of a fire alarm signal to the monitoring company/fire department during the past twelve</p>		08/16/2024

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	<p>on 07/10/24 between 10:15 a.m. and 4:30 p.m. with the Maintenance Director present, the facility was only able to provide eight documented fire drill reports for the past 12 month period. The following shifts and quarters were missing fire drill reports:</p> <p>a. The first shift (day) of the third quarter (July, August, and September) of 2023.</p> <p>b. The second shift (evening) of the third quarter (July, August, and September), and fourth quarter (October, November, and December) of 2023, and first quarter (January, February, and March) of 2024.</p> <p>c. The third shift (night) of the third quarter (July, August, and September) of 2023.</p> <p>Based on interview at the time of record review, the Maintenance Director confirmed the lack of fire drill reports for the previously mentioned shifts and quarters</p> <p>This finding was reviewed with the Director of Nursing and Maintenance Director during the exit conference on 07/11/24.</p> <p>3.1-19(b) 3.1-51(c)</p> <p>2. Based on record review and interview, the facility failed to ensure 3 of 8 fire drill reports included complete documentation of the transmission of a fire alarm signal to the monitoring company/fire department during the past twelve months. LSC 19.7.1.4 requires fire drills in health care occupancies shall include the transmission of the fire alarm signal and simulation of emergency conditions. This deficient practice could affect all residents.</p> <p>Findings include:</p>				<p>months to meet set standards.</p> <p>1 CORRECTIVE ACTIONS TAKEN:</p> <p>a On 8/6/2024 the Administrator in-serviced the Maintenance Supervisor/designee on the requirement that fire drills must be conducted at unexpected times under varying conditions at least quarterly on each shift and documented to meet set standards.</p> <p>b On 8/6/2024 the Administrator in-serviced the Maintenance Supervisor/designee on the requirement to include documentation for the transmission of the alarm to the monitoring company to meet set standards.</p> <p>c On 8/6/2024 the Administrator in-serviced the Maintenance Supervisor/designee on the requirement to ensure fire drills are held on varied dates for all shifts and quarters 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 Maintenance Supervisor/designee will ensure fire drills are conducted at unexpected times under varying conditions at least quarterly on each shift and that documentation</p>		

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	<p>Based on review of the facility's fire drill reports on 07/10/24 between 10:15 a.m. and 4:30 p.m. with the Maintenance Director present, 3 of 8 fire drill reports performed during the past 12 month period were not provided with documentation for the transmission of the alarm to the monitoring company. These drill dates and times include: 10/26/23 at 8:00 p.m., 02/27/24 at 9:45 p.m., 05/28/24 at 10:15 p.m. Based on interview at the time of record review, the Maintenance Director acknowledged there was no information on 3 of 8 fire drill reports to verify that transmission of the alarm was received by the monitoring company.</p> <p>This finding was reviewed with the Director of Nursing and Maintenance Director during the exit conference on 07/11/24.</p> <p>3-1.19(b) 3.1-51(c)</p> <p>3. Based on record review and interview, the facility failed to ensure fire drills were held on varied dates for all shifts and quarters. This deficient practice could affect all residents in the facility.</p> <p>Findings include:</p> <p>Based on review of the facility's fire drill reports on 07/10/24 between 10:15 a.m. and 4:30 p.m. with the Maintenance Director present, there were eight documented fire drills performed during the past 12 month period and on three occasions there were two fire drills performed on the same day (10/26/23, 02/27/24, and 05/28/24). Based on interview at the time of record review, the Maintenance Director acknowledged there were only eight fire drills documented during the past 12 month period and there were three occasions</p>				<p>be retained in the facility's Life Safety Binder and all reports will have documentation for the transmission of the alarm to the monitoring company and will ensure fire drills are held on varied dates for all shifts and quarters as a part of the facility's 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>b 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>a 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> <p>This plan of correction</p>		

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	<p>where two fire drills were performed during the same day.</p> <p>This finding was reviewed with the Director of Nursing and Maintenance Director during the exit conference on 07/11/24.</p> <p>3.1-19(b) 3.1-51(c)</p>		<p>constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is 8/16/2024.</p> <p>K914 – Building 01 - It is the intent of the facility to ensure complete documentation is available for all non hospital grade electrical receptacles in all resident room locations are tested at least annually to meet set standards.</p> <p>1 CORRECTIVE ACTIONS TAKEN: a On 8/7/2024 the Maintenance Supervisor/designee conducted the annual electrical receptacle inspection and documented the results in the facilities Life safety binder to meet set standards. The Administrator verified repairs on 8/7/2024.</p> <p>2 ALL OTHERS WITH POTENTIAL TO BE AFFECTED: a All residents and all staff and visitors have the potential to be affected but none were.</p> <p>3 MEASURES TO PREVENT REOCCURRENCE: a On 8/6/2024 the Administrator in-serviced the Maintenance Supervisor/designee on the requirement the annual electrical receptacle inspection and testing must be completed annually and documented in the life safety binder to meet set standards.</p>		

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			<p>b Maintenance Supervisor/designee will ensure the annual electrical receptacle inspection and testing is completed and documented as a part of the facility's 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>c 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: a The inspection results will be presented by the Maintenance Supervisor/designee to the Administrator 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. This plan of correction constitutes our credible allegation of compliance with</p>		

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K 0914 SS=F Bldg. 03	<p>NFPA 101 Electrical Systems - Maintenance and Testing Electrical Systems - Maintenance and Testing Hospital-grade receptacles at patient bed locations and where deep sedation or general anesthesia is administered, are tested after initial installation, replacement or servicing. Additional testing is performed at intervals defined by documented performance data. Receptacles not listed as hospital-grade at these locations are tested at intervals not exceeding 12 months. Line isolation monitors (LIM), if installed, are tested at intervals of less than or equal to 1 month by actuating the LIM test switch per 6.3.2.6.3.6, which activates both visual and audible alarm. For LIM circuits with automated self-testing, this manual test is performed at intervals less than or equal to 12 months. LIM circuits are tested per 6.3.3.3.2 after any repair or renovation to the electric distribution system. Records are maintained of required tests and associated repairs or modifications, containing date, room or area tested, and results. 6.3.4 (NFPA 99) Based on observation, record review and interview; the facility failed to ensure complete documentation was available for all nonhospital-grade electrical receptacles in all resident room locations tested at least annually. NFPA 99, Health Care Facilities Code 2012 Edition, Section 6.3.4.1.3 states receptacles not listed as</p>			K 0914	<p>all regulatory requirements. Our date of compliance is 8/16/2024.</p> <p>K914 – Building 08 - It is the intent of the facility to ensure complete documentation is available for all non hospital grade electrical receptacles in all resident room locations are tested at least annually to meet set</p>		08/16/2024

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	<p>hospital-grade, at patient bed locations and in locations where deep sedation or general anesthesia is administered, shall be tested at intervals not exceeding 12 months. Additionally, Section 6.3.3.2, Receptacle Testing in Patient Care Rooms requires the physical integrity of each receptacle shall be confirmed by visual inspection. The continuity of the grounding circuit in each electrical receptacle shall be verified. Correct polarity of the hot and neutral connections in each electrical receptacle shall be confirmed; and retention force of the grounding blade of each electrical receptacle (except locking-type receptacles) shall be not less than 115 grams (4 ounces). This deficient practice could affect all residents.</p> <p>Findings include:</p> <p>Based on record review on 07/10/24 between 10:15 a.m. and 4:30 p.m. with the Maintenance Director present, there was no documentation available of an annual resident room receptacle test for non hospital-grade receptacles. Based on interview at the time of record review, the Maintenance Director said all of the electrical receptacles in resident rooms were not hospital-grade receptacles as far as he knew. He further said he could not find documentation to show that annual testing per NFPA 99, Receptacle Testing requirements was met with all pertinent information within the past 12 month period or prior. Based on observations on 07/11/24 between 9:45 a.m. and 12:15 p.m. during a tour of the facility with the Maintenance Director, there were at least four electrical receptacles in each resident room.</p> <p>This finding was reviewed with the Director of Nursing and Maintenance Director during the exit</p>				<p>standards.</p> <p>1 CORRECTIVE ACTIONS TAKEN:</p> <p>a On 8/7/2024 the Maintenance Supervisor/designee conducted the annual electrical receptacle inspection and documented the results in the facilities Life safety binder to meet set standards. The Administrator verified repairs on 8/7/2024.</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 On 8/6/2024 the Administrator in-serviced the Maintenance Supervisor/designee on the requirement the annual electrical receptacle inspection and testing must be completed annually and documented in the life safety binder to meet set standards.</p> <p>b Maintenance Supervisor/designee will ensure the annual electrical receptacle inspection and testing is completed and documented as a part of the facility's 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</p>		

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K 0000 Bldg. 04	<p>conference on 07/11/24.</p> <p>3.1-19(b)</p>			K 0000	<p>the inspection results.</p> <p>c The Administrator will monitor adherence to the Preventative Maintenance schedule and validate the Preventative Maintenance documentation is in place.</p> <p>4 MONITORING</p> <p>CORRECTIVE ACTION:</p> <p>a The inspection results will be presented by the Maintenance Supervisor/designee to the Administrator 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> <p>This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is 8/16/2024.</p>		
	<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 Dates: 07/10/24 and 07/11/24</p>				<p>Preparation and/or execution of this plan of correction in general, or this corrective action in particular does not constitute an admission or agreement by this facility of the</p>		

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K 0345 SS=F Bldg. 04	<p>Facility Number: 011509 Provider Number: 155770 AIM Number: 200909280</p> <p>At this Life Safety Code survey, The Waters of Georgetown, 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), and 410 IAC 16.2. Villa 1003 was surveyed with Chapter 19, Existing Health Care Occupancies.</p> <p>This one story facility was determined to be of Type V (111) construction and fully sprinkled. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors, and all resident sleeping rooms. The facility has a capacity of 10 and had a census of 10 at the time of this visit.</p> <p>All areas where residents have customary access were sprinkled and all areas providing facility services were sprinkled.</p> <p>Quality Review completed on 07/16/24</p> <p>NFPA 101 Fire Alarm System - Testing and Maintenance Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance</p>				<p>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 our credible allegation of compliance with all regulatory requirements. Our date of compliance is August 16, 2024. 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 revisit.</p>		

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	<p>and testing are readily available. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72</p> <p>1. Based on record review and interview, the facility failed to ensure the annual testing of all devices connected to 1 of 1 fire alarm system was performed. NFPA 72, National Fire Alarm Code, the 2010 Edition, at 14.6.2.4 requires a record of all inspections, testing, and maintenance shall be provided that includes the following information regarding tests and all the applicable information requested in Figure 14.6.2.4:</p> <p>(1) Date (2) Test frequency (3) Name of property (4) Address (5) Name of person performing inspection, maintenance, tests, or combination thereof, and affiliation, business address, and telephone number (6) Name, address, and representative of approving agency (ies) (7) Designation of the detector(s) tested (8) Functional test of detectors (9)*Functional test of required sequence of operations (10) Check of all smoke detectors (11) Loop resistance for all fixed-temperature, line-type heat detectors (12) Functional test of mass notification system control units (13) Functional test of signal transmission to mass notification systems (14) Functional test of ability of mass notification system to silence fire alarm notification appliances (15) Tests of intelligibility of mass notification system speakers (16) Other tests as required by the equipment manufacturer's published instructions (17) Other tests as required by the authority having jurisdiction</p>			K 0345	<p>K345 – Building 8 - It is the intent of the facility to ensure the annual testing of all devices connected to fire alarm systems are performed and to maintain fire alarm system in accordance with NFPA 72, as required by LSC 101 Sections 19.3.4.5.1 and 9.6 and to ensure complete documentation is available for the sensitivity testing of all hard wired smoke detectors and to show what testing instrument is used to test all smoke detectors for sensitivity to meet set standards.</p> <p>1 CORRECTIVE ACTIONS TAKEN:</p> <p>a On 8/9/2024 the facilities licensed contractor performed the annual fire alarm system inspection / test report and documented in the facilities Life Safety Binder to meet set standards. The Administrator verified the work on 8/9/2024.</p> <p>b On 8/9/2024 the facilities licensed contractor performed the semi-annual visual fire alarm system inspection and documented in the facilities Life Safety Binder to meet set standards. The Administrator verified the work on 8/9/2024.</p> <p>c On 8/9/2024 the facilities license contractor performed the biannual sensitivity testing on the fire alarm system smoke detectors and documented the</p>		08/16/2024

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	<p>(18) Signatures of tester and approved authority representative</p> <p>(19) Disposition of problems identified during test (e.g., system owner notified, problem corrected/successfully retested, device abandoned in place)</p> <p>This deficient practice could affect all occupants in the facility.</p> <p>Findings include:</p> <p>Based on record review on 07/10/24 between 10:15 a.m. and 4:30 p.m. with the Maintenance Director present, the facility was unable to provide an annual fire alarm system inspection/test report performed during the past 12 month period. The most recent annual fire alarm system inspection/test report was dated 06/15/23 performed by the facility's fire alarm system vendor. Based on interview at the time of record review, this was confirmed by the Maintenance Director.</p> <p>This finding was reviewed with the Director of Nursing and Maintenance Director during the exit conference on 07/11/24.</p> <p>3.1-19(b)</p> <p>2. Based on record review and interview, the facility failed to maintain 1 of 1 fire alarm system in accordance with NFPA 72, as required by LSC 101 Sections 19.3.4.5.1 and 9.6. NFPA 72, Section 14.3.1 states that unless otherwise permitted by 14.3.2, visual inspections shall be performed in accordance with the schedules in Table 14.3.1, or more often if required by the authority having jurisdiction. Table 14.3.1 states that the following must be visually inspected semi-annually:</p> <p>a. Control unit trouble signals</p>				<p>results in the Life Safety Binder and also documented the manufacturer's calibrated sensitivity test instrument from the fire alarm system inspection contractor to meet set standards. The Administrator verified the work on 8/9/2024.</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 On 8/6/2024 the Administrator in serviced the Maintenance Supervisor/designee on the requirement to ensure fire alarm systems are maintained properly including the semi-annual and annual fire alarm system inspections and testing documents to be retained in the facilities Life Safety Binder and to ensure the smoke detector sensitivity test of all hard wired smoke detectors contains the name of the manufacturer's calibrated sensitivity test instrument to meet set standards.</p> <p>b Maintenance Supervisor/designee will ensure fire alarm systems are maintained properly including the semi-annual and annual fire alarm system inspections and testing documents to be retained in the facilities Life Safety Binder and to ensure the smoke detector</p>		

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	<p>b. Remote annunciators</p> <p>c. Initiating devices (e.g. duct detectors, manual fire alarm boxes, heat detectors, smoke detectors, etc.)</p> <p>d. Notification appliances</p> <p>e. Magnetic hold-open devices</p> <p>This deficient practice could affect all residents, staff, and visitors in the facility.</p> <p>Findings include:</p> <p>Based on record review on 07/10/24 between 10:15 a.m. and 4:30 p.m. with the Maintenance Director present, there was no documentation provided regarding a semi-annual visual fire alarm system inspection during the past 12 month period. The only fire alarm system inspection/test provided was dated 06/15/23 for an annual fire alarm inspection/test by the facility's vendor. Based on interview at the time of record review, the Maintenance Director confirmed there was no semi-annual visual inspection of the facility's fire alarm system devices performed during the past 12 month period.</p> <p>This finding was reviewed with the Director of Nursing and Maintenance Director during the exit conference on 07/11/24.</p> <p>3.1-19(b)</p> <p>3. Based on record review and interview, the facility failed to ensure complete documentation was available for the sensitivity testing of all hard wired smoke detectors, and to show what testing instrument was used to test all smoke detectors for sensitivity. NFPA 72, National Fire Alarm Code, 2010 Edition, Section 14.4.5.3.1 states detector sensitivity shall be checked within 1 year of installation, and every alternate year thereafter.</p>			<p>sensitivity test of all hard wired smoke detectors contains the name of the manufacturer's calibrated sensitivity test instrument as a part of the facility's 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>c The Administrator will monitor adherence to the Preventative Maintenance schedule and validate the Preventative Maintenance documentation is in place.</p> <p>4 MONITORING</p> <p>CORRECTIVE ACTION:</p> <p>a The inspection results will be presented by the Maintenance Supervisor/designee to the Administrator 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> <p>This plan of correction constitutes our credible allegation of compliance with</p>			

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	<p>After the second required calibration test, if sensitivity tests indicate that the detector has remained within its listed and marked sensitivity range, the length of time between calibration tests shall be permitted to be extended to a maximum of 5 years. If the frequency is extended, records of detector caused nuisance alarms and subsequent trends of these alarms shall be maintained. In zones or areas where nuisance alarms show an increase over the previous year, calibration tests shall be performed. To ensure that each smoke detector is within its listed and marked sensitivity range, it shall be tested using any of the methods:</p> <p>(1) Calibrated test method.</p> <p>(2) Manufacturer's calibrated sensitivity test instrument.</p> <p>(3) Listed control equipment arranged for the purpose.</p> <p>(4) Smoke detector/fire alarm control unit arrangement whereby the detector causes a signal at the control unit where its sensitivity is outside its listed sensitivity range.</p> <p>(5) Other calibrated sensitivity method acceptable to the authority having jurisdiction.</p> <p>Detectors found to have sensitivity outside the listed and marked sensitivity range shall be cleaned and recalibrated, or replaced.</p> <p>The detector sensitivity cannot be tested or measured using any spray device that administers an unmeasured concentration of aerosol into the detector. This deficient practice could affect all residents, staff, and visitors in the facility.</p> <p>Findings include:</p> <p>Based on record review on 07/10/24 between 10:15 a.m. and 4:30 p.m. with the Maintenance Director present, there was no documentation available to show a smoke detector sensitivity test of all hard wired smoke detectors has been performed during</p>				<p>all regulatory requirements.</p> <p>Our date of compliance is</p> <p>8/16/2024.</p>		

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K 0353 SS=F Bldg. 04	<p>the past 24 month period. This was confirmed by the Maintenance Director at the time of record review.</p> <p>This finding was reviewed with the Director of Nursing and Maintenance Director during the exit conference on 07/11/24.</p> <p>3.1-19(b)</p> <p>NFPA 101 Sprinkler System - Maintenance and Testing Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available.</p> <p>a) Date sprinkler system last checked _____</p> <p>b) Who provided system test _____</p> <p>c) Water system supply source _____</p> <p>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 1. Based on record review and interview, the facility failed to provide written documentation or other evidence the sprinkler system components had been inspected and tested for 1 of 4 quarters for 1 of 1 sprinkler system. LSC 4.6.12.1 requires any device, equipment or system required for compliance with this Code be maintained in accordance with applicable NFPA requirements. Sprinkler systems shall be properly maintained in</p>			K 0353	<p>K353 – Building 08 It is the intent of the facility to ensure to provide written documentation or other evidence the sprinkler system components have been inspected and tested for 1 of 4 quarters for the sprinkler system and to ensure to document sprinkler system inspections in accordance</p>		08/16/2024

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	<p>accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 4.3.1 requires records shall be made for all inspections, tests, and maintenance of the system components and shall be made available to the authority having jurisdiction upon request. 4.3.2 requires that records shall indicate the procedure performed (e.g., inspection, test, or maintenance), the organization that performed the work, the results, and the date. NFPA 25, 5.2.5 requires that waterflow alarm devices shall be inspected quarterly to verify they are free of physical damage. NFPA 25, 5.3.3.1 requires the mechanical waterflow alarm devices including, but not limited to, water motor gongs, shall be tested quarterly. 5.3.3.2 requires vane-type and pressure switch-type waterflow alarm devices shall be tested semiannually. This deficient practice could affect all residents, staff, and visitors in the facility.</p> <p>Findings include:</p> <p>Based on review of the quarterly sprinkler system inspection records on 07/10/24 between 10:15 a.m. and 4:30 p.m. with the Maintenance Director present, there was no quarterly sprinkler system inspection report available for the second quarter (April, May, and June) of 2024. Based on interview at the time of record review, the Maintenance Director confirmed there was no written documentation available to show the sprinkler system had been inspected during the second quarter of 2024.</p> <p>This finding was reviewed with the Director of Nursing and Maintenance Director during the exit conference on 07/11/24.</p>				<p>with NFPA 25 the dry sprinkler system's pressure gauges and during 10 of the past 12 months for the sprinkler system's control valves to meet set standards.</p> <p>1.CORRECTIVE ACTIONS TAKEN:</p> <p>1.On 8/9/2024 the facilities licensed sprinkler contractor performed the quarterly sprinkler inspection and documented the results in the facilities Life Safety Binder to meet set standards. The Administrator verified the work on 8/9/2024.</p> <p>2.On 7/31/2024 the Maintenance Supervisor performed the weekly inspection of the facilities dry sprinkler system gauges and documented the results in the facility life safety binder to meet set standards. The Administrator verified the work on 7/31/2024.</p> <p>3.On 7/31/2024 the Maintenance Supervisor performed the monthly inspection of the facilities sprinkler system control valves and documented the results in the facility life safety binder to meet set standards. The Administrator verified the work on 7/31/2024 .</p> <p>2.ALL OTHERS WITH POTENTIAL TO BE AFFECTED:</p> <p>1.All residents and all staff and visitors have the potential to be affected but none were.</p> <p>3.MEASURES TO PREVENT REOCCURRENCE:</p>		

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	<p>3.1-19(b)</p> <p>2. Based on record review, observation, and interview; the facility failed to document sprinkler system inspections in accordance with NFPA 25 for 1 of 1 dry sprinkler system during 47 of the past 52 weeks for the sprinkler system's pressure gauges, and during 10 of the past 12 months for the sprinkler system's control valves. NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 2011 Edition, Section 5.2.4.2 states gauges on dry pipe sprinkler systems shall be inspected weekly to ensure that normal air and water pressures are being maintained. Section 5.1.2 states valves and fire department connections shall be inspected, tested, and maintained in accordance with Chapter 13. Section 13.1.1.2 states Table 13.1.1.2 shall be utilized for inspection, testing and maintenance of valves, valve components and trim. Section 4.3.1 states records shall be made for all inspections, tests, and maintenance of the system and its components and shall be made available to the authority having jurisdiction upon request. This deficient practice could affect all residents, staff, and visitors in the facility.</p> <p>Findings include:</p> <p>a. Based on record review on 07/10/24 between 10:15 a.m. and 4:30 p.m. with the Maintenance Director present, there was no documentation available to show the facility's dry sprinkler system gauges were inspected weekly during 47 of the past 52 week period. The only weekly sprinkler gauge inspections were for the weeks in June and July of 2024. Based on interview at the time of record review, the Maintenance Director confirmed there was no documentation available</p>				<p>1.On 8/6/2024 the Administrator in serviced the Maintenance Supervisor/designee on the requirement to ensure sprinkler inspections are conducted and documented including the quarterly sprinkler inspection, weekly inspection of the gauges and the monthly inspection of the control valves to meet set standards.</p> <p>2.Maintenance Supervisor/designee will ensure sprinkler inspections are conducted and documented including the quarterly sprinkler inspection, weekly inspection of the gauges and the monthly inspection of the control valves as a part of the facility's 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</p>		

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K 0712 SS=F Bldg. 04	<p>to show that the facility's sprinkler gauges have been inspected at least weekly during 47 of the past 52 weeks. Based on observations on 07/11/24 between 9:45 a.m. and 12:15 p.m. during a tour of the facility with the Maintenance Director the facility had two pressure gauges at the sprinkler riser.</p> <p>b. Based on record review on 07/10/24 between 10:15 a.m. and 4:30 p.m. with the Maintenance Director present, there was no monthly sprinkler system control valves inspection documentation for 10 of the past 12 months. The only monthly inspections available were for June and July of 2024. Based on interview at the time of record review, the Maintenance Director confirmed the lack of sprinkler system inspections on the control valves during the past 12 months.</p> <p>This finding was reviewed with the Director of Nursing and Maintenance Director during the exit conference on 07/11/24.</p> <p>3.1-19(b)</p> <p>NFPA 101 Fire Drills Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms.</p> <p>19.7.1.4 through 19.7.1.7</p>				<p>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> <p>This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is 8/16/2024.</p>		

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	<p>1. Based on record review and interview, the facility failed to provide quarterly fire drill documentation for 3 of 3 shifts during 3 of 4 quarters. This deficient practice could affect all residents, as well as staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on review of the facility's fire drill reports on 07/10/24 between 10:15 a.m. and 4:30 p.m. with the Maintenance Director present, the facility was only able to provide eight documented fire drill reports for the past 12 month period. The following shifts and quarters were missing fire drill reports:</p> <p>a. The first shift (day) of the third quarter (July, August, and September) of 2023.</p> <p>b. The second shift (evening) of the third quarter (July, August, and September), and fourth quarter (October, November, and December) of 2023, and first quarter (January, February, and March) of 2024.</p> <p>c. The third shift (night) of the third quarter (July, August, and September) of 2023.</p> <p>Based on interview at the time of record review, the Maintenance Director confirmed the lack of fire drill reports for the previously mentioned shifts and quarters</p> <p>This finding was reviewed with the Director of Nursing and Maintenance Director during the exit conference on 07/11/24.</p> <p>3.1-19(b) 3.1-51(c)</p> <p>2. Based on record review and interview, the facility failed to ensure 3 of 8 fire drill reports included complete documentation of the</p>			K 0712	<p>K712 – Building 08 - It is the intent of the facility to ensure to provide quarterly fire drill documentation for 3 shifts during all 4 quarters and to ensure fire drill reports included complete documentation of the transmission of a fire alarm signal to the monitoring company/fire department during the past twelve months to meet set standards.</p> <p>1 CORRECTIVE ACTIONS TAKEN:</p> <p>a On 8/6/2024 the Administrator in-serviced the Maintenance Supervisor/designee on the requirement that fire drills must be conducted at unexpected times under varying conditions at least quarterly on each shift and documented to meet set standards.</p> <p>b On 8/6/2024 the Administrator in-serviced the Maintenance Supervisor/designee on the requirement to include documentation for the transmission of the alarm to the monitoring company to meet set standards.</p> <p>c On 8/6/2024 the Administrator in-serviced the Maintenance Supervisor/designee on the requirement to ensure fire drills are held on varied dates for all shifts and quarters to meet set standards.</p> <p>2 ALL OTHERS WITH POTENTIAL TO BE AFFECTED:</p> <p>a All residents and all staff</p>		08/16/2024

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	<p>transmission of a fire alarm signal to the monitoring company/fire department during the past twelve months. LSC 19.7.1.4 requires fire drills in health care occupancies shall include the transmission of the fire alarm signal and simulation of emergency conditions. This deficient practice could affect all residents.</p> <p>Findings include:</p> <p>Based on review of the facility's fire drill reports on 07/10/24 between 10:15 a.m. and 4:30 p.m. with the Maintenance Director present, 3 of 8 fire drill reports performed during the past 12 month period were not provided with documentation for the transmission of the alarm to the monitoring company. These drill dates and times include: 10/26/23 at 8:00 p.m., 02/27/24 at 9:45 p.m., 05/28/24 at 10:15 p.m. Based on interview at the time of record review, the Maintenance Director acknowledged there was no information on 3 of 8 fire drill reports to verify that transmission of the alarm was received by the monitoring company.</p> <p>This finding was reviewed with the Director of Nursing and Maintenance Director during the exit conference on 07/11/24.</p> <p>3-1.19(b) 3.1-51(c)</p> <p>3. Based on record review and interview, the facility failed to ensure fire drills were held on varied dates for all shifts and quarters. This deficient practice could affect all residents in the facility.</p> <p>Findings include:</p> <p>Based on review of the facility's fire drill reports</p>				<p>and visitors have the potential to be affected but none were.</p> <p>3 MEASURES TO PREVENT REOCCURRENCE:</p> <p>a Maintenance Supervisor/designee will ensure fire drills are conducted at unexpected times under varying conditions at least quarterly on each shift and that documentation be retained in the facility's Life Safety Binder and all reports will have documentation for the transmission of the alarm to the monitoring company and will ensure fire drills are held on varied dates for all shifts and quarters as a part of the facility's 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>b 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>a 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</p>		

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	<p>on 07/10/24 between 10:15 a.m. and 4:30 p.m. with the Maintenance Director present, there were eight documented fire drills performed during the past 12 month period and on three occasions there were two fire drills performed on the same day (10/26/23, 02/27/24, and 05/28/24). Based on interview at the time of record review, the Maintenance Director acknowledged there were only eight fire drills documented during the past 12 month period and there were three occasions where two fire drills were performed during the same day.</p> <p>This finding was reviewed with the Director of Nursing and Maintenance Director during the exit conference on 07/11/24.</p> <p>3.1-19(b) 3.1-51(c)</p>				<p>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> <p>This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is 8/16/2024.</p> <p>K914 – Building 01 - It is the intent of the facility to ensure complete documentation is available for all non hospital grade electrical receptacles in all resident room locations are tested at least annually to meet set standards.</p> <p>1 CORRECTIVE ACTIONS TAKEN: a On 8/7/2024 the Maintenance Supervisor/designee conducted the annual electrical receptacle inspection and documented the results in the facilities Life safety binder to meet set standards. The Administrator verified repairs on 8/7/2024.</p> <p>2 ALL OTHERS WITH POTENTIAL TO BE AFFECTED: a All residents and all staff and visitors have the potential to be affected but none were.</p> <p>3 MEASURES TO PREVENT</p>		

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			REOCCURRENCE: a On 8/6/2024 the Administrator in-serviced the Maintenance Supervisor/designee on the requirement the annual electrical receptacle inspection and testing must be completed annually and documented in the life safety binder to meet set standards. b Maintenance Supervisor/designee will ensure the annual electrical receptacle inspection and testing is completed and documented as a part of the facility's 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. c The Administrator will monitor adherence to the Preventative Maintenance schedule and validate the Preventative Maintenance documentation is in place. 4 MONITORING CORRECTIVE ACTION: a The inspection results will be presented by the Maintenance Supervisor/designee to the Administrator and the Administrator will present the inspection results at the monthly Quality Assurance/Performance Improvement (QA/PI) meeting.		

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K 0914 SS=F Bldg. 04	NFPA 101 Electrical Systems - Maintenance and Testing Electrical Systems - Maintenance and Testing Hospital-grade receptacles at patient bed locations and where deep sedation or general anesthesia is administered, are tested after initial installation, replacement or servicing. Additional testing is performed at intervals defined by documented performance data. Receptacles not listed as hospital-grade at these locations are tested at intervals not exceeding 12 months. Line isolation monitors (LIM), if installed, are tested at intervals of less than or equal to 1 month by actuating the LIM test switch per 6.3.2.6.3.6, which activates both visual and audible alarm. For LIM circuits with automated self-testing, this manual test is performed at intervals less than or equal to 12 months. LIM circuits are tested per 6.3.3.3.2 after any repair or renovation to the electric distribution system. Records are maintained of required tests and associated repairs or modifications,		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. This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is 8/16/2024.		

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	<p>containing date, room or area tested, and results.</p> <p>6.3.4 (NFPA 99) Based on observation, record review and interview; the facility failed to ensure complete documentation was available for all nonhospital-grade electrical receptacles in all resident room locations tested at least annually. NFPA 99, Health Care Facilities Code 2012 Edition, Section 6.3.4.1.3 states receptacles not listed as hospital-grade, at patient bed locations and in locations where deep sedation or general anesthesia is administered, shall be tested at intervals not exceeding 12 months. Additionally, Section 6.3.3.2, Receptacle Testing in Patient Care Rooms requires the physical integrity of each receptacle shall be confirmed by visual inspection. The continuity of the grounding circuit in each electrical receptacle shall be verified. Correct polarity of the hot and neutral connections in each electrical receptacle shall be confirmed; and retention force of the grounding blade of each electrical receptacle (except locking-type receptacles) shall be not less than 115 grams (4 ounces). This deficient practice could affect all residents.</p> <p>Findings include:</p> <p>Based on record review on 07/10/24 between 10:15 a.m. and 4:30 p.m. with the Maintenance Director present, there was no documentation available of an annual resident room receptacle test for non hospital-grade receptacles. Based on interview at the time of record review, the Maintenance Director said all of the electrical receptacles in resident rooms were not hospital-grade receptacles as far as he knew. He further said he could not find documentation to show that annual testing per NFPA 99, Receptacle Testing</p>			K 0914	<p>K914 – Building 08 - It is the intent of the facility to ensure complete documentation is available for all non hospital grade electrical receptacles in all resident room locations are tested at least annually to meet set standards.</p> <p>1 CORRECTIVE ACTIONS TAKEN: a On 8/7/2024 the Maintenance Supervisor/designee conducted the annual electrical receptacle inspection and documented the results in the facilities Life safety binder to meet set standards. The Administrator verified repairs on 8/7/2024.</p> <p>2 ALL OTHERS WITH POTENTIAL TO BE AFFECTED: a All residents and all staff and visitors have the potential to be affected but none were.</p> <p>3 MEASURES TO PREVENT REOCCURRENCE: a On 8/6/2024 the Administrator in-serviced the Maintenance Supervisor/designee on the requirement the annual electrical receptacle inspection and testing must be completed annually and documented in the life safety binder to meet set standards. b Maintenance Supervisor/designee will ensure the annual electrical receptacle</p>		08/16/2024

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	<p>requirements was met with all pertinent information within the past 12 month period or prior. Based on observations on 07/11/24 between 9:45 a.m. and 12:15 p.m. during a tour of the facility with the Maintenance Director, there were at least four electrical receptacles in each resident room.</p> <p>This finding was reviewed with the Director of Nursing and Maintenance Director during the exit conference on 07/11/24.</p> <p>3.1-19(b)</p>				<p>inspection and testing is completed and documented as a part of the facility's 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>c The Administrator will monitor adherence to the Preventative Maintenance schedule and validate the Preventative Maintenance documentation is in place.</p> <p>4 MONITORING</p> <p>CORRECTIVE ACTION:</p> <p>a The inspection results will be presented by the Maintenance Supervisor/designee to the Administrator 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> <p>This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is 8/16/2024.</p>		

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K 0918 SS=F Bldg. 04	<p>NFPA 101 Electrical Systems - Essential Electric Syste Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70) Based on record review and interview, the facility failed to maintain a complete written record of</p>			K 0918	K918 – Building 08 - It is the intent of the facility to ensure to		08/16/2024

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	<p>monthly generator load testing for 1 of 1 generator during 1 of the past 12 months. Chapter 6.4.4.1.1.4(a) of 2012 NFPA 99 requires monthly testing of the generator serving the emergency electrical system to be in accordance with NFPA 110, the Standard for Emergency and Standby Powers Systems, Chapter 8. Chapter 6.4.4.2 of NFPA 99 requires a written record of inspection, performance, exercising period, and repairs for the generator to be regularly maintained and available for inspection by the authority having jurisdiction. Chapter 6-4.4.1.3 of 2012 NFPA 99 requires batteries for on-site generators shall be maintained in accordance with NFPA 110, 2010 Edition, Standard for Emergency and Standby Power Systems. 8.3.7 requires storage batteries, including electrolyte levels or battery voltage, used in connection with systems shall be inspected weekly and maintained in full compliance with manufacturer's specifications. 8.3.7.2 states defective batteries shall be repaired or replaced immediately upon discovery of defects. Chapter 6.5.4.2 of NFPA 99 requires a written record of inspection, performance, exercising period, and repairs shall be regularly maintained and available for inspection by the authority having jurisdiction. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of the generator inspection and testing reports on 07/10/24 between 10:15 a.m. and 4:30 p.m. with the Maintenance Director present, there was no monthly generator load test documentation available for June of 2024 for the emergency generator. Based on interview at the time of record review, the Maintenance Director said the facility has been in a transition period</p>				<p>maintain a complete written record of monthly generator load testing for generator during the past twelve months to meet set standards.</p> <p>1 CORRECTIVE ACTIONS TAKEN:</p> <p>a On 7/15/2024 the Maintenance Supervisor conducted the monthly load testing for the emergency generator and documented the results in the facilities Life Safety Binder to meet set standards. The Administrator verified the work on 7/15/2024.</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 On 8/6/2024 the Administrator in-serviced the Maintenance Supervisor/designee on the requirement to conduct all testing on the emergency generator including the monthly testing to meet set standards.</p> <p>b The Maintenance Supervisor/designee will ensure to conduct all testing on the emergency generator including the monthly load testing as a part of the facility's Preventive Maintenance Program and document those inspection results as appropriate. If any issues are discovered, they will be addressed</p>		

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K 0000 Bldg. 05	<p>with new ownership and the monthly load test of the emergency generator was not completed.</p> <p>This finding was reviewed with the Director of Nursing and Maintenance Director during the exit conference on 07/11/24.</p> <p>3.1-19(b)</p> <p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana</p>	K 0000	<p>and resolved immediately. The Maintenance Supervisor/designee will review with the Administrator the inspection results.</p> <p>c The Administrator will monitor adherence to the Preventative Maintenance schedule and validate the Preventative Maintenance documentation is in place.</p> <p>4 MONITORING</p> <p>CORRECTIVE ACTION:</p> <p>a 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> <p>This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is 8/16/2024.</p> <p>Preparation and/or execution of this plan of correction in</p>		

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K 0345 SS=F Bldg. 05	<p>Department of Health in accordance with 42 CFR 483.90(a).</p> <p>Survey Dates: 07/10/24 and 07/11/24</p> <p>Facility Number: 011509 Provider Number: 155770 AIM Number: 200909280</p> <p>At this Life Safety Code survey, The Waters of Georgetown, 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), and 410 IAC 16.2. Villa 1005 was surveyed with Chapter 19, Existing Health Care Occupancies.</p> <p>This one story facility was determined to be of Type V (111) construction and fully sprinkled. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors, and all resident sleeping rooms. The facility has a capacity of 10 and had a census of 9 at the time of this visit.</p> <p>All areas where residents have customary access were sprinkled and all areas providing facility services were sprinkled.</p> <p>Quality Review completed on 07/16/24</p> <p>NFPA 101 Fire Alarm System - Testing and Maintenance Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program</p>				<p>general, or this corrective action in particular does not constitute and 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 our credible allegation of compliance with all regulatory requirements. Our date of compliance is August 16, 2024. 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 revisit.</p>		

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	<p>complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available.</p> <p>9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72</p> <p>1. Based on record review and interview, the facility failed to ensure the annual testing of all devices connected to 1 of 1 fire alarm system was performed. NFPA 72, National Fire Alarm Code, the 2010 Edition, at 14.6.2.4 requires a record of all inspections, testing, and maintenance shall be provided that includes the following information regarding tests and all the applicable information requested in Figure 14.6.2.4:</p> <p>(1) Date</p> <p>(2) Test frequency</p> <p>(3) Name of property</p> <p>(4) Address</p> <p>(5) Name of person performing inspection, maintenance, tests, or combination thereof, and affiliation, business address, and telephone number</p> <p>(6) Name, address, and representative of approving agency (ies)</p> <p>(7) Designation of the detector(s) tested</p> <p>(8) Functional test of detectors</p> <p>(9)*Functional test of required sequence of operations</p> <p>(10) Check of all smoke detectors</p> <p>(11) Loop resistance for all fixed-temperature, line-type heat detectors</p> <p>(12) Functional test of mass notification system control units</p> <p>(13) Functional test of signal transmission to mass notification systems</p> <p>(14) Functional test of ability of mass notification system to silence fire alarm notification appliances</p> <p>(15) Tests of intelligibility of mass notification system speakers</p>			K 0345	<p>K345 – Building 8 - It is the intent of the facility to ensure the annual testing of all devices connected to fire alarm systems are performed and to maintain fire alarm system in accordance with NFPA 72, as required by LSC 101 Sections 19.3.4.5.1 and 9.6 and to ensure complete documentation is available for the sensitivity testing of all hard wired smoke detectors and to show what testing instrument is used to test all smoke detectors for sensitivity to meet set standards.</p> <p>1 CORRECTIVE ACTIONS TAKEN:</p> <p>a On 8/9/2024 the facilities licensed contractor performed the annual fire alarm system inspection / test report and documented in the facilities Life Safety Binder to meet set standards. The Administrator verified the work on 8/9/2024.</p> <p>b On 8/9/2024 the facilities licensed contractor performed the semi-annual visual fire alarm system inspection and documented in the facilities Life Safety Binder to meet set standards. The Administrator verified the work on 8/9/2024.</p> <p>c On 8/9/2024 the facilities</p>		08/16/2024

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NAME OF PROVIDER OR SUPPLIER WATERS OF GEORGETOWN, THE				STREET ADDRESS, CITY, STATE, ZIP COD 1002 SISTER BARBARA WAY GEORGETOWN, IN 47122			
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	<p>(16) Other tests as required by the equipment manufacturer's published instructions</p> <p>(17) Other tests as required by the authority having jurisdiction</p> <p>(18) Signatures of tester and approved authority representative</p> <p>(19) Disposition of problems identified during test (e.g., system owner notified, problem corrected/successfully retested, device abandoned in place)</p> <p>This deficient practice could affect all occupants in the facility.</p> <p>Findings include:</p> <p>Based on record review on 07/10/24 between 10:15 a.m. and 4:30 p.m. with the Maintenance Director present, the facility was unable to provide an annual fire alarm system inspection/test report performed during the past 12 month period. The most recent annual fire alarm system inspection/test report was dated 06/15/23 performed by the facility's fire alarm system vendor. Based on interview at the time of record review, this was confirmed by the Maintenance Director.</p> <p>This finding was reviewed with the Director of Nursing and Maintenance Director during the exit conference on 07/11/24.</p> <p>3.1-19(b)</p> <p>2. Based on record review and interview, the facility failed to maintain 1 of 1 fire alarm system in accordance with NFPA 72, as required by LSC 101 Sections 19.3.4.5.1 and 9.6. NFPA 72, Section 14.3.1 states that unless otherwise permitted by 14.3.2, visual inspections shall be performed in accordance with the schedules in Table 14.3.1, or</p>				<p>license contractor performed the biannual sensitivity testing on the fire alarm system smoke detectors and documented the results in the Life Safety Binder and also documented the manufacturer's calibrated sensitivity test instrument from the fire alarm system inspection contractor to meet set standards. The Administrator verified the work on 8/9/2024.</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 On 8/6/2024 the Administrator in serviced the Maintenance Supervisor/designee on the requirement to ensure fire alarm systems are maintained properly including the semi-annual and annual fire alarm system inspections and testing documents to be retained in the facilities Life Safety Binder and to ensure the smoke detector sensitivity test of all hard wired smoke detectors contains the name of the manufacturer's calibrated sensitivity test instrument to meet set standards.</p> <p>b Maintenance Supervisor/designee will ensure fire alarm systems are maintained properly including the semi-annual and annual fire alarm system</p>		

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	<p>more often if required by the authority having jurisdiction. Table 14.3.1 states that the following must be visually inspected semi-annually:</p> <ul style="list-style-type: none"> a. Control unit trouble signals b. Remote annunciators c. Initiating devices (e.g. duct detectors, manual fire alarm boxes, heat detectors, smoke detectors, etc.) d. Notification appliances e. Magnetic hold-open devices <p>This deficient practice could affect all residents, staff, and visitors in the facility.</p> <p>Findings include:</p> <p>Based on record review on 07/10/24 between 10:15 a.m. and 4:30 p.m. with the Maintenance Director present, there was no documentation provided regarding a semi-annual visual fire alarm system inspection during the past 12 month period. The only fire alarm system inspection/test provided was dated 06/15/23 for an annual fire alarm inspection/test by the facility's vendor. Based on interview at the time of record review, the Maintenance Director confirmed there was no semi-annual visual inspection of the facility's fire alarm system devices performed during the past 12 month period.</p> <p>This finding was reviewed with the Director of Nursing and Maintenance Director during the exit conference on 07/11/24.</p> <p>3.1-19(b)</p> <p>3. Based on record review and interview, the facility failed to ensure complete documentation was available for the sensitivity testing of all hard wired smoke detectors, and to show what testing instrument was used to test all smoke detectors</p>				<p>inspections and testing documents to be retained in the facilities Life Safety Binder and to ensure the smoke detector sensitivity test of all hard wired smoke detectors contains the name of the manufacturer's calibrated sensitivity test instrument as a part of the facility's 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>c The Administrator will monitor adherence to the Preventative Maintenance schedule and validate the Preventative Maintenance documentation is in place.</p> <p>4 MONITORING</p> <p>CORRECTIVE ACTION:</p> <p>a The inspection results will be presented by the Maintenance Supervisor/designee to the Administrator 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</p>		

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	<p>for sensitivity. NFPA 72, National Fire Alarm Code, 2010 Edition, Section 14.4.5.3.1 states detector sensitivity shall be checked within 1 year of installation, and every alternate year thereafter. After the second required calibration test, if sensitivity tests indicate that the detector has remained within its listed and marked sensitivity range, the length of time between calibration tests shall be permitted to be extended to a maximum of 5 years. If the frequency is extended, records of detector caused nuisance alarms and subsequent trends of these alarms shall be maintained. In zones or areas where nuisance alarms show an increase over the previous year, calibration tests shall be performed. To ensure that each smoke detector is within its listed and marked sensitivity range, it shall be tested using any of the methods:</p> <p>(1) Calibrated test method.</p> <p>(2) Manufacturer's calibrated sensitivity test instrument.</p> <p>(3) Listed control equipment arranged for the purpose.</p> <p>(4) Smoke detector/fire alarm control unit arrangement whereby the detector causes a signal at the control unit where its sensitivity is outside its listed sensitivity range.</p> <p>(5) Other calibrated sensitivity method acceptable to the authority having jurisdiction.</p> <p>Detectors found to have sensitivity outside the listed and marked sensitivity range shall be cleaned and recalibrated, or replaced.</p> <p>The detector sensitivity cannot be tested or measured using any spray device that administers an unmeasured concentration of aerosol into the detector. This deficient practice could affect all residents, staff, and visitors in the facility.</p> <p>Findings include:</p> <p>Based on record review on 07/10/24 between 10:15</p>				<p>compliance is maintained.</p> <p>This plan of correction constitutes our credible allegation of compliance with all regulatory requirements.</p> <p>Our date of compliance is 8/16/2024.</p>		

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K 0353 SS=F Bldg. 05	<p>a.m. and 4:30 p.m. with the Maintenance Director present, there was documentation available to show a smoke detector sensitivity test of all hard wired smoke detectors was performed on 06/15/23 by the facility's fire alarm system inspection vendor, however, the report did not include the name of the manufacturer's calibrated sensitivity test instrument. This was confirmed by the Maintenance Director at the time of record review.</p> <p>This finding was reviewed with the Director of Nursing and Maintenance Director during the exit conference on 07/11/24.</p> <p>3.1-19(b)</p> <p>NFPA 101 Sprinkler System - Maintenance and Testing Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available.</p> <p>a) Date sprinkler system last checked</p> <p>b) Who provided system test</p> <p>c) Water system supply source</p> <p>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 1. Based on record review and interview, the facility failed to provide written documentation or other evidence the sprinkler system components</p>			K 0353	K353 – Building 08 It is the intent of the facility to ensure to provide written documentation or other		08/16/2024

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	<p>had been inspected and tested for 1 of 4 quarters for 1 of 1 sprinkler system. LSC 4.6.12.1 requires any device, equipment or system required for compliance with this Code be maintained in accordance with applicable NFPA requirements. Sprinkler systems shall be properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 4.3.1 requires records shall be made for all inspections, tests, and maintenance of the system components and shall be made available to the authority having jurisdiction upon request. 4.3.2 requires that records shall indicate the procedure performed (e.g., inspection, test, or maintenance), the organization that performed the work, the results, and the date. NFPA 25, 5.2.5 requires that waterflow alarm devices shall be inspected quarterly to verify they are free of physical damage. NFPA 25, 5.3.3.1 requires the mechanical waterflow alarm devices including, but not limited to, water motor gongs, shall be tested quarterly. 5.3.3.2 requires vane-type and pressure switch-type waterflow alarm devices shall be tested semiannually. This deficient practice could affect all residents, staff, and visitors in the facility.</p> <p>Findings include:</p> <p>Based on review of the quarterly sprinkler system inspection records on 07/10/24 between 10:15 a.m. and 4:30 p.m. with the Maintenance Director present, there was no quarterly sprinkler system inspection report available for the second quarter (April, May, and June) of 2024. Based on interview at the time of record review, the Maintenance Director confirmed there was no written documentation available to show the sprinkler system had been inspected during the</p>				<p>evidence the sprinkler system components have been inspected and tested for 1 of 4 quarters for the sprinkler system and to ensure to document sprinkler system inspections in accordance with NFPA 25 the dry sprinkler system's pressure gauges and during 10 of the past 12 months for the sprinkler system's control valves to meet set standards.</p> <p>1.CORRECTIVE ACTIONS TAKEN:</p> <p>1.On 8/9/2024 the facilities licensed sprinkler contractor performed the quarterly sprinkler inspection and documented the results in the facilities Life Safety Binder to meet set standards. The Administrator verified the work on 8/9/2024.</p> <p>2.On 7/31/2024 the Maintenance Supervisor performed the weekly inspection of the facilities dry sprinkler system gauges and documented the results in the facility life safety binder to meet set standards. The Administrator verified the work on 7/31/2024.</p> <p>3.On 7/31/2024 the Maintenance Supervisor performed the monthly inspection of the facilities sprinkler system control valves and documented the results in the facility life safety binder to meet set standards. The Administrator verified the work on 7/31/2024 .</p> <p>2.ALL OTHERS WITH</p>		

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	<p>second quarter of 2024.</p> <p>This finding was reviewed with the Director of Nursing and Maintenance Director during the exit conference on 07/11/24.</p> <p>3.1-19(b)</p> <p>2. Based on record review, observation, and interview; the facility failed to document sprinkler system inspections in accordance with NFPA 25 for 1 of 1 dry sprinkler system during 47 of the past 52 weeks for the sprinkler system's pressure gauges, and during 10 of the past 12 months for the sprinkler system's control valves. NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 2011 Edition, Section 5.2.4.2 states gauges on dry pipe sprinkler systems shall be inspected weekly to ensure that normal air and water pressures are being maintained. Section 5.1.2 states valves and fire department connections shall be inspected, tested, and maintained in accordance with Chapter 13. Section 13.1.1.2 states Table 13.1.1.2 shall be utilized for inspection, testing and maintenance of valves, valve components and trim. Section 4.3.1 states records shall be made for all inspections, tests, and maintenance of the system and its components and shall be made available to the authority having jurisdiction upon request. This deficient practice could affect all residents, staff, and visitors in the facility.</p> <p>Findings include:</p> <p>a. Based on record review on 07/10/24 between 10:15 a.m. and 4:30 p.m. with the Maintenance Director present, there was no documentation available to show the facility's dry sprinkler</p>				<p>POTENTIAL TO BE AFFECTED:</p> <p>1.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>1.On 8/6/2024 the Administrator in serviced the Maintenance Supervisor/designee on the requirement to ensure sprinkler inspections are conducted and documented including the quarterly sprinkler inspection, weekly inspection of the gauges and the monthly inspection of the control valves to meet set standards.</p> <p>2.Maintenance Supervisor/designee will ensure sprinkler inspections are conducted and documented including the quarterly sprinkler inspection, weekly inspection of the gauges and the monthly inspection of the control valves as a part of the facility's 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>		

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K 0712 SS=F Bldg. 05	<p>system gauges were inspected weekly during 47 of the past 52 week period. The only weekly sprinkler gauge inspections were for the weeks in June and July of 2024. Based on interview at the time of record review, the Maintenance Director confirmed there was no documentation available to show that the facility's sprinkler gauges have been inspected at least weekly during 47 of the past 52 weeks. Based on observations on 07/11/24 between 9:45 a.m. and 12:15 p.m. during a tour of the facility with the Maintenance Director the facility had two pressure gauges at the sprinkler riser.</p> <p>b. Based on record review on 07/10/24 between 10:15 a.m. and 4:30 p.m. with the Maintenance Director present, there was no monthly sprinkler system control valves inspection documentation for 10 of the past 12 months. The only monthly inspections available were for June and July of 2024. Based on interview at the time of record review, the Maintenance Director confirmed the lack of sprinkler system inspections on the control valves during the past 12 months.</p> <p>This finding was reviewed with the Director of Nursing and Maintenance Director during the exit conference on 07/11/24.</p> <p>3.1-19(b)</p> <p>NFPA 101 Fire Drills Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is</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> <p>This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is 8/16/2024.</p>		

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	<p>aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms.</p> <p>19.7.1.4 through 19.7.1.7</p> <p>1. Based on record review and interview, the facility failed to provide quarterly fire drill documentation for 3 of 3 shifts during 3 of 4 quarters. This deficient practice could affect all residents, as well as staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on review of the facility's fire drill reports on 07/10/24 between 10:15 a.m. and 4:30 p.m. with the Maintenance Director present, the facility was only able to provide eight documented fire drill reports for the past 12 month period. The following shifts and quarters were missing fire drill reports:</p> <p>a. The first shift (day) of the third quarter (July, August, and September) of 2023.</p> <p>b. The second shift (evening) of the third quarter (July, August, and September), and fourth quarter (October, November, and December) of 2023, and first quarter (January, February, and March) of 2024.</p> <p>c. The third shift (night) of the third quarter (July, August, and September) of 2023.</p> <p>Based on interview at the time of record review, the Maintenance Director confirmed the lack of fire drill reports for the previously mentioned shifts and quarters</p> <p>This finding was reviewed with the Director of Nursing and Maintenance Director during the exit conference on 07/11/24.</p>			K 0712	<p>K712 – Building 08 - It is the intent of the facility to ensure to provide quarterly fire drill documentation for 3 shifts during all 4 quarters and to ensure fire drill reports included complete documentation of the transmission of a fire alarm signal to the monitoring company/fire department during the past twelve months to meet set standards.</p> <p>1 CORRECTIVE ACTIONS TAKEN:</p> <p>a On 8/6/2024 the Administrator in-serviced the Maintenance Supervisor/designee on the requirement that fire drills must be conducted at unexpected times under varying conditions at least quarterly on each shift and documented to meet set standards.</p> <p>b On 8/6/2024 the Administrator in-serviced the Maintenance Supervisor/designee on the requirement to include documentation for the transmission of the alarm to the monitoring company to meet set standards.</p> <p>c On 8/6/2024 the Administrator in-serviced the Maintenance Supervisor/designee on the requirement to ensure fire</p>		08/16/2024

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	<p>3.1-19(b) 3.1-51(c)</p> <p>2. Based on record review and interview, the facility failed to ensure 3 of 8 fire drill reports included complete documentation of the transmission of a fire alarm signal to the monitoring company/fire department during the past twelve months. LSC 19.7.1.4 requires fire drills in health care occupancies shall include the transmission of the fire alarm signal and simulation of emergency conditions. This deficient practice could affect all residents.</p> <p>Findings include:</p> <p>Based on review of the facility's fire drill reports on 07/10/24 between 10:15 a.m. and 4:30 p.m. with the Maintenance Director present, 3 of 8 fire drill reports performed during the past 12 month period were not provided with documentation for the transmission of the alarm to the monitoring company. These drill dates and times include: 10/26/23 at 8:00 p.m., 02/27/24 at 9:45 p.m., 05/28/24 at 10:15 p.m. Based on interview at the time of record review, the Maintenance Director acknowledged there was no information on 3 of 8 fire drill reports to verify that transmission of the alarm was received by the monitoring company.</p> <p>This finding was reviewed with the Director of Nursing and Maintenance Director during the exit conference on 07/11/24.</p> <p>3-1.19(b) 3.1-51(c)</p> <p>3. Based on record review and interview, the facility failed to ensure fire drills were held on varied dates for all shifts and quarters. This</p>				<p>drills are held on varied dates for all shifts and quarters 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 Maintenance Supervisor/designee will ensure fire drills are conducted at unexpected times under varying conditions at least quarterly on each shift and that documentation be retained in the facility's Life Safety Binder and all reports will have documentation for the transmission of the alarm to the monitoring company and will ensure fire drills are held on varied dates for all shifts and quarters as a part of the facility's 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>b 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>		

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	<p>deficient practice could affect all residents in the facility.</p> <p>Findings include:</p> <p>Based on review of the facility's fire drill reports on 07/10/24 between 10:15 a.m. and 4:30 p.m. with the Maintenance Director present, there were eight documented fire drills performed during the past 12 month period and on three occasions there were two fire drills performed on the same day (10/26/23, 02/27/24, and 05/28/24). Based on interview at the time of record review, the Maintenance Director acknowledged there were only eight fire drills documented during the past 12 month period and there were three occasions where two fire drills were performed during the same day.</p> <p>This finding was reviewed with the Director of Nursing and Maintenance Director during the exit conference on 07/11/24.</p> <p>3.1-19(b) 3.1-51(c)</p>				<p>a 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> <p>This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is 8/16/2024.</p> <p>K914 – Building 01 - It is the intent of the facility to ensure complete documentation is available for all non hospital grade electrical receptacles in all resident room locations are tested at least annually to meet set standards.</p> <p>1 CORRECTIVE ACTIONS TAKEN:</p> <p>a On 8/7/2024 the Maintenance Supervisor/designee conducted the annual electrical receptacle inspection and documented the results in the facilities Life safety binder to meet set standards. The Administrator verified repairs on 8/7/2024.</p>		

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			<p>2 ALL OTHERS WITH POTENTIAL TO BE AFFECTED: a All residents and all staff and visitors have the potential to be affected but none were.</p> <p>3 MEASURES TO PREVENT REOCCURRENCE: a On 8/6/2024 the Administrator in-serviced the Maintenance Supervisor/designee on the requirement the annual electrical receptacle inspection and testing must be completed annually and documented in the life safety binder to meet set standards. b Maintenance Supervisor/designee will ensure the annual electrical receptacle inspection and testing is completed and documented as a part of the facility's 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. c 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: a The inspection results will be presented by the Maintenance</p>		

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K 0914 SS=F Bldg. 05	NFPA 101 Electrical Systems - Maintenance and Testing Electrical Systems - Maintenance and Testing Hospital-grade receptacles at patient bed locations and where deep sedation or general anesthesia is administered, are tested after initial installation, replacement or servicing. Additional testing is performed at intervals defined by documented performance data. Receptacles not listed as hospital-grade at these locations are tested at intervals not exceeding 12 months. Line isolation monitors (LIM), if installed, are tested at intervals of less than or equal to 1 month by actuating the LIM test switch per 6.3.2.6.3.6, which activates both visual and audible alarm. For LIM circuits with automated self-testing, this		Supervisor/designee to the Administrator 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. This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is 8/16/2024.		

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	<p>manual test is performed at intervals less than or equal to 12 months. LIM circuits are tested per 6.3.3.3.2 after any repair or renovation to the electric distribution system. Records are maintained of required tests and associated repairs or modifications, containing date, room or area tested, and results.</p> <p>6.3.4 (NFPA 99) Based on observation, record review and interview; the facility failed to ensure complete documentation was available for all nonhospital-grade electrical receptacles in all resident room locations tested at least annually. NFPA 99, Health Care Facilities Code 2012 Edition, Section 6.3.4.1.3 states receptacles not listed as hospital-grade, at patient bed locations and in locations where deep sedation or general anesthesia is administered, shall be tested at intervals not exceeding 12 months. Additionally, Section 6.3.3.2, Receptacle Testing in Patient Care Rooms requires the physical integrity of each receptacle shall be confirmed by visual inspection. The continuity of the grounding circuit in each electrical receptacle shall be verified. Correct polarity of the hot and neutral connections in each electrical receptacle shall be confirmed; and retention force of the grounding blade of each electrical receptacle (except locking-type receptacles) shall be not less than 115 grams (4 ounces). This deficient practice could affect all residents.</p> <p>Findings include:</p> <p>Based on record review on 07/10/24 between 10:15 a.m. and 4:30 p.m. with the Maintenance Director present, there was no documentation available of an annual resident room receptacle test for non hospital-grade receptacles. Based on interview at</p>			K 0914	<p>K914 – Building 08 - It is the intent of the facility to ensure complete documentation is available for all non hospital grade electrical receptacles in all resident room locations are tested at least annually to meet set standards.</p> <p>1 CORRECTIVE ACTIONS TAKEN: a On 8/7/2024 the Maintenance Supervisor/designee conducted the annual electrical receptacle inspection and documented the results in the facilities Life safety binder to meet set standards. The Administrator verified repairs on 8/7/2024.</p> <p>2 ALL OTHERS WITH POTENTIAL TO BE AFFECTED: a All residents and all staff and visitors have the potential to be affected but none were.</p> <p>3 MEASURES TO PREVENT REOCCURRENCE: a On 8/6/2024 the Administrator in-serviced the Maintenance Supervisor/designee on the requirement the annual electrical receptacle inspection and testing must be completed</p>		08/16/2024

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	<p>the time of record review, the Maintenance Director said all of the electrical receptacles in resident rooms were not hospital-grade receptacles as far as he knew. He further said he could not find documentation to show that annual testing per NFPA 99, Receptacle Testing requirements was met with all pertinent information within the past 12 month period or prior. Based on observations on 07/11/24 between 9:45 a.m. and 12:15 p.m. during a tour of the facility with the Maintenance Director, there were at least four electrical receptacles in each resident room.</p> <p>This finding was reviewed with the Director of Nursing and Maintenance Director during the exit conference on 07/11/24.</p> <p>3.1-19(b)</p>				<p>annually and documented in the life safety binder to meet set standards.</p> <p>b Maintenance Supervisor/designee will ensure the annual electrical receptacle inspection and testing is completed and documented as a part of the facility's 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>c The Administrator will monitor adherence to the Preventative Maintenance schedule and validate the Preventative Maintenance documentation is in place.</p> <p>4 MONITORING</p> <p>CORRECTIVE ACTION:</p> <p>a The inspection results will be presented by the Maintenance Supervisor/designee to the Administrator 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>		

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K 0918 SS=F Bldg. 05	NFPA 101 Electrical Systems - Essential Electric Syste Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits.				This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is 8/16/2024.		

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	<p>Minimizing the possibility of damage of the emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)</p> <p>Based on record review and interview, the facility failed to maintain a complete written record of monthly generator load testing for 1 of 1 generator during 1 of the past 12 months. Chapter 6.4.4.1.1.4(a) of 2012 NFPA 99 requires monthly testing of the generator serving the emergency electrical system to be in accordance with NFPA 110, the Standard for Emergency and Standby Powers Systems, Chapter 8. Chapter 6.4.4.2 of NFPA 99 requires a written record of inspection, performance, exercising period, and repairs for the generator to be regularly maintained and available for inspection by the authority having jurisdiction. Chapter 6-4.4.1.3 of 2012 NFPA 99 requires batteries for on-site generators shall be maintained in accordance with NFPA 110, 2010 Edition, Standard for Emergency and Standby Power Systems. 8.3.7 requires storage batteries, including electrolyte levels or battery voltage, used in connection with systems shall be inspected weekly and maintained in full compliance with manufacturer's specifications. 8.3.7.2 states defective batteries shall be repaired or replaced immediately upon discovery of defects. Chapter 6.5.4.2 of NFPA 99 requires a written record of inspection, performance, exercising period, and repairs shall be regularly maintained and available for inspection by the authority having jurisdiction. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of the generator inspection and</p>			K 0918	<p>K918 – Building 08 - It is the intent of the facility to ensure to maintain a complete written record of monthly generator load testing for generator during the past twelve months to meet set standards.</p> <p>1 CORRECTIVE ACTIONS TAKEN:</p> <p>a On 7/15/2024 the Maintenance Supervisor conducted the monthly load testing for the emergency generator and documented the results in the facilities Life Safety Binder to meet set standards. The Administrator verified the work on 7/15/2024.</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 On 8/6/2024 the Administrator in-serviced the Maintenance Supervisor/designee on the requirement to conduct all testing on the emergency generator including the monthly testing to meet set standards.</p> <p>b The Maintenance Supervisor/designee will ensure to conduct all testing on the</p>		08/16/2024

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	<p>testing reports on 07/10/24 between 10:15 a.m. and 4:30 p.m. with the Maintenance Director present, there was no monthly generator load test documentation available for June of 2024 for the emergency generator. Based on interview at the time of record review, the Maintenance Director said the facility has been in a transition period with new ownership and the monthly load test of the emergency generator was not completed.</p> <p>This finding was reviewed with the Director of Nursing and Maintenance Director during the exit conference on 07/11/24.</p> <p>3.1-19(b)</p>				<p>emergency generator including the monthly load testing as a part of the facility's 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>c The Administrator will monitor adherence to the Preventative Maintenance schedule and validate the Preventative Maintenance documentation is in place.</p> <p>4 MONITORING</p> <p>CORRECTIVE ACTION:</p> <p>a 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> <p>This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is 8/16/2024.</p>		

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K 0000 Bldg. 06	<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 Dates: 07/10/24 and 07/11/24</p> <p>Facility Number: 011509 Provider Number: 155770 AIM Number: 200909280</p> <p>At this Life Safety Code survey, The Waters of Georgetown, 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), and 410 IAC 16.2. Villa 1006 was surveyed with Chapter 19, Existing Health Care Occupancies.</p> <p>This one story facility was determined to be of Type V (111) construction and fully sprinkled. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors, and all resident sleeping rooms. The facility has a capacity of 10 and had a census of 10 at the time of this visit.</p> <p>All areas where residents have customary access were sprinkled and all areas providing facility services were sprinkled.</p> <p>Quality Review completed on 07/16/24</p>			K 0000	<p>Preparation and/or execution of this plan of correction in general, or this corrective action in particular does not constitute and 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 our credible allegation of compliance with all regulatory requirements. Our date of compliance is August 16, 2024. 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 revisit.</p>		

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K 0345 SS=F Bldg. 06	<p>NFPA 101 Fire Alarm System - Testing and Maintenance Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 1. Based on record review and interview, the facility failed to ensure the annual testing of all devices connected to 1 of 1 fire alarm system was performed. NFPA 72, National Fire Alarm Code, the 2010 Edition, at 14.6.2.4 requires a record of all inspections, testing, and maintenance shall be provided that includes the following information regarding tests and all the applicable information requested in Figure 14.6.2.4: (1) Date (2) Test frequency (3) Name of property (4) Address (5) Name of person performing inspection, maintenance, tests, or combination thereof, and affiliation, business address, and telephone number (6) Name, address, and representative of approving agency (ies) (7) Designation of the detector(s) tested (8) Functional test of detectors (9)*Functional test of required sequence of operations (10) Check of all smoke detectors (11) Loop resistance for all fixed-temperature, line-type heat detectors (12) Functional test of mass notification system</p>			K 0345	<p>K345 – Building 8 - It is the intent of the facility to ensure the annual testing of all devices connected to fire alarm systems are performed and to maintain fire alarm system in accordance with NFPA 72, as required by LSC 101 Sections 19.3.4.5.1 and 9.6 and to ensure complete documentation is available for the sensitivity testing of all hard wired smoke detectors and to show what testing instrument is used to test all smoke detectors for sensitivity to meet set standards. 1 CORRECTIVE ACTIONS TAKEN: a On 8/9/2024 the facilities licensed contractor performed the annual fire alarm system inspection / test report and documented in the facilities Life Safety Binder to meet set standards. The Administrator verified the work on 8/9/2024. b On 8/9/2024 the facilities licensed contractor performed the</p>		08/16/2024

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	<p>control units</p> <p>(13) Functional test of signal transmission to mass notification systems</p> <p>(14) Functional test of ability of mass notification system to silence fire alarm notification appliances</p> <p>(15) Tests of intelligibility of mass notification system speakers</p> <p>(16) Other tests as required by the equipment manufacturer's published instructions</p> <p>(17) Other tests as required by the authority having jurisdiction</p> <p>(18) Signatures of tester and approved authority representative</p> <p>(19) Disposition of problems identified during test (e.g., system owner notified, problem corrected/successfully retested, device abandoned in place)</p> <p>This deficient practice could affect all occupants in the facility.</p> <p>Findings include:</p> <p>Based on record review on 07/10/24 between 10:15 a.m. and 4:30 p.m. with the Maintenance Director present, the facility was unable to provide an annual fire alarm system inspection/test report performed during the past 12 month period. The most recent annual fire alarm system inspection/test report was dated 06/15/23 performed by the facility's fire alarm system vendor. Based on interview at the time of record review, this was confirmed by the Maintenance Director.</p> <p>This finding was reviewed with the Director of Nursing and Maintenance Director during the exit conference on 07/11/24.</p> <p>3.1-19(b)</p>				<p>semi-annual visual fire alarm system inspection and documented in the facilities Life Safety Binder to meet set standards. The Administrator verified the work on 8/9/2024.</p> <p>c On 8/9/2024 the facilities license contractor performed the biannual sensitivity testing on the fire alarm system smoke detectors and documented the results in the Life Safety Binder and also documented the manufacturer's calibrated sensitivity test instrument from the fire alarm system inspection contractor to meet set standards. The Administrator verified the work on 8/9/2024.</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 On 8/6/2024 the Administrator in serviced the Maintenance Supervisor/designee on the requirement to ensure fire alarm systems are maintained properly including the semi-annual and annual fire alarm system inspections and testing documents to be retained in the facilities Life Safety Binder and to ensure the smoke detector sensitivity test of all hard wired smoke detectors contains the name of the manufacturer's</p>		

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	<p>2. Based on record review and interview, the facility failed to maintain 1 of 1 fire alarm system in accordance with NFPA 72, as required by LSC 101 Sections 19.3.4.5.1 and 9.6. NFPA 72, Section 14.3.1 states that unless otherwise permitted by 14.3.2, visual inspections shall be performed in accordance with the schedules in Table 14.3.1, or more often if required by the authority having jurisdiction. Table 14.3.1 states that the following must be visually inspected semi-annually:</p> <ul style="list-style-type: none"> a. Control unit trouble signals b. Remote annunciators c. Initiating devices (e.g. duct detectors, manual fire alarm boxes, heat detectors, smoke detectors, etc.) d. Notification appliances e. Magnetic hold-open devices <p>This deficient practice could affect all residents, staff, and visitors in the facility.</p> <p>Findings include:</p> <p>Based on record review on 07/10/24 between 10:15 a.m. and 4:30 p.m. with the Maintenance Director present, there was no documentation provided regarding a semi-annual visual fire alarm system inspection during the past 12 month period. The only fire alarm system inspection/test provided was dated 06/15/23 for an annual fire alarm inspection/test by the facility's vendor. Based on interview at the time of record review, the Maintenance Director confirmed there was no semi-annual visual inspection of the facility's fire alarm system devices performed during the past 12 month period.</p> <p>This finding was reviewed with the Director of Nursing and Maintenance Director during the exit conference on 07/11/24.</p>				<p>calibrated sensitivity test instrument to meet set standards.</p> <p>b Maintenance Supervisor/designee will ensure fire alarm systems are maintained properly including the semi-annual and annual fire alarm system inspections and testing documents to be retained in the facilities Life Safety Binder and to ensure the smoke detector sensitivity test of all hard wired smoke detectors contains the name of the manufacturer's calibrated sensitivity test instrument as a part of the facility's 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>c The Administrator will monitor adherence to the Preventative Maintenance schedule and validate the Preventative Maintenance documentation is in place.</p> <p>4 MONITORING</p> <p>CORRECTIVE ACTION:</p> <p>a The inspection results will be presented by the Maintenance Supervisor/designee to the Administrator and the Administrator will present the inspection results at the monthly Quality Assurance/Performance</p>		

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	<p>3.1-19(b)</p> <p>3. Based on record review and interview, the facility failed to ensure complete documentation was available for the sensitivity testing of all hard wired smoke detectors, and to show what testing instrument was used to test all smoke detectors for sensitivity. NFPA 72, National Fire Alarm Code, 2010 Edition, Section 14.4.5.3.1 states detector sensitivity shall be checked within 1 year of installation, and every alternate year thereafter. After the second required calibration test, if sensitivity tests indicate that the detector has remained within its listed and marked sensitivity range, the length of time between calibration tests shall be permitted to be extended to a maximum of 5 years. If the frequency is extended, records of detector caused nuisance alarms and subsequent trends of these alarms shall be maintained. In zones or areas where nuisance alarms show an increase over the previous year, calibration tests shall be performed. To ensure that each smoke detector is within its listed and marked sensitivity range, it shall be tested using any of the methods:</p> <p>(1) Calibrated test method.</p> <p>(2) Manufacturer's calibrated sensitivity test instrument.</p> <p>(3) Listed control equipment arranged for the purpose.</p> <p>(4) Smoke detector/fire alarm control unit arrangement whereby the detector causes a signal at the control unit where its sensitivity is outside its listed sensitivity range.</p> <p>(5) Other calibrated sensitivity method acceptable to the authority having jurisdiction.</p> <p>Detectors found to have sensitivity outside the listed and marked sensitivity range shall be cleaned and recalibrated, or replaced.</p> <p>The detector sensitivity cannot be tested or measured using any spray device that administers</p>				<p>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> <p>This plan of correction constitutes our credible allegation of compliance with all regulatory requirements.</p> <p>Our date of compliance is 8/16/2024.</p>		

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K 0353 SS=F Bldg. 06	<p>an unmeasured concentration of aerosol into the detector. This deficient practice could affect all residents, staff, and visitors in the facility.</p> <p>Findings include:</p> <p>Based on record review on 07/10/24 between 10:15 a.m. and 4:30 p.m. with the Maintenance Director present, there was documentation available to show a smoke detector sensitivity test of all hard wired smoke detectors was performed on 06/15/23 by the facility's fire alarm system inspection vendor, however, the report did not include the name of the manufacturer's calibrated sensitivity test instrument. This was confirmed by the Maintenance Director at the time of record review.</p> <p>This finding was reviewed with the Director of Nursing and Maintenance Director during the exit conference on 07/11/24.</p> <p>3.1-19(b)</p> <p>NFPA 101 Sprinkler System - Maintenance and Testing Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available.</p> <p>a) Date sprinkler system last checked</p> <p>b) Who provided system test</p> <p>c) Water system supply source</p>						

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	<p>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25</p> <p>1. Based on record review and interview, the facility failed to provide written documentation or other evidence the sprinkler system components had been inspected and tested for 1 of 4 quarters for 1 of 1 sprinkler system. LSC 4.6.12.1 requires any device, equipment or system required for compliance with this Code be maintained in accordance with applicable NFPA requirements. Sprinkler systems shall be properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 4.3.1 requires records shall be made for all inspections, tests, and maintenance of the system components and shall be made available to the authority having jurisdiction upon request. 4.3.2 requires that records shall indicate the procedure performed (e.g., inspection, test, or maintenance), the organization that performed the work, the results, and the date. NFPA 25, 5.2.5 requires that waterflow alarm devices shall be inspected quarterly to verify they are free of physical damage. NFPA 25, 5.3.3.1 requires the mechanical waterflow alarm devices including, but not limited to, water motor gongs, shall be tested quarterly. 5.3.3.2 requires vane-type and pressure switch-type waterflow alarm devices shall be tested semiannually. This deficient practice could affect all residents, staff, and visitors in the facility.</p> <p>Findings include:</p> <p>Based on review of the quarterly sprinkler system inspection records on 07/10/24 between 10:15 a.m. and 4:30 p.m. with the Maintenance Director</p>			K 0353	<p>K353 – Building 08 It is the intent of the facility to ensure to provide written documentation or other evidence the sprinkler system components have been inspected and tested for 1 of 4 quarters for the sprinkler system and to ensure to document sprinkler system inspections in accordance with NFPA 25 the dry sprinkler system's pressure gauges and during 10 of the past 12 months for the sprinkler system's control valves to meet set standards.</p> <p>1.CORRECTIVE ACTIONS TAKEN:</p> <p>1.On 8/9/2024 the facilities licensed sprinkler contractor performed the quarterly sprinkler inspection and documented the results in the facilities Life Safety Binder to meet set standards. The Administrator verified the work on 8/9/2024.</p> <p>2.On 7/31/2024 the Maintenance Supervisor performed the weekly inspection of the facilities dry sprinkler system gauges and documented the results in the facility life safety binder to meet set standards. The Administrator verified the work on 7/31/2024.</p> <p>3.On 7/31/2024 the Maintenance Supervisor performed the monthly inspection of the</p>		08/16/2024

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	<p>present, there was no quarterly sprinkler system inspection report available for the second quarter (April, May, and June) of 2024. Based on interview at the time of record review, the Maintenance Director confirmed there was no written documentation available to show the sprinkler system had been inspected during the second quarter of 2024.</p> <p>This finding was reviewed with the Director of Nursing and Maintenance Director during the exit conference on 07/11/24.</p> <p>3.1-19(b)</p> <p>2. Based on record review, observation, and interview; the facility failed to document sprinkler system inspections in accordance with NFPA 25 for 1 of 1 dry sprinkler system during 47 of the past 52 weeks for the sprinkler system's pressure gauges, and during 10 of the past 12 months for the sprinkler system's control valves. NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 2011 Edition, Section 5.2.4.2 states gauges on dry pipe sprinkler systems shall be inspected weekly to ensure that normal air and water pressures are being maintained. Section 5.1.2 states valves and fire department connections shall be inspected, tested, and maintained in accordance with Chapter 13. Section 13.1.1.2 states Table 13.1.1.2 shall be utilized for inspection, testing and maintenance of valves, valve components and trim. Section 4.3.1 states records shall be made for all inspections, tests, and maintenance of the system and its components and shall be made available to the authority having jurisdiction upon request. This deficient practice could affect all residents, staff, and visitors in the facility.</p>				<p>facilities sprinkler system control valves and documented the results in the facility life safety binder to meet set standards. The Administrator verified the work on 7/31/2024 .</p> <p>2.ALL OTHERS WITH POTENTIAL TO BE AFFECTED:</p> <p>1.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>1.On 8/6/2024 the Administrator in serviced the Maintenance Supervisor/designee on the requirement to ensure sprinkler inspections are conducted and documented including the quarterly sprinkler inspection, weekly inspection of the gauges and the monthly inspection of the control valves to meet set standards.</p> <p>2.Maintenance Supervisor/designee will ensure sprinkler inspections are conducted and documented including the quarterly sprinkler inspection, weekly inspection of the gauges and the monthly inspection of the control valves as a part of the facility's 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</p>		

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K 0712 SS=F	<p>Findings include:</p> <p>a. Based on record review on 07/10/24 between 10:15 a.m. and 4:30 p.m. with the Maintenance Director present, there was no documentation available to show the facility's dry sprinkler system gauges were inspected weekly during 47 of the past 52 week period. The only weekly sprinkler gauge inspections were for the weeks in June and July of 2024. Based on interview at the time of record review, the Maintenance Director confirmed there was no documentation available to show that the facility's sprinkler gauges have been inspected at least weekly during 47 of the past 52 weeks. Based on observations on 07/11/24 between 9:45 a.m. and 12:15 p.m. during a tour of the facility with the Maintenance Director the facility had two pressure gauges at the sprinkler riser.</p> <p>b. Based on record review on 07/10/24 between 10:15 a.m. and 4:30 p.m. with the Maintenance Director present, there was no monthly sprinkler system control valves inspection documentation for 10 of the past 12 months. The only monthly inspections available were for June and July of 2024. Based on interview at the time of record review, the Maintenance Director confirmed the lack of sprinkler system inspections on the control valves during the past 12 months.</p> <p>This finding was reviewed with the Director of Nursing and Maintenance Director during the exit conference on 07/11/24.</p> <p>3.1-19(b)</p> <p>NFPA 101 Fire Drills</p>				<p>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> <p>This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is 8/16/2024.</p>		

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Bldg. 06	<p>Fire Drills</p> <p>Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms.</p> <p>19.7.1.4 through 19.7.1.7</p> <p>1. Based on record review and interview, the facility failed to provide quarterly fire drill documentation for 3 of 3 shifts during 3 of 4 quarters. This deficient practice could affect all residents, as well as staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on review of the facility's fire drill reports on 07/10/24 between 10:15 a.m. and 4:30 p.m. with the Maintenance Director present, the facility was only able to provide eight documented fire drill reports for the past 12 month period. The following shifts and quarters were missing fire drill reports:</p> <p>a. The first shift (day) of the third quarter (July, August, and September) of 2023.</p> <p>b. The second shift (evening) of the third quarter (July, August, and September), and fourth quarter (October, November, and December) of 2023, and first quarter (January, February, and March) of 2024.</p> <p>c. The third shift (night) of the third quarter (July, August, and September) of 2023.</p> <p>Based on interview at the time of record review, the Maintenance Director confirmed the lack of</p>			K 0712	<p>K712 – Building 08 - It is the intent of the facility to ensure to provide quarterly fire drill documentation for 3 shifts during all 4 quarters and to ensure fire drill reports included complete documentation of the transmission of a fire alarm signal to the monitoring company/fire department during the past twelve months to meet set standards.</p> <p>1 CORRECTIVE ACTIONS TAKEN:</p> <p>a On 8/6/2024 the Administrator in-serviced the Maintenance Supervisor/designee on the requirement that fire drills must be conducted at unexpected times under varying conditions at least quarterly on each shift and documented to meet set standards.</p> <p>b On 8/6/2024 the Administrator in-serviced the Maintenance Supervisor/designee on the requirement to include documentation for the</p>		08/16/2024

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	<p>fire drill reports for the previously mentioned shifts and quarters</p> <p>This finding was reviewed with the Director of Nursing and Maintenance Director during the exit conference on 07/11/24.</p> <p>3.1-19(b) 3.1-51(c)</p> <p>2. Based on record review and interview, the facility failed to ensure 3 of 8 fire drill reports included complete documentation of the transmission of a fire alarm signal to the monitoring company/fire department during the past twelve months. LSC 19.7.1.4 requires fire drills in health care occupancies shall include the transmission of the fire alarm signal and simulation of emergency conditions. This deficient practice could affect all residents.</p> <p>Findings include:</p> <p>Based on review of the facility's fire drill reports on 07/10/24 between 10:15 a.m. and 4:30 p.m. with the Maintenance Director present, 3 of 8 fire drill reports performed during the past 12 month period were not provided with documentation for the transmission of the alarm to the monitoring company. These drill dates and times include: 10/26/23 at 8:00 p.m., 02/27/24 at 9:45 p.m., 05/28/24 at 10:15 p.m. Based on interview at the time of record review, the Maintenance Director acknowledged there was no information on 3 of 8 fire drill reports to verify that transmission of the alarm was received by the monitoring company.</p> <p>This finding was reviewed with the Director of Nursing and Maintenance Director during the exit conference on 07/11/24.</p>				<p>transmission of the alarm to the monitoring company to meet set standards.</p> <p>c On 8/6/2024 the Administrator in-serviced the Maintenance Supervisor/designee on the requirement to ensure fire drills are held on varied dates for all shifts and quarters 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 Maintenance Supervisor/designee will ensure fire drills are conducted at unexpected times under varying conditions at least quarterly on each shift and that documentation be retained in the facility's Life Safety Binder and all reports will have documentation for the transmission of the alarm to the monitoring company and will ensure fire drills are held on varied dates for all shifts and quarters as a part of the facility's 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>b The Administrator will</p>		

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	<p>3-1.19(b) 3.1-51(c)</p> <p>3. Based on record review and interview, the facility failed to ensure fire drills were held on varied dates for all shifts and quarters. This deficient practice could affect all residents in the facility.</p> <p>Findings include:</p> <p>Based on review of the facility's fire drill reports on 07/10/24 between 10:15 a.m. and 4:30 p.m. with the Maintenance Director present, there were eight documented fire drills performed during the past 12 month period and on three occasions there were two fire drills performed on the same day (10/26/23, 02/27/24, and 05/28/24). Based on interview at the time of record review, the Maintenance Director acknowledged there were only eight fire drills documented during the past 12 month period and there were three occasions where two fire drills were performed during the same day.</p> <p>This finding was reviewed with the Director of Nursing and Maintenance Director during the exit conference on 07/11/24.</p> <p>3.1-19(b) 3.1-51(c)</p>				<p>monitor adherence to the Preventative Maintenance schedule and validate the Preventative Maintenance documentation is in place.</p> <p>4 MONITORING CORRECTIVE ACTION:</p> <p>a 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> <p>This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is 8/16/2024.</p> <p>K914 – Building 01 - It is the intent of the facility to ensure complete documentation is available for all non hospital grade electrical receptacles in all resident room locations are tested at least annually to meet set standards.</p> <p>1 CORRECTIVE ACTIONS TAKEN:</p> <p>a On 8/7/2024 the</p>		

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			<p>Maintenance Supervisor/designee conducted the annual electrical receptacle inspection and documented the results in the facilities Life safety binder to meet set standards. The Administrator verified repairs on 8/7/2024.</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 On 8/6/2024 the Administrator in-serviced the Maintenance Supervisor/designee on the requirement the annual electrical receptacle inspection and testing must be completed annually and documented in the life safety binder to meet set standards.</p> <p>b Maintenance Supervisor/designee will ensure the annual electrical receptacle inspection and testing is completed and documented as a part of the facility's 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>c The Administrator will monitor adherence to the Preventative Maintenance</p>		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155770	X2) MULTIPLE CONSTRUCTION A. BUILDING 06 B. WING		X3) DATE SURVEY COMPLETED 07/11/2024
NAME OF PROVIDER OR SUPPLIER WATERS OF GEORGETOWN, THE			STREET ADDRESS, CITY, STATE, ZIP COD 1002 SISTER BARBARA WAY GEORGETOWN, IN 47122		
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K 0914 SS=F Bldg. 06	NFPA 101 Electrical Systems - Maintenance and Testing Electrical Systems - Maintenance and Testing Hospital-grade receptacles at patient bed locations and where deep sedation or general anesthesia is administered, are tested after initial installation, replacement or servicing. Additional testing is performed at intervals defined by documented performance data. Receptacles not listed as hospital-grade at		schedule and validate the Preventative Maintenance documentation is in place. 4 MONITORING CORRECTIVE ACTION: a The inspection results will be presented by the Maintenance Supervisor/designee to the Administrator 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. This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is 8/16/2024.		

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	<p>these locations are tested at intervals not exceeding 12 months. Line isolation monitors (LIM), if installed, are tested at intervals of less than or equal to 1 month by actuating the LIM test switch per 6.3.2.6.3.6, which activates both visual and audible alarm. For LIM circuits with automated self-testing, this manual test is performed at intervals less than or equal to 12 months. LIM circuits are tested per 6.3.3.3.2 after any repair or renovation to the electric distribution system. Records are maintained of required tests and associated repairs or modifications, containing date, room or area tested, and results.</p> <p>6.3.4 (NFPA 99) Based on observation, record review and interview; the facility failed to ensure complete documentation was available for all nonhospital-grade electrical receptacles in all resident room locations tested at least annually. NFPA 99, Health Care Facilities Code 2012 Edition, Section 6.3.4.1.3 states receptacles not listed as hospital-grade, at patient bed locations and in locations where deep sedation or general anesthesia is administered, shall be tested at intervals not exceeding 12 months. Additionally, Section 6.3.3.2, Receptacle Testing in Patient Care Rooms requires the physical integrity of each receptacle shall be confirmed by visual inspection. The continuity of the grounding circuit in each electrical receptacle shall be verified. Correct polarity of the hot and neutral connections in each electrical receptacle shall be confirmed; and retention force of the grounding blade of each electrical receptacle (except locking-type receptacles) shall be not less than 115 grams (4 ounces). This deficient practice could affect all residents.</p>			K 0914	<p>K914 – Building 08 - It is the intent of the facility to ensure complete documentation is available for all non hospital grade electrical receptacles in all resident room locations are tested at least annually to meet set standards.</p> <p>1 CORRECTIVE ACTIONS TAKEN: a On 8/7/2024 the Maintenance Supervisor/designee conducted the annual electrical receptacle inspection and documented the results in the facilities Life safety binder to meet set standards. The Administrator verified repairs on 8/7/2024.</p> <p>2 ALL OTHERS WITH POTENTIAL TO BE AFFECTED: a All residents and all staff and visitors have the potential to be affected but none were.</p> <p>3 MEASURES TO PREVENT</p>		08/16/2024

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	<p>Findings include:</p> <p>Based on record review on 07/10/24 between 10:15 a.m. and 4:30 p.m. with the Maintenance Director present, there was no documentation available of an annual resident room receptacle test for non hospital-grade receptacles. Based on interview at the time of record review, the Maintenance Director said all of the electrical receptacles in resident rooms were not hospital-grade receptacles as far as he knew. He further said he could not find documentation to show that annual testing per NFPA 99, Receptacle Testing requirements was met with all pertinent information within the past 12 month period or prior. Based on observations on 07/11/24 between 9:45 a.m. and 12:15 p.m. during a tour of the facility with the Maintenance Director, there were at least four electrical receptacles in each resident room.</p> <p>This finding was reviewed with the Director of Nursing and Maintenance Director during the exit conference on 07/11/24.</p> <p>3.1-19(b)</p>				<p>REOCCURRENCE:</p> <p>a On 8/6/2024 the Administrator in-serviced the Maintenance Supervisor/designee on the requirement the annual electrical receptacle inspection and testing must be completed annually and documented in the life safety binder to meet set standards.</p> <p>b Maintenance Supervisor/designee will ensure the annual electrical receptacle inspection and testing is completed and documented as a part of the facility's 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>c The Administrator will monitor adherence to the Preventative Maintenance schedule and validate the Preventative Maintenance documentation is in place.</p> <p>4 MONITORING</p> <p>CORRECTIVE ACTION:</p> <p>a The inspection results will be presented by the Maintenance Supervisor/designee to the Administrator and the Administrator will present the inspection results at the monthly Quality Assurance/Performance Improvement (QA/PI) meeting.</p>		

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K 0918 SS=F Bldg. 06	<p>NFPA 101 Electrical Systems - Essential Electric Syste Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a</p>		<p>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. This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is 8/16/2024.</p>		

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	<p>program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)</p> <p>Based on record review and interview, the facility failed to maintain a complete written record of monthly generator load testing for 1 of 1 generator during 1 of the past 12 months. Chapter 6.4.4.1.1.4(a) of 2012 NFPA 99 requires monthly testing of the generator serving the emergency electrical system to be in accordance with NFPA 110, the Standard for Emergency and Standby Powers Systems, Chapter 8. Chapter 6.4.4.2 of NFPA 99 requires a written record of inspection, performance, exercising period, and repairs for the generator to be regularly maintained and available for inspection by the authority having jurisdiction. Chapter 6-4.4.1.3 of 2012 NFPA 99 requires batteries for on-site generators shall be maintained in accordance with NFPA 110, 2010 Edition, Standard for Emergency and Standby Power Systems. 8.3.7 requires storage batteries, including electrolyte levels or battery voltage, used in connection with systems shall be inspected weekly and maintained in full compliance with manufacturer's specifications. 8.3.7.2 states defective batteries shall be repaired or replaced immediately upon discovery of defects. Chapter 6.5.4.2 of NFPA 99 requires a written record of inspection, performance, exercising period, and repairs shall be regularly maintained and available for inspection by the</p>	K 0918	<p>K918 – Building 08 - It is the intent of the facility to ensure to maintain a complete written record of monthly generator load testing for generator during the past twelve months to meet set standards.</p> <p>1 CORRECTIVE ACTIONS TAKEN:</p> <p>a On 7/15/2024 the Maintenance Supervisor conducted the monthly load testing for the emergency generator and documented the results in the facilities Life Safety Binder to meet set standards. The Administrator verified the work on 7/15/2024.</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 On 8/6/2024 the Administrator in-serviced the Maintenance Supervisor/designee</p>		08/16/2024		

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	<p>authority having jurisdiction. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of the generator inspection and testing reports on 07/10/24 between 10:15 a.m. and 4:30 p.m. with the Maintenance Director present, there was no monthly generator load test documentation available for June of 2024 for the emergency generator. Based on interview at the time of record review, the Maintenance Director said the facility has been in a transition period with new ownership and the monthly load test of the emergency generator was not completed.</p> <p>This finding was reviewed with the Director of Nursing and Maintenance Director during the exit conference on 07/11/24.</p> <p>3.1-19(b)</p>				<p>on the requirement to conduct all testing on the emergency generator including the monthly testing to meet set standards.</p> <p>b The Maintenance Supervisor/designee will ensure to conduct all testing on the emergency generator including the monthly load testing as a part of the facility's 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>c The Administrator will monitor adherence to the Preventative Maintenance schedule and validate the Preventative Maintenance documentation is in place.</p> <p>4 MONITORING</p> <p>CORRECTIVE ACTION:</p> <p>a 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</p>		

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K 0000 Bldg. 07	<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: 07/10/24 and 07/11/24</p> <p>Facility Number: 011509 Provider Number: 155770 AIM Number: 200909280</p> <p>At this Life Safety Code survey, The Waters of Georgetown, 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), and 410 IAC 16.2. Villa 1007 was surveyed with Chapter 19, Existing Health Care Occupancies.</p> <p>This one story facility was determined to be of Type V (111) construction and fully sprinkled. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors, and all resident sleeping rooms. The facility has a capacity of 10 and had a census of 6 at the time of this visit.</p>			K 0000	<p>compliance is maintained. This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is 8/16/2024.</p> <p>Preparation and/or execution of this plan of correction in general, or this corrective action in particular does not constitute and 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 our credible allegation of compliance with all regulatory requirements. Our date of compliance is August 16, 2024. 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 revisit.</p>		

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K 0345 SS=F Bldg. 07	<p>All areas where residents have customary access were sprinkled and all areas providing facility services were sprinkled.</p> <p>Quality Review completed on 07/16/24</p> <p>NFPA 101 Fire Alarm System - Testing and Maintenance Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 1. Based on record review and interview, the facility failed to ensure the annual testing of all devices connected to 1 of 1 fire alarm system was performed. NFPA 72, National Fire Alarm Code, the 2010 Edition, at 14.6.2.4 requires a record of all inspections, testing, and maintenance shall be provided that includes the following information regarding tests and all the applicable information requested in Figure 14.6.2.4: (1) Date (2) Test frequency (3) Name of property (4) Address (5) Name of person performing inspection, maintenance, tests, or combination thereof, and affiliation, business address, and telephone number (6) Name, address, and representative of approving agency (ies) (7) Designation of the detector(s) tested</p>			K 0345	<p>K345 – Building 8 - It is the intent of the facility to ensure the annual testing of all devices connected to fire alarm systems are performed and to maintain fire alarm system in accordance with NFPA 72, as required by LSC 101 Sections 19.3.4.5.1 and 9.6 and to ensure complete documentation is available for the sensitivity testing of all hard wired smoke detectors and to show what testing instrument is used to test all smoke detectors for sensitivity to meet set standards. 1 CORRECTIVE ACTIONS TAKEN: a On 8/9/2024 the facilities licensed contractor performed the annual fire alarm system</p>		08/16/2024

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	<p>(8) Functional test of detectors</p> <p>(9)*Functional test of required sequence of operations</p> <p>(10) Check of all smoke detectors</p> <p>(11) Loop resistance for all fixed-temperature, line-type heat detectors</p> <p>(12) Functional test of mass notification system control units</p> <p>(13) Functional test of signal transmission to mass notification systems</p> <p>(14) Functional test of ability of mass notification system to silence fire alarm notification appliances</p> <p>(15) Tests of intelligibility of mass notification system speakers</p> <p>(16) Other tests as required by the equipment manufacturer's published instructions</p> <p>(17) Other tests as required by the authority having jurisdiction</p> <p>(18) Signatures of tester and approved authority representative</p> <p>(19) Disposition of problems identified during test (e.g., system owner notified, problem corrected/successfully retested, device abandoned in place)</p> <p>This deficient practice could affect all occupants in the facility.</p> <p>Findings include:</p> <p>Based on record review on 07/10/24 between 10:15 a.m. and 4:30 p.m. with the Maintenance Director present, the facility was unable to provide an annual fire alarm system inspection/test report performed during the past 12 month period. The most recent annual fire alarm system inspection/test report was dated 06/14/23 performed by the facility's fire alarm system vendor. Based on interview at the time of record review, this was confirmed by the Maintenance Director.</p>				<p>inspection / test report and documented in the facilities Life Safety Binder to meet set standards. The Administrator verified the work on 8/9/2024.</p> <p>b On 8/9/2024 the facilities licensed contractor performed the semi-annual visual fire alarm system inspection and documented in the facilities Life Safety Binder to meet set standards. The Administrator verified the work on 8/9/2024.</p> <p>c On 8/9/2024 the facilities license contractor performed the biannual sensitivity testing on the fire alarm system smoke detectors and documented the results in the Life Safety Binder and also documented the manufacturer's calibrated sensitivity test instrument from the fire alarm system inspection contractor to meet set standards. The Administrator verified the work on 8/9/2024.</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 On 8/6/2024 the Administrator in serviced the Maintenance Supervisor/designee on the requirement to ensure fire alarm systems are maintained properly including the semi-annual and annual fire alarm system</p>		

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	<p>This finding was reviewed with the Director of Nursing and Maintenance Director during the exit conference on 07/11/24.</p> <p>3.1-19(b)</p> <p>2. Based on record review and interview, the facility failed to maintain 1 of 1 fire alarm system in accordance with NFPA 72, as required by LSC 101 Sections 19.3.4.5.1 and 9.6. NFPA 72, Section 14.3.1 states that unless otherwise permitted by 14.3.2, visual inspections shall be performed in accordance with the schedules in Table 14.3.1, or more often if required by the authority having jurisdiction. Table 14.3.1 states that the following must be visually inspected semi-annually:</p> <ul style="list-style-type: none"> a. Control unit trouble signals b. Remote annunciators c. Initiating devices (e.g. duct detectors, manual fire alarm boxes, heat detectors, smoke detectors, etc.) d. Notification appliances e. Magnetic hold-open devices <p>This deficient practice could affect all residents, staff, and visitors in the facility.</p> <p>Findings include:</p> <p>Based on record review on 07/10/24 between 10:15 a.m. and 4:30 p.m. with the Maintenance Director present, there was no documentation provided regarding a semi-annual visual fire alarm system inspection during the past 12 month period. The only fire alarm system inspection/test provided was dated 06/14/23 for an annual fire alarm inspection/test by the facility's vendor. Based on interview at the time of record review, the Maintenance Director confirmed there was no semi-annual visual inspection of the facility's fire</p>				<p>inspections and testing documents to be retained in the facilities Life Safety Binder and to ensure the smoke detector sensitivity test of all hard wired smoke detectors contains the name of the manufacturer's calibrated sensitivity test instrument to meet set standards.</p> <p>b Maintenance Supervisor/designee will ensure fire alarm systems are maintained properly including the semi-annual and annual fire alarm system inspections and testing documents to be retained in the facilities Life Safety Binder and to ensure the smoke detector sensitivity test of all hard wired smoke detectors contains the name of the manufacturer's calibrated sensitivity test instrument as a part of the facility's 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>c 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>		

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	<p>alarm system devices performed during the past 12 month period.</p> <p>This finding was reviewed with the Director of Nursing and Maintenance Director during the exit conference on 07/11/24.</p> <p>3.1-19(b)</p> <p>3. Based on record review and interview, the facility failed to ensure complete documentation was available for the sensitivity testing of all hard wired smoke detectors, and to show what testing instrument was used to test all smoke detectors for sensitivity. NFPA 72, National Fire Alarm Code, 2010 Edition, Section 14.4.5.3.1 states detector sensitivity shall be checked within 1 year of installation, and every alternate year thereafter. After the second required calibration test, if sensitivity tests indicate that the detector has remained within its listed and marked sensitivity range, the length of time between calibration tests shall be permitted to be extended to a maximum of 5 years. If the frequency is extended, records of detector caused nuisance alarms and subsequent trends of these alarms shall be maintained. In zones or areas where nuisance alarms show an increase over the previous year, calibration tests shall be performed. To ensure that each smoke detector is within its listed and marked sensitivity range, it shall be tested using any of the methods:</p> <p>(1) Calibrated test method.</p> <p>(2) Manufacturer's calibrated sensitivity test instrument.</p> <p>(3) Listed control equipment arranged for the purpose.</p> <p>(4) Smoke detector/fire alarm control unit arrangement whereby the detector causes a signal at the control unit where its sensitivity is outside its listed sensitivity range.</p>				<p>a The inspection results will be presented by the Maintenance Supervisor/designee to the Administrator 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> <p>This plan of correction constitutes our credible allegation of compliance with all regulatory requirements.</p> <p>Our date of compliance is 8/16/2024.</p>		

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155770		X2) MULTIPLE CONSTRUCTION A. BUILDING 07 B. WING		X3) DATE SURVEY COMPLETED 07/11/2024	
NAME OF PROVIDER OR SUPPLIER WATERS OF GEORGETOWN, THE				STREET ADDRESS, CITY, STATE, ZIP COD 1002 SISTER BARBARA WAY GEORGETOWN, IN 47122			
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K 0353 SS=F Bldg. 07	<p>(5) Other calibrated sensitivity method acceptable to the authority having jurisdiction.</p> <p>Detectors found to have sensitivity outside the listed and marked sensitivity range shall be cleaned and recalibrated, or replaced.</p> <p>The detector sensitivity cannot be tested or measured using any spray device that administers an unmeasured concentration of aerosol into the detector. This deficient practice could affect all residents, staff, and visitors in the facility.</p> <p>Findings include:</p> <p>Based on record review on 07/10/24 between 10:15 a.m. and 4:30 p.m. with the Maintenance Director present, there was documentation available to show a smoke detector sensitivity test of all hard wired smoke detectors was performed on 06/14/23 by the facility's fire alarm system inspection vendor, however, the report did not include the name of the manufacturer's calibrated sensitivity test instrument. This was confirmed by the Maintenance Director at the time of record review.</p> <p>This finding was reviewed with the Director of Nursing and Maintenance Director during the exit conference on 07/11/24.</p> <p>3.1-19(b)</p> <p>NFPA 101</p> <p>Sprinkler System - Maintenance and Testing</p> <p>Sprinkler System - Maintenance and Testing</p> <p>Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems.</p> <p>Records of system design, maintenance, inspection and testing are maintained in a</p>						

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	<p>secure location and readily available.</p> <p>a) Date sprinkler system last checked</p> <p>b) Who provided system test</p> <p>c) Water system supply source</p> <p>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25</p> <p>1. Based on record review and interview, the facility failed to provide written documentation or other evidence the sprinkler system components had been inspected and tested for 1 of 4 quarters for 1 of 1 sprinkler system. LSC 4.6.12.1 requires any device, equipment or system required for compliance with this Code be maintained in accordance with applicable NFPA requirements. Sprinkler systems shall be properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 4.3.1 requires records shall be made for all inspections, tests, and maintenance of the system components and shall be made available to the authority having jurisdiction upon request. 4.3.2 requires that records shall indicate the procedure performed (e.g., inspection, test, or maintenance), the organization that performed the work, the results, and the date. NFPA 25, 5.2.5 requires that waterflow alarm devices shall be inspected quarterly to verify they are free of physical damage. NFPA 25, 5.3.3.1 requires the mechanical waterflow alarm devices including, but not limited to, water motor gongs, shall be tested quarterly. 5.3.3.2 requires vane-type and pressure switch-type waterflow alarm devices shall be tested semiannually. This deficient practice could affect all residents, staff, and visitors in the</p>			K 0353	<p>K353 – Building 08 It is the intent of the facility to ensure to provide written documentation or other evidence the sprinkler system components have been inspected and tested for 1 of 4 quarters for the sprinkler system and to ensure to document sprinkler system inspections in accordance with NFPA 25 the dry sprinkler system's pressure gauges and during 10 of the past 12 months for the sprinkler system's control valves to meet set standards.</p> <p>1.CORRECTIVE ACTIONS TAKEN:</p> <p>1.On 8/9/2024 the facilities licensed sprinkler contractor performed the quarterly sprinkler inspection and documented the results in the facilities Life Safety Binder to meet set standards. The Administrator verified the work on 8/9/2024.</p> <p>2.On 7/31/2024 the Maintenance Supervisor performed the weekly inspection of the facilities dry sprinkler system gauges and documented the</p>		08/16/2024

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	<p>facility.</p> <p>Findings include:</p> <p>Based on review of the quarterly sprinkler system inspection records on 07/10/24 between 10:15 a.m. and 4:30 p.m. with the Maintenance Director present, there was no quarterly sprinkler system inspection report available for the second quarter (April, May, and June) of 2024. Based on interview at the time of record review, the Maintenance Director confirmed there was no written documentation available to show the sprinkler system had been inspected during the second quarter of 2024.</p> <p>This finding was reviewed with the Director of Nursing and Maintenance Director during the exit conference on 07/11/24.</p> <p>3.1-19(b)</p> <p>2. Based on record review, observation, and interview; the facility failed to document sprinkler system inspections in accordance with NFPA 25 for 1 of 1 dry sprinkler system during 47 of the past 52 weeks for the sprinkler system's pressure gauges, and during 10 of the past 12 months for the sprinkler system's control valves. NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 2011 Edition, Section 5.2.4.2 states gauges on dry pipe sprinkler systems shall be inspected weekly to ensure that normal air and water pressures are being maintained. Section 5.1.2 states valves and fire department connections shall be inspected, tested, and maintained in accordance with Chapter 13. Section 13.1.1.2 states Table 13.1.1.2 shall be utilized for inspection, testing and maintenance of</p>				<p>results in the facility life safety binder to meet set standards. The Administrator verified the work on 7/31/2024.</p> <p>3.On 7/31/2024 the Maintenance Supervisor performed the monthly inspection of the facilities sprinkler system control valves and documented the results in the facility life safety binder to meet set standards. The Administrator verified the work on 7/31/2024 .</p> <p>2.ALL OTHERS WITH POTENTIAL TO BE AFFECTED:</p> <p>1.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>1.On 8/6/2024 the Administrator in serviced the Maintenance Supervisor/designee on the requirement to ensure sprinkler inspections are conducted and documented including the quarterly sprinkler inspection, weekly inspection of the gauges and the monthly inspection of the control valves to meet set standards.</p> <p>2.Maintenance Supervisor/designee will ensure sprinkler inspections are conducted and documented including the quarterly sprinkler inspection, weekly inspection of the gauges and the monthly inspection of the control valves as a part of the facility's Preventive</p>		

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	<p>valves, valve components and trim. Section 4.3.1 states records shall be made for all inspections, tests, and maintenance of the system and its components and shall be made available to the authority having jurisdiction upon request. This deficient practice could affect all residents, staff, and visitors in the facility.</p> <p>Findings include:</p> <p>a. Based on record review on 07/10/24 between 10:15 a.m. and 4:30 p.m. with the Maintenance Director present, there was no documentation available to show the facility's dry sprinkler system gauges were inspected weekly during 47 of the past 52 week period. The only weekly sprinkler gauge inspections were for the weeks in June and July of 2024. Based on interview at the time of record review, the Maintenance Director confirmed there was no documentation available to show that the facility's sprinkler gauges have been inspected at least weekly during 47 of the past 52 weeks. Based on observations on 07/11/24 between 9:45 a.m. and 12:15 p.m. during a tour of the facility with the Maintenance Director the facility had two pressure gauges at the sprinkler riser.</p> <p>b. Based on record review on 07/10/24 between 10:15 a.m. and 4:30 p.m. with the Maintenance Director present, there was no monthly sprinkler system control valves inspection documentation for 10 of the past 12 months. The only monthly inspections available were for June and July of 2024. Based on interview at the time of record review, the Maintenance Director confirmed the lack of sprinkler system inspections on the control valves during the past 12 months.</p> <p>This finding was reviewed with the Director of</p>				<p>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> <p>This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is 8/16/2024.</p>		

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K 0712 SS=F Bldg. 07	<p>Nursing and Maintenance Director during the exit conference on 07/11/24.</p> <p>3.1-19(b)</p> <p>NFPA 101 Fire Drills Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms.</p> <p>19.7.1.4 through 19.7.1.7</p> <p>1. Based on record review and interview, the facility failed to provide quarterly fire drill documentation for 3 of 3 shifts during 3 of 4 quarters. This deficient practice could affect all residents, as well as staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on review of the facility's fire drill reports on 07/10/24 between 10:15 a.m. and 4:30 p.m. with the Maintenance Director present, the facility was only able to provide eight documented fire drill reports for the past 12 month period. The following shifts and quarters were missing fire drill reports:</p> <p>a. The first shift (day) of the third quarter (July, August, and September) of 2023.</p> <p>b. The second shift (evening) of the third quarter (July, August, and September), and fourth quarter</p>			K 0712	<p>K712 – Building 08 - It is the intent of the facility to ensure to provide quarterly fire drill documentation for 3 shifts during all 4 quarters and to ensure fire drill reports included complete documentation of the transmission of a fire alarm signal to the monitoring company/fire department during the past twelve months to meet set standards.</p> <p>1 CORRECTIVE ACTIONS TAKEN:</p> <p>a On 8/6/2024 the Administrator in-serviced the Maintenance Supervisor/designee on the requirement that fire drills must be conducted at unexpected times under varying conditions at least quarterly on each shift and</p>		08/16/2024

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	<p>(October, November, and December) of 2023, and first quarter (January, February, and March) of 2024.</p> <p>c. The third shift (night) of the third quarter (July, August, and September) of 2023.</p> <p>Based on interview at the time of record review, the Maintenance Director confirmed the lack of fire drill reports for the previously mentioned shifts and quarters</p> <p>This finding was reviewed with the Director of Nursing and Maintenance Director during the exit conference on 07/11/24.</p> <p>3.1-19(b) 3.1-51(c)</p> <p>2. Based on record review and interview, the facility failed to ensure 3 of 8 fire drill reports included complete documentation of the transmission of a fire alarm signal to the monitoring company/fire department during the past twelve months. LSC 19.7.1.4 requires fire drills in health care occupancies shall include the transmission of the fire alarm signal and simulation of emergency conditions. This deficient practice could affect all residents.</p> <p>Findings include:</p> <p>Based on review of the facility's fire drill reports on 07/10/24 between 10:15 a.m. and 4:30 p.m. with the Maintenance Director present, 3 of 8 fire drill reports performed during the past 12 month period were not provided with documentation for the transmission of the alarm to the monitoring company. These drill dates and times include: 10/26/23 at 8:00 p.m., 02/27/24 at 9:45 p.m., 05/28/24 at 10:15 p.m. Based on interview at the time of record review, the Maintenance Director</p>				<p>documented to meet set standards.</p> <p>b On 8/6/2024 the Administrator in-serviced the Maintenance Supervisor/designee on the requirement to include documentation for the transmission of the alarm to the monitoring company to meet set standards.</p> <p>c On 8/6/2024 the Administrator in-serviced the Maintenance Supervisor/designee on the requirement to ensure fire drills are held on varied dates for all shifts and quarters 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 Maintenance Supervisor/designee will ensure fire drills are conducted at unexpected times under varying conditions at least quarterly on each shift and that documentation be retained in the facility's Life Safety Binder and all reports will have documentation for the transmission of the alarm to the monitoring company and will ensure fire drills are held on varied dates for all shifts and quarters as a part of the facility's Preventive Maintenance Program and document those inspection results</p>		

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	<p>acknowledged there was no information on 3 of 8 fire drill reports to verify that transmission of the alarm was received by the monitoring company.</p> <p>This finding was reviewed with the Director of Nursing and Maintenance Director during the exit conference on 07/11/24.</p> <p>3-1.19(b) 3.1-51(c)</p> <p>3. Based on record review and interview, the facility failed to ensure fire drills were held on varied dates for all shifts and quarters. This deficient practice could affect all residents in the facility.</p> <p>Findings include:</p> <p>Based on review of the facility's fire drill reports on 07/10/24 between 10:15 a.m. and 4:30 p.m. with the Maintenance Director present, there were eight documented fire drills performed during the past 12 month period and on three occasions there were two fire drills performed on the same day (10/26/23, 02/27/24, and 05/28/24). Based on interview at the time of record review, the Maintenance Director acknowledged there were only eight fire drills documented during the past 12 month period and there were three occasions where two fire drills were performed during the same day.</p> <p>This finding was reviewed with the Director of Nursing and Maintenance Director during the exit conference on 07/11/24.</p> <p>3.1-19(b) 3.1-51(c)</p>				<p>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>b The Administrator will monitor adherence to the Preventative Maintenance schedule and validate the Preventative Maintenance documentation is in place.</p> <p>4 MONITORING</p> <p>CORRECTIVE ACTION:</p> <p>a 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> <p>This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is 8/16/2024.</p> <p>K914 – Building 01 - It is the intent of the facility to ensure complete documentation is available for all non hospital grade</p>		

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			<p>electrical receptacles in all resident room locations are tested at least annually to meet set standards.</p> <p>1 CORRECTIVE ACTIONS TAKEN:</p> <p>a On 8/7/2024 the Maintenance Supervisor/designee conducted the annual electrical receptacle inspection and documented the results in the facilities Life safety binder to meet set standards. The Administrator verified repairs on 8/7/2024.</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 On 8/6/2024 the Administrator in-serviced the Maintenance Supervisor/designee on the requirement the annual electrical receptacle inspection and testing must be completed annually and documented in the life safety binder to meet set standards.</p> <p>b Maintenance Supervisor/designee will ensure the annual electrical receptacle inspection and testing is completed and documented as a part of the facility's Preventive Maintenance Program and document those inspection results as appropriate. If any issues are discovered, they will be addressed</p>		

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K 0914 SS=F Bldg. 07	NFPA 101 Electrical Systems - Maintenance and Testing Electrical Systems - Maintenance and Testing		and resolved immediately. The Maintenance Supervisor/designee will review with the Administrator the inspection results. c The Administrator will monitor adherence to the Preventative Maintenance schedule and validate the Preventative Maintenance documentation is in place. 4 MONITORING CORRECTIVE ACTION: a The inspection results will be presented by the Maintenance Supervisor/designee to the Administrator 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. This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is 8/16/2024.		

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	<p>Hospital-grade receptacles at patient bed locations and where deep sedation or general anesthesia is administered, are tested after initial installation, replacement or servicing. Additional testing is performed at intervals defined by documented performance data. Receptacles not listed as hospital-grade at these locations are tested at intervals not exceeding 12 months. Line isolation monitors (LIM), if installed, are tested at intervals of less than or equal to 1 month by actuating the LIM test switch per 6.3.2.6.3.6, which activates both visual and audible alarm. For LIM circuits with automated self-testing, this manual test is performed at intervals less than or equal to 12 months. LIM circuits are tested per 6.3.3.3.2 after any repair or renovation to the electric distribution system. Records are maintained of required tests and associated repairs or modifications, containing date, room or area tested, and results.</p> <p>6.3.4 (NFPA 99) Based on observation, record review and interview; the facility failed to ensure complete documentation was available for all nonhospital-grade electrical receptacles in all resident room locations tested at least annually. NFPA 99, Health Care Facilities Code 2012 Edition, Section 6.3.4.1.3 states receptacles not listed as hospital-grade, at patient bed locations and in locations where deep sedation or general anesthesia is administered, shall be tested at intervals not exceeding 12 months. Additionally, Section 6.3.3.2, Receptacle Testing in Patient Care Rooms requires the physical integrity of each receptacle shall be confirmed by visual inspection. The continuity of the grounding circuit in each electrical receptacle shall be verified. Correct polarity of the hot and neutral connections in</p>			K 0914	<p>K914 – Building 08 - It is the intent of the facility to ensure complete documentation is available for all non hospital grade electrical receptacles in all resident room locations are tested at least annually to meet set standards.</p> <p>1 CORRECTIVE ACTIONS TAKEN: a On 8/7/2024 the Maintenance Supervisor/designee conducted the annual electrical receptacle inspection and documented the results in the facilities Life safety binder to meet set standards. The Administrator</p>		08/16/2024

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	<p>each electrical receptacle shall be confirmed; and retention force of the grounding blade of each electrical receptacle (except locking-type receptacles) shall be not less than 115 grams (4 ounces). This deficient practice could affect all residents.</p> <p>Findings include:</p> <p>Based on record review on 07/10/24 between 10:15 a.m. and 4:30 p.m. with the Maintenance Director present, there was no documentation available of an annual resident room receptacle test for non hospital-grade receptacles. Based on interview at the time of record review, the Maintenance Director said all of the electrical receptacles in resident rooms were not hospital-grade receptacles as far as he knew. He further said he could not find documentation to show that annual testing per NFPA 99, Receptacle Testing requirements was met with all pertinent information within the past 12 month period or prior. Based on observations on 07/11/24 between 9:45 a.m. and 12:15 p.m. during a tour of the facility with the Maintenance Director, there were at least four electrical receptacles in each resident room.</p> <p>This finding was reviewed with the Director of Nursing and Maintenance Director during the exit conference on 07/11/24.</p> <p>3.1-19(b)</p>				<p>verified repairs on 8/7/2024.</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 On 8/6/2024 the Administrator in-serviced the Maintenance Supervisor/designee on the requirement the annual electrical receptacle inspection and testing must be completed annually and documented in the life safety binder to meet set standards.</p> <p>b Maintenance Supervisor/designee will ensure the annual electrical receptacle inspection and testing is completed and documented as a part of the facility's 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>c 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>a The inspection results will</p>		

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K 0918 SS=F Bldg. 07	<p>NFPA 101</p> <p>Electrical Systems - Essential Electric Syste</p> <p>Electrical Systems - Essential Electric</p> <p>System Maintenance and Testing</p> <p>The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110.</p> <p>Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include</p>		<p>be presented by the Maintenance Supervisor/designee to the Administrator 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> <p>This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is 8/16/2024.</p>		

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	<p>a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)</p> <p>Based on record review and interview, the facility failed to maintain a complete written record of monthly generator load testing for 1 of 1 generator during 1 of the past 12 months. Chapter 6.4.4.1.1.4(a) of 2012 NFPA 99 requires monthly testing of the generator serving the emergency electrical system to be in accordance with NFPA 110, the Standard for Emergency and Standby Power Systems, Chapter 8. Chapter 6.4.4.2 of NFPA 99 requires a written record of inspection, performance, exercising period, and repairs for the generator to be regularly maintained and available for inspection by the authority having jurisdiction. Chapter 6-4.4.1.3 of 2012 NFPA 99 requires batteries for on-site generators shall be maintained in accordance with NFPA 110, 2010 Edition, Standard for Emergency and Standby Power Systems. 8.3.7 requires storage batteries, including electrolyte levels or battery voltage, used in connection with systems shall be inspected weekly and maintained in full</p>			K 0918	<p>K918 – Building 08 - It is the intent of the facility to ensure to maintain a complete written record of monthly generator load testing for generator during the past twelve months to meet set standards.</p> <p>1 CORRECTIVE ACTIONS TAKEN:</p> <p>a On 7/15/2024 the Maintenance Supervisor conducted the monthly load testing for the emergency generator and documented the results in the facilities Life Safety Binder to meet set standards. The Administrator verified the work on 7/15/2024.</p> <p>2 ALL OTHERS WITH POTENTIAL TO BE AFFECTED:</p> <p>a All residents and all staff</p>		08/16/2024

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	<p>compliance with manufacturer's specifications. 8.3.7.2 states defective batteries shall be repaired or replaced immediately upon discovery of defects. Chapter 6.5.4.2 of NFPA 99 requires a written record of inspection, performance, exercising period, and repairs shall be regularly maintained and available for inspection by the authority having jurisdiction. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of the generator inspection and testing reports on 07/10/24 between 10:15 a.m. and 4:30 p.m. with the Maintenance Director present, there was no monthly generator load test documentation available for June of 2024 for the emergency generator. Based on interview at the time of record review, the Maintenance Director said the facility has been in a transition period with new ownership and the monthly load test of the emergency generator was not completed.</p> <p>This finding was reviewed with the Director of Nursing and Maintenance Director during the exit conference on 07/11/24.</p> <p>3.1-19(b)</p>				<p>and visitors have the potential to be affected but none were.</p> <p>3 MEASURES TO PREVENT REOCCURRENCE:</p> <p>a On 8/6/2024 the Administrator in-serviced the Maintenance Supervisor/designee on the requirement to conduct all testing on the emergency generator including the monthly testing to meet set standards.</p> <p>b The Maintenance Supervisor/designee will ensure to conduct all testing on the emergency generator including the monthly load testing as a part of the facility's 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>c 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>a 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</p>		

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K 0000 Bldg. 08	<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 Dates: 07/10/24 and 07/11/24</p> <p>Facility Number: 011509 Provider Number: 155770 AIM Number: 200909280</p> <p>At this Life Safety Code survey, The Waters of Georgetown, 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), and 410 IAC 16.2. Villa 1008 was surveyed with Chapter 19, Existing Health Care Occupancies.</p>			K 0000	<p>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. This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is 8/16/2024.</p> <p>Preparation and/or execution of this plan of correction in general, or this corrective action in particular does not constitute and 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 our credible allegation of compliance with all regulatory requirements. Our date of compliance is August 16, 2024. This provider respectfully requests that this 2567 Plan of Correction be</p>		

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K 0345 SS=F Bldg. 08	<p>This one story facility was determined to be of Type V (111) construction and fully sprinkled. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors, and all resident sleeping rooms. The facility has a capacity of 8 and had a census of 7 at the time of this visit.</p> <p>All areas where residents have customary access were sprinkled and all areas providing facility services were sprinkled.</p> <p>Quality Review completed on 07/16/24</p> <p>NFPA 101 Fire Alarm System - Testing and Maintenance Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 1. Based on record review and interview, the facility failed to ensure the annual testing of all devices connected to 1 of 1 fire alarm system was performed. NFPA 72, National Fire Alarm Code, the 2010 Edition, at 14.6.2.4 requires a record of all inspections, testing, and maintenance shall be provided that includes the following information regarding tests and all the applicable information requested in Figure 14.6.2.4: (1) Date (2) Test frequency (3) Name of property (4) Address</p>			K 0345	<p>considered the Letter of Credible Allegation of Compliance and requests a desk review in lieu of a post survey revisit.</p> <p>K345 – Building 8 - It is the intent of the facility to ensure the annual testing of all devices connected to fire alarm systems are performed and to maintain fire alarm system in accordance with NFPA 72, as required by LSC 101 Sections 19.3.4.5.1 and 9.6 and to ensure complete documentation is available for the sensitivity testing of all hard wired smoke detectors and to show what testing instrument is used to test all</p>		08/16/2024

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	<p>(5) Name of person performing inspection, maintenance, tests, or combination thereof, and affiliation, business address, and telephone number</p> <p>(6) Name, address, and representative of approving agency (ies)</p> <p>(7) Designation of the detector(s) tested</p> <p>(8) Functional test of detectors</p> <p>(9)*Functional test of required sequence of operations</p> <p>(10) Check of all smoke detectors</p> <p>(11) Loop resistance for all fixed-temperature, line-type heat detectors</p> <p>(12) Functional test of mass notification system control units</p> <p>(13) Functional test of signal transmission to mass notification systems</p> <p>(14) Functional test of ability of mass notification system to silence fire alarm notification appliances</p> <p>(15) Tests of intelligibility of mass notification system speakers</p> <p>(16) Other tests as required by the equipment manufacturer's published instructions</p> <p>(17) Other tests as required by the authority having jurisdiction</p> <p>(18) Signatures of tester and approved authority representative</p> <p>(19) Disposition of problems identified during test (e.g., system owner notified, problem corrected/successfully retested, device abandoned in place)</p> <p>This deficient practice could affect all occupants in the facility.</p> <p>Findings include:</p> <p>Based on record review on 07/10/24 between 10:15 a.m. and 4:30 p.m. with the Maintenance Director present, the facility was unable to provide an annual fire alarm system inspection/test report</p>				<p>smoke detectors for sensitivity to meet set standards.</p> <p>1 CORRECTIVE ACTIONS TAKEN:</p> <p>a On 8/9/2024 the facilities licensed contractor performed the annual fire alarm system inspection / test report and documented in the facilities Life Safety Binder to meet set standards. The Administrator verified the work on 8/9/2024.</p> <p>b On 8/9/2024 the facilities licensed contractor performed the semi-annual visual fire alarm system inspection and documented in the facilities Life Safety Binder to meet set standards. The Administrator verified the work on 8/9/2024.</p> <p>c On 8/9/2024 the facilities license contractor performed the biannual sensitivity testing on the fire alarm system smoke detectors and documented the results in the Life Safety Binder and also documented the manufacturer's calibrated sensitivity test instrument from the fire alarm system inspection contractor to meet set standards. The Administrator verified the work on 8/9/2024.</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>		

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	<p>performed during the past 12 month period. The most recent annual fire alarm system inspection/test report was dated 06/14/23 performed by the facility's fire alarm system vendor. Based on interview at the time of record review, this was confirmed by the Maintenance Director.</p> <p>This finding was reviewed with the Director of Nursing and Maintenance Director during the exit conference on 07/11/24.</p> <p>3.1-19(b)</p> <p>2. Based on record review and interview, the facility failed to maintain 1 of 1 fire alarm system in accordance with NFPA 72, as required by LSC 101 Sections 19.3.4.5.1 and 9.6. NFPA 72, Section 14.3.1 states that unless otherwise permitted by 14.3.2, visual inspections shall be performed in accordance with the schedules in Table 14.3.1, or more often if required by the authority having jurisdiction. Table 14.3.1 states that the following must be visually inspected semi-annually:</p> <ul style="list-style-type: none"> a. Control unit trouble signals b. Remote annunciators c. Initiating devices (e.g. duct detectors, manual fire alarm boxes, heat detectors, smoke detectors, etc.) d. Notification appliances e. Magnetic hold-open devices <p>This deficient practice could affect all residents, staff, and visitors in the facility.</p> <p>Findings include:</p> <p>Based on record review on 07/10/24 between 10:15 a.m. and 4:30 p.m. with the Maintenance Director present, there was no documentation provided regarding a semi-annual visual fire alarm system</p>				<p>a On 8/6/2024 the Administrator in serviced the Maintenance Supervisor/designee on the requirement to ensure fire alarm systems are maintained properly including the semi-annual and annual fire alarm system inspections and testing documents to be retained in the facilities Life Safety Binder and to ensure the smoke detector sensitivity test of all hard wired smoke detectors contains the name of the manufacturer's calibrated sensitivity test instrument to meet set standards.</p> <p>b Maintenance Supervisor/designee will ensure fire alarm systems are maintained properly including the semi-annual and annual fire alarm system inspections and testing documents to be retained in the facilities Life Safety Binder and to ensure the smoke detector sensitivity test of all hard wired smoke detectors contains the name of the manufacturer's calibrated sensitivity test instrument as a part of the facility's 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>c The Administrator will</p>		

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	<p>inspection during the past 12 month period. The only fire alarm system inspection/test provided was dated 06/14/23 for an annual fire alarm inspection/test by the facility's vendor. Based on interview at the time of record review, the Maintenance Director confirmed there was no semi-annual visual inspection of the facility's fire alarm system devices performed during the past 12 month period.</p> <p>This finding was reviewed with the Director of Nursing and Maintenance Director during the exit conference on 07/11/24.</p> <p>3.1-19(b)</p> <p>3. Based on record review and interview, the facility failed to ensure complete documentation was available for the sensitivity testing of all hard wired smoke detectors, and to show what testing instrument was used to test all smoke detectors for sensitivity. NFPA 72, National Fire Alarm Code, 2010 Edition, Section 14.4.5.3.1 states detector sensitivity shall be checked within 1 year of installation, and every alternate year thereafter. After the second required calibration test, if sensitivity tests indicate that the detector has remained within its listed and marked sensitivity range, the length of time between calibration tests shall be permitted to be extended to a maximum of 5 years. If the frequency is extended, records of detector caused nuisance alarms and subsequent trends of these alarms shall be maintained. In zones or areas where nuisance alarms show an increase over the previous year, calibration tests shall be performed. To ensure that each smoke detector is within its listed and marked sensitivity range, it shall be tested using any of the methods:</p> <p>(1) Calibrated test method.</p> <p>(2) Manufacturer's calibrated sensitivity test</p>				<p>monitor adherence to the Preventative Maintenance schedule and validate the Preventative Maintenance documentation is in place.</p> <p>4 MONITORING</p> <p>CORRECTIVE ACTION:</p> <p>a The inspection results will be presented by the Maintenance Supervisor/designee to the Administrator 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> <p>This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is 8/16/2024.</p>		

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K 0353 SS=F Bldg. 08	<p>instrument.</p> <p>(3) Listed control equipment arranged for the purpose.</p> <p>(4) Smoke detector/fire alarm control unit arrangement whereby the detector causes a signal at the control unit where its sensitivity is outside its listed sensitivity range.</p> <p>(5) Other calibrated sensitivity method acceptable to the authority having jurisdiction.</p> <p>Detectors found to have sensitivity outside the listed and marked sensitivity range shall be cleaned and recalibrated, or replaced.</p> <p>The detector sensitivity cannot be tested or measured using any spray device that administers an unmeasured concentration of aerosol into the detector. This deficient practice could affect all residents, staff, and visitors in the facility.</p> <p>Findings include:</p> <p>Based on record review on 07/10/24 between 10:15 a.m. and 4:30 p.m. with the Maintenance Director present, there was documentation available to show a smoke detector sensitivity test of all hard wired smoke detectors was performed on 06/14/23 by the facility's fire alarm system inspection vendor, however, the report did not include the name of the manufacturer's calibrated sensitivity test instrument. This was confirmed by the Maintenance Director at the time of record review.</p> <p>This finding was reviewed with the Director of Nursing and Maintenance Director during the exit conference on 07/11/24.</p> <p>3.1-19(b)</p> <p>NFPA 101 Sprinkler System - Maintenance and Testing Sprinkler System - Maintenance and Testing</p>						

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155770		X2) MULTIPLE CONSTRUCTION A. BUILDING 08 B. WING		X3) DATE SURVEY COMPLETED 07/11/2024	
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	<p>Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available.</p> <p>a) Date sprinkler system last checked</p> <p>b) Who provided system test</p> <p>c) Water system supply source</p> <p>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25</p> <p>1. Based on record review and interview, the facility failed to provide written documentation or other evidence the sprinkler system components had been inspected and tested for 1 of 4 quarters for 1 of 1 sprinkler system. LSC 4.6.12.1 requires any device, equipment or system required for compliance with this Code be maintained in accordance with applicable NFPA requirements. Sprinkler systems shall be properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 4.3.1 requires records shall be made for all inspections, tests, and maintenance of the system components and shall be made available to the authority having jurisdiction upon request. 4.3.2 requires that records shall indicate the procedure performed (e.g., inspection, test, or maintenance), the organization that performed the work, the results, and the date. NFPA 25, 5.2.5 requires that waterflow alarm devices shall be inspected quarterly to verify they are free of physical</p>			K 0353	<p>K353 – Building 08 It is the intent of the facility to ensure to provide written documentation or other evidence the sprinkler system components have been inspected and tested for 1 of 4 quarters for the sprinkler system and to ensure to document sprinkler system inspections in accordance with NFPA 25 the dry sprinkler system's pressure gauges and during 10 of the past 12 months for the sprinkler system's control valves to meet set standards.</p> <p>1.CORRECTIVE ACTIONS TAKEN:</p> <p>1.On 8/9/2024 the facilities licensed sprinkler contractor performed the quarterly sprinkler inspection and documented the results in the facilities Life Safety Binder to meet set standards.</p>		08/16/2024

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	<p>damage. NFPA 25, 5.3.3.1 requires the mechanical waterflow alarm devices including, but not limited to, water motor gongs, shall be tested quarterly. 5.3.3.2 requires vane-type and pressure switch-type waterflow alarm devices shall be tested semiannually. This deficient practice could affect all residents, staff, and visitors in the facility.</p> <p>Findings include:</p> <p>Based on review of the quarterly sprinkler system inspection records on 07/10/24 between 10:15 a.m. and 4:30 p.m. with the Maintenance Director present, there was no quarterly sprinkler system inspection report available for the second quarter (April, May, and June) of 2024. Based on interview at the time of record review, the Maintenance Director confirmed there was no written documentation available to show the sprinkler system had been inspected during the second quarter of 2024.</p> <p>This finding was reviewed with the Director of Nursing and Maintenance Director during the exit conference on 07/11/24.</p> <p>3.1-19(b)</p> <p>2. Based on record review, observation, and interview; the facility failed to document sprinkler system inspections in accordance with NFPA 25 for 1 of 1 dry sprinkler system during 47 of the past 52 weeks for the sprinkler system's pressure gauges, and during 10 of the past 12 months for the sprinkler system's control valves. NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 2011 Edition, Section 5.2.4.2 states gauges on dry pipe sprinkler systems shall be</p>				<p>The Administrator verified the work on 8/9/2024.</p> <p>2.On 7/31/2024 the Maintenance Supervisor performed the weekly inspection of the facilities dry sprinkler system gauges and documented the results in the facility life safety binder to meet set standards. The Administrator verified the work on 7/31/2024.</p> <p>3.On 7/31/2024 the Maintenance Supervisor performed the monthly inspection of the facilities sprinkler system control valves and documented the results in the facility life safety binder to meet set standards. The Administrator verified the work on 7/31/2024 .</p> <p>2.ALL OTHERS WITH POTENTIAL TO BE AFFECTED:</p> <p>1.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>1.On 8/6/2024 the Administrator in serviced the Maintenance Supervisor/designee on the requirement to ensure sprinkler inspections are conducted and documented including the quarterly sprinkler inspection, weekly inspection of the gauges and the monthly inspection of the control valves to meet set standards.</p> <p>2.Maintenance Supervisor/designee will ensure</p>		

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	<p>inspected weekly to ensure that normal air and water pressures are being maintained. Section 5.1.2 states valves and fire department connections shall be inspected, tested, and maintained in accordance with Chapter 13. Section 13.1.1.2 states Table 13.1.1.2 shall be utilized for inspection, testing and maintenance of valves, valve components and trim. Section 4.3.1 states records shall be made for all inspections, tests, and maintenance of the system and its components and shall be made available to the authority having jurisdiction upon request. This deficient practice could affect all residents, staff, and visitors in the facility.</p> <p>Findings include:</p> <p>a. Based on record review on 07/10/24 between 10:15 a.m. and 4:30 p.m. with the Maintenance Director present, there was no documentation available to show the facility's dry sprinkler system gauges were inspected weekly during 47 of the past 52 week period. The only weekly sprinkler gauge inspections were for the weeks in June and July of 2024. Based on interview at the time of record review, the Maintenance Director confirmed there was no documentation available to show that the facility's sprinkler gauges have been inspected at least weekly during 47 of the past 52 weeks. Based on observations on 07/11/24 between 9:45 a.m. and 12:15 p.m. during a tour of the facility with the Maintenance Director the facility had two pressure gauges at the sprinkler riser.</p> <p>b. Based on record review on 07/10/24 between 10:15 a.m. and 4:30 p.m. with the Maintenance Director present, there was no monthly sprinkler system control valves inspection documentation for 10 of the past 12 months. The only monthly</p>				<p>sprinkler inspections are conducted and documented including the quarterly sprinkler inspection, weekly inspection of the gauges and the monthly inspection of the control valves as a part of the facility's 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> <p>This plan of correction constitutes our credible</p>		

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K 0712 SS=F Bldg. 08	<p>inspections available were for June and July of 2024. Based on interview at the time of record review, the Maintenance Director confirmed the lack of sprinkler system inspections on the control valves during the past 12 months.</p> <p>This finding was reviewed with the Director of Nursing and Maintenance Director during the exit conference on 07/11/24.</p> <p>3.1-19(b)</p> <p>NFPA 101 Fire Drills Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms.</p> <p>19.7.1.4 through 19.7.1.7</p> <p>1. Based on record review and interview, the facility failed to provide quarterly fire drill documentation for 3 of 3 shifts during 3 of 4 quarters. This deficient practice could affect all residents, as well as staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on review of the facility's fire drill reports on 07/10/24 between 10:15 a.m. and 4:30 p.m. with the Maintenance Director present, the facility was only able to provide eight documented fire drill</p>			K 0712	<p>allegation of compliance with all regulatory requirements. Our date of compliance is 8/16/2024.</p> <p>K712 – Building 08 - It is the intent of the facility to ensure to provide quarterly fire drill documentation for 3 shifts during all 4 quarters and to ensure fire drill reports included complete documentation of the transmission of a fire alarm signal to the monitoring company/fire department during the past twelve months to meet set standards.</p> <p>1 CORRECTIVE ACTIONS TAKEN:</p>		08/16/2024

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	<p>reports for the past 12 month period. The following shifts and quarters were missing fire drill reports:</p> <p>a. The first shift (day) of the third quarter (July, August, and September) of 2023.</p> <p>b. The second shift (evening) of the third quarter (July, August, and September), and fourth quarter (October, November, and December) of 2023, and first quarter (January, February, and March) of 2024.</p> <p>c. The third shift (night) of the third quarter (July, August, and September) of 2023.</p> <p>Based on interview at the time of record review, the Maintenance Director confirmed the lack of fire drill reports for the previously mentioned shifts and quarters</p> <p>This finding was reviewed with the Director of Nursing and Maintenance Director during the exit conference on 07/11/24.</p> <p>3.1-19(b) 3.1-51(c)</p> <p>2. Based on record review and interview, the facility failed to ensure 3 of 8 fire drill reports included complete documentation of the transmission of a fire alarm signal to the monitoring company/fire department during the past twelve months. LSC 19.7.1.4 requires fire drills in health care occupancies shall include the transmission of the fire alarm signal and simulation of emergency conditions. This deficient practice could affect all residents.</p> <p>Findings include:</p> <p>Based on review of the facility's fire drill reports on 07/10/24 between 10:15 a.m. and 4:30 p.m. with the Maintenance Director present, 3 of 8 fire drill</p>				<p>a On 8/6/2024 the Administrator in-serviced the Maintenance Supervisor/designee on the requirement that fire drills must be conducted at unexpected times under varying conditions at least quarterly on each shift and documented to meet set standards.</p> <p>b On 8/6/2024 the Administrator in-serviced the Maintenance Supervisor/designee on the requirement to include documentation for the transmission of the alarm to the monitoring company to meet set standards.</p> <p>c On 8/6/2024 the Administrator in-serviced the Maintenance Supervisor/designee on the requirement to ensure fire drills are held on varied dates for all shifts and quarters 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 Maintenance Supervisor/designee will ensure fire drills are conducted at unexpected times under varying conditions at least quarterly on each shift and that documentation be retained in the facility's Life Safety Binder and all reports will have documentation for the</p>		

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	<p>reports performed during the past 12 month period were not provided with documentation for the transmission of the alarm to the monitoring company. These drill dates and times include: 10/26/23 at 8:00 p.m., 02/27/24 at 9:45 p.m., 05/28/24 at 10:15 p.m. Based on interview at the time of record review, the Maintenance Director acknowledged there was no information on 3 of 8 fire drill reports to verify that transmission of the alarm was received by the monitoring company.</p> <p>This finding was reviewed with the Director of Nursing and Maintenance Director during the exit conference on 07/11/24.</p> <p>3-1.19(b) 3.1-51(c)</p> <p>3. Based on record review and interview, the facility failed to ensure fire drills were held on varied dates for all shifts and quarters. This deficient practice could affect all residents in the facility.</p> <p>Findings include:</p> <p>Based on review of the facility's fire drill reports on 07/10/24 between 10:15 a.m. and 4:30 p.m. with the Maintenance Director present, there were eight documented fire drills performed during the past 12 month period and on three occasions there were two fire drills performed on the same day (10/26/23, 02/27/24, and 05/28/24). Based on interview at the time of record review, the Maintenance Director acknowledged there were only eight fire drills documented during the past 12 month period and there were three occasions where two fire drills were performed during the same day.</p>				<p>transmission of the alarm to the monitoring company and will ensure fire drills are held on varied dates for all shifts and quarters as a part of the facility's 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>b 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>a 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> <p>This plan of correction constitutes our credible allegation of compliance with all regulatory requirements.</p>		

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	<p>This finding was reviewed with the Director of Nursing and Maintenance Director during the exit conference on 07/11/24.</p> <p>3.1-19(b) 3.1-51(c)</p>		<p>Our date of compliance is 8/16/2024.</p> <p>K914 – Building 01 - It is the intent of the facility to ensure complete documentation is available for all non hospital grade electrical receptacles in all resident room locations are tested at least annually to meet set standards.</p> <p>1 CORRECTIVE ACTIONS TAKEN: a On 8/7/2024 the Maintenance Supervisor/designee conducted the annual electrical receptacle inspection and documented the results in the facilities Life safety binder to meet set standards. The Administrator verified repairs on 8/7/2024.</p> <p>2 ALL OTHERS WITH POTENTIAL TO BE AFFECTED: a All residents and all staff and visitors have the potential to be affected but none were.</p> <p>3 MEASURES TO PREVENT REOCCURRENCE: a On 8/6/2024 the Administrator in-serviced the Maintenance Supervisor/designee on the requirement the annual electrical receptacle inspection and testing must be completed annually and documented in the life safety binder to meet set standards. b Maintenance Supervisor/designee will ensure the annual electrical receptacle</p>		

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			inspection and testing is completed and documented as a part of the facility's 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. c The Administrator will monitor adherence to the Preventative Maintenance schedule and validate the Preventative Maintenance documentation is in place. 4 MONITORING CORRECTIVE ACTION: a The inspection results will be presented by the Maintenance Supervisor/designee to the Administrator 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. This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is 8/16/2024.		

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K 0914 SS=F Bldg. 08	<p>NFPA 101 Electrical Systems - Maintenance and Testing Electrical Systems - Maintenance and Testing Hospital-grade receptacles at patient bed locations and where deep sedation or general anesthesia is administered, are tested after initial installation, replacement or servicing. Additional testing is performed at intervals defined by documented performance data. Receptacles not listed as hospital-grade at these locations are tested at intervals not exceeding 12 months. Line isolation monitors (LIM), if installed, are tested at intervals of less than or equal to 1 month by actuating the LIM test switch per 6.3.2.6.3.6, which activates both visual and audible alarm. For LIM circuits with automated self-testing, this manual test is performed at intervals less than or equal to 12 months. LIM circuits are tested per 6.3.3.3.2 after any repair or renovation to the electric distribution system. Records are maintained of required tests and associated repairs or modifications, containing date, room or area tested, and results.</p> <p>6.3.4 (NFPA 99) Based on observation, record review and interview; the facility failed to ensure complete documentation was available for all nonhospital-grade electrical receptacles in all resident room locations tested at least annually. NFPA 99, Health Care Facilities Code 2012 Edition, Section 6.3.4.1.3 states receptacles not listed as hospital-grade, at patient bed locations and in locations where deep sedation or general anesthesia is administered, shall be tested at</p>			K 0914	<p>K914 – Building 08 - It is the intent of the facility to ensure complete documentation is available for all non hospital grade electrical receptacles in all resident room locations are tested at least annually to meet set standards.</p> <p>1 CORRECTIVE ACTIONS TAKEN:</p>		08/16/2024

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	<p>intervals not exceeding 12 months. Additionally, Section 6.3.3.2, Receptacle Testing in Patient Care Rooms requires the physical integrity of each receptacle shall be confirmed by visual inspection. The continuity of the grounding circuit in each electrical receptacle shall be verified. Correct polarity of the hot and neutral connections in each electrical receptacle shall be confirmed; and retention force of the grounding blade of each electrical receptacle (except locking-type receptacles) shall be not less than 115 grams (4 ounces). This deficient practice could affect all residents.</p> <p>Findings include:</p> <p>Based on record review on 07/10/24 between 10:15 a.m. and 4:30 p.m. with the Maintenance Director present, there was no documentation available of an annual resident room receptacle test for non hospital-grade receptacles. Based on interview at the time of record review, the Maintenance Director said all of the electrical receptacles in resident rooms were not hospital-grade receptacles as far as he knew. He further said he could not find documentation to show that annual testing per NFPA 99, Receptacle Testing requirements was met with all pertinent information within the past 12 month period or prior. Based on observations on 07/11/24 between 9:45 a.m. and 12:15 p.m. during a tour of the facility with the Maintenance Director, there were at least four electrical receptacles in each resident room.</p> <p>This finding was reviewed with the Director of Nursing and Maintenance Director during the exit conference on 07/11/24.</p> <p>3.1-19(b)</p>				<p>a On 8/7/2024 the Maintenance Supervisor/designee conducted the annual electrical receptacle inspection and documented the results in the facilities Life safety binder to meet set standards. The Administrator verified repairs on 8/7/2024.</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 On 8/6/2024 the Administrator in-serviced the Maintenance Supervisor/designee on the requirement the annual electrical receptacle inspection and testing must be completed annually and documented in the life safety binder to meet set standards.</p> <p>b Maintenance Supervisor/designee will ensure the annual electrical receptacle inspection and testing is completed and documented as a part of the facility's 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>c The Administrator will monitor adherence to the</p>		

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

PRINTED: 08/02/2024
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155770	X2) MULTIPLE CONSTRUCTION A. BUILDING 08 B. WING		X3) DATE SURVEY COMPLETED 07/11/2024
NAME OF PROVIDER OR SUPPLIER WATERS OF GEORGETOWN, THE			STREET ADDRESS, CITY, STATE, ZIP COD 1002 SISTER BARBARA WAY GEORGETOWN, IN 47122		
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K 0918 SS=F Bldg. 08	NFPA 101 Electrical Systems - Essential Electric Syste Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer		Preventative Maintenance schedule and validate the Preventative Maintenance documentation is in place. 4 MONITORING CORRECTIVE ACTION: a The inspection results will be presented by the Maintenance Supervisor/designee to the Administrator 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. This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is 8/16/2024.		

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	<p>switches are performed in accordance with NFPA 110.</p> <p>Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations.</p> <p>6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)</p> <p>Based on record review and interview, the facility failed to maintain a complete written record of monthly generator load testing for 1 of 1 generator during 1 of the past 12 months. Chapter 6.4.4.1.1.4(a) of 2012 NFPA 99 requires monthly testing of the generator serving the emergency electrical system to be in accordance with NFPA 110, the Standard for Emergency and Standby Powers Systems, Chapter 8. Chapter 6.4.4.2 of NFPA 99 requires a written record of inspection, performance, exercising period, and repairs for the generator to be regularly maintained and available for inspection by the authority having jurisdiction. Chapter 6-4.4.1.3 of 2012 NFPA 99</p>			K 0918	<p>K918 – Building 08 - It is the intent of the facility to ensure to maintain a complete written record of monthly generator load testing for generator during the past twelve months to meet set standards.</p> <p>1 CORRECTIVE ACTIONS TAKEN:</p> <p>a On 7/15/2024 the Maintenance Supervisor conducted the monthly load testing for the emergency generator and documented the</p>		08/16/2024

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	<p>requires batteries for on-site generators shall be maintained in accordance with NFPA 110, 2010 Edition, Standard for Emergency and Standby Power Systems. 8.3.7 requires storage batteries, including electrolyte levels or battery voltage, used in connection with systems shall be inspected weekly and maintained in full compliance with manufacturer's specifications. 8.3.7.2 states defective batteries shall be repaired or replaced immediately upon discovery of defects. Chapter 6.5.4.2 of NFPA 99 requires a written record of inspection, performance, exercising period, and repairs shall be regularly maintained and available for inspection by the authority having jurisdiction. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of the generator inspection and testing reports on 07/10/24 between 10:15 a.m. and 4:30 p.m. with the Maintenance Director present, there was no monthly generator load test documentation available for June of 2024 for the emergency generator. Based on interview at the time of record review, the Maintenance Director said the facility has been in a transition period with new ownership and the monthly load test of the emergency generator was not completed.</p> <p>This finding was reviewed with the Director of Nursing and Maintenance Director during the exit conference on 07/11/24.</p> <p>3.1-19(b)</p>				<p>results in the facilities Life Safety Binder to meet set standards. The Administrator verified the work on 7/15/2024.</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 On 8/6/2024 the Administrator in-serviced the Maintenance Supervisor/designee on the requirement to conduct all testing on the emergency generator including the monthly testing to meet set standards.</p> <p>b The Maintenance Supervisor/designee will ensure to conduct all testing on the emergency generator including the monthly load testing as a part of the facility's 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>c 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>		

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			a 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. This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is 8/16/2024.		