

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155659	X2) MULTIPLE CONSTRUCTION A. BUILDING -- _____ B. WING _____	X3) DATE SURVEY COMPLETED 07/16/2021
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NAME OF PROVIDER OR SUPPLIER SELLERSBURG HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP COD 7823 OLD HWY # 60 SELLERSBURG, IN 47172
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E 0000 Bldg. --	<p>An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73.</p> <p>Survey Date(s): 07/15/21 & 07/16/21</p> <p>Facility Number: 010613 Provider Number: 155659 AIM Number: 200221040</p> <p>At this Emergency Preparedness survey, Sellersburg Healthcare Center 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 110 certified beds. At the time of the survey, the census was 103.</p> <p>Quality Review completed on 07/19/21</p>	E 0000		
K 0000 Bldg. 01	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a).</p> <p>Survey Date(s): 07/15/21 & 07/16/21</p> <p>Facility Number: 010613 Provider Number: 155659 AIM Number: 200221040</p> <p>At this Life Safety Code survey, Sellersburg</p>	K 0000	<p>Sellersburg Healthcare Center</p> <p>July 24, 2021 Brenda Buroker, Director Long Term Care Indiana State Department of Health 2 North Meridian St. Indianapolis, In 46204-3006</p> <p>Dear Ms. Buroker,</p>	

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

TITLE

(X6) DATE

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 0353 SS=E Bldg. 01	<p>Healthcare Center was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.90(a), Life Safety from Fire and the 2012 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>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 hard wired smoke detectors in all resident sleeping rooms with a battery backup that alarm at the central nurse's station. The facility has a capacity of 110 and had a census of 103 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. The facility has one detached garage used for storage which is not sprinkled.</p> <p>Quality Review completed on 07/19/21</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>Enclosed you will find the plan of correction for the Life Safety Survey, conducted on July 16, 2021.</p> <p>The facility requests that this plan of correction be accepted as our compliance. Facility would like to request a desk review (paper compliance) in lieu of Post Survey Revisit. Please see attachments regarding plan of corrections and the facilities request for a waiver to K-521.</p> <p>If you should have any further questions, you may reach me at 812-246-4272 or jidirbas@chs-corp.com</p> <p>Respectfully,</p> <p>Monica Dirbas, HFA Executive Director</p>	

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	<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>Based on observation and interview, the facility failed to maintain 1 of 1 sprinkler systems in accordance with LSC 9.7.5. LSC 9.7.5 requires all automatic sprinkler systems shall be inspected and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 2011 edition, 5.2.2.2 requires sprinkler piping shall not be subjected to external loads by materials either resting on the pipe or hung from the pipe. This deficient practice could affect over 20 residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on observations with the Maintenance Director during a tour of the facility from 9:45 a.m. to 1:00 p.m. on 07/16/21, a 10 inch in diameter flexible HVAC ductwork was resting on horizontal sprinkler piping in the attic near the attic access door in the 100 Hall Clean Utility Room and in the attic near the attic access door in the piped gas room. Based on interview at the time of the observations, the Maintenance Director agreed sprinkler piping was used to support nonsystem components at the aforementioned locations.</p> <p>This finding was reviewed with the Executive Director and the Maintenance Director during the exit conference.</p> <p>3.1-19(b)</p>	K 0353	<p>K-353 Sprinkler System-Maintenance and Testing</p> <p>Corrective action for the residents found to have been affected by the deficient practice: The flexible HVAC ductwork that was found to be resting on the sprinkler piping in the attic near the access door in 100 hall clean utility room was corrected immediately</p> <p>Corrective action taken for those residents having the potential to be affected by the same deficient practice: Maintenance Director and/or designee completed facility audit and no other HVAC flex duct or obstruction was found on sprinkler piping.</p> <p>Measures/systemic changes put into place to ensure the deficient practice does not recur: Maintenance Director will ensure during normal Quarterly inspection of sprinkler system will be completed no obstruction are found.</p> <p>Corrective actions to be monitored to ensure the</p>	07/28/2021

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K 0363 SS=E Bldg. 01	<p>NFPA 101 Corridor - Doors Corridor - Doors</p> <p>Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas resist the passage of smoke and are made of 1 3/4 inch solid-bonded core wood or other material capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Corridor doors and doors to rooms containing flammable or combustible materials have positive latching hardware. Roller latches are prohibited by CMS regulation. These requirements do not apply to auxiliary spaces that do not contain flammable or combustible material.</p> <p>Clearance between bottom of door and floor covering is not exceeding 1 inch. Powered doors complying with 7.2.1.9 are permissible if provided with a device capable of keeping the door closed when a force of 5 lbf is applied. There is no impediment to the closing of the doors. Hold open devices that</p>		<p>deficient practice will not recur:</p> <p>Administrator/Designee will ensure quarterly inspections regarding sprinkler system will be conducted and no obstruction on sprinkler piping. Any patterns that are identified will have an Action Plan initiated. The QAPI committee will determine when 100% compliance is achieved or if ongoing monitoring is required</p>	

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	<p>release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies.</p> <p>19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485 Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc.</p> <p>Based on observation and interview, the facility failed to ensure corridor doors to 1 of over 60 rooms had no impediment to closing and latching into the door frame and would resist the passage of smoke. This deficient practice could affect over 10 residents, staff and visitors in the vicinity of the Staffing Coordinator's office.</p> <p>Findings include:</p> <p>Based on observations with the Maintenance Director during a tour of the facility from 9:45 a.m. to 1:00 p.m. on 07/16/21, a wedge was placed under the corridor door to the Staffing Coordinator's office which was used to prop the door in the fully open position. Based on interview at the time of the observations, the Maintenance Director agreed the corridor door was propped in the fully open position and removed the wedge but agreed the use of the wedge for the corridor door would not resist the passage and smoke or had an impediment to</p>	K 0363	<p>K-363 Doors</p> <p>Corrective action for the residents found to have been affected by the deficient practice:</p> <p>The wedge that was placed under the corridor door to the staffing coordinator office which was used to prop the door in the fully open position was removed immediately.</p> <p>Corrective action taken for those residents having the potential to be affected by the same deficient practice:</p> <p>Maintenance Director completed facility tour and no other door stops were found.</p> <p>Measures/systemic changes put into place to ensure the deficient practice does not recur:</p>	07/28/2021			

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K 0511 SS=E Bldg. 01	<p>closing and latching into the door frame.</p> <p>This finding was reviewed with the Executive Director and the Maintenance Director during the exit conference.</p> <p>3.1-19(b)</p> <p>NFPA 101 Utilities - Gas and Electric Utilities - Gas and Electric Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life. 18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2 Based on observation and interview, the facility failed to ensure electrical wiring in the 100 Hall was maintained in safe operating condition. LSC 19.5.1.1 requires utilities comply with Section 9.1. LSC 9.1.2 requires electrical wiring and equipment to comply with NFPA 70, National Electrical Code. NFPA 70, 2011 Edition, Article 300.15 states a box or conduit body shall be installed at each junction</p>	K 0511	<p>Executive Director/and or designee educated staff regarding deficient practice. Maintenance director and/or designee will complete weekly facility rounds weekly x4 weeks, 1x a month for 2 months to ensure compliance. Corrective actions to be monitored to ensure the deficient practice will not recur: Administrator/Designee will present the results of these audits monthly to the QAPI committee for no less than 3 months. Any patterns that are identified will have an Action Plan initiated. The QAPI committee will determine when 100% compliance is achieved or if ongoing monitoring is required.</p> <p>K-511. Utilities- Gas and Electric Corrective action for the residents found to have been affected by the deficient practice: The spliced and exposed electrical wiring noted above the suspended</p>	07/28/2021

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	<p>point unless otherwise permitted by 300.15(A) through (I). Article 314.28 states boxes and conduit bodies used as pull or junction boxes shall be comply with 314.28 (A) through (E). This deficient practice could affect over 20 residents, staff and visitors in the 100 Hall.</p> <p>Findings include:</p> <p>Based on observations with the Maintenance Director during a tour of the facility from 9:45 a.m. to 1:00 p.m. on 07/16/21, spliced and exposed electrical wiring was noted above the suspended ceiling above the corridor outside the oxygen storage and transfilling room in the 100 Hall. Based on interview at the time of the observations, the Maintenance Director stated the wiring was probably left over from when the electricians did the rewiring for the 100 Hall vent unit beds and agreed the exposed electrical wiring was not contained within a junction box or conduit body.</p> <p>This finding was reviewed with the Executive Director and the Maintenance Director during the exit conference.</p> <p>3.1-19(b)</p>		<p>ceiling above the corridor outside the oxygen storage and transfilling room in the 100 hall unit was corrected immediately</p> <p>Corrective action taken for those residents having the potential to be affected by the same deficient practice:</p> <p>Maintenance Director completed facility tour and no other spliced or exposed electrical wiring was noted above the suspended ceiling were found.</p> <p>Measures/systemic changes put into place to ensure the deficient practice does not recur:</p> <p>Maintenance director and/or designee will ensure during normal Quarterly inspection electrical wiring will be inspected and any abandoned wires will be properly removed or tagged according to electrical code.</p> <p>Corrective actions to be monitored to ensure the deficient practice will not recur:</p> <p>Administrator/Designee will review life safety inspection results. Any patterns that are identified will have an Action Plan initiated. The QAPI committee will determine when 100% compliance is achieved or if ongoing monitoring is required.</p>		

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K 0521 SS=F Bldg. 01	<p>NFPA 101 HVAC HVAC Heating, ventilation, and air conditioning shall comply with 9.2 and shall be installed in accordance with the manufacturer's specifications. 18.5.2.1, 19.5.2.1, 9.2 Based on observation and interview, the facility failed to ensure egress corridors were not used as a portion of a return air system serving adjoining rooms for 57 of 57 resident sleeping rooms. LSC 9.2.1 requires air conditioning, heating, ventilating ductwork (HVAC) and related equipment to be installed in accordance with NFPA 90A, the Standard for the Installation of Air Conditioning and Ventilating Systems. NFPA 90A, Section 4.3.12.1.1 states egress corridors in nursing and long term care facilities shall not be used as a portion of a supply, return, or exhaust air system serving adjoining areas unless otherwise permitted by 4.3.12.1.3.1 through 4.3.12.1.3.4. This deficient practice could affect all residents, as well as staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on observations with the Maintenance Director during a tour of the facility from 9:45 a.m. to 1:00 p.m. on 07/16/21, all 57 resident sleeping rooms in the facility were using the egress corridor as a return air system. In addition to the wall mounted PTAC in each resident sleeping room, a ceiling mounted HVAC supply vent was noted in each room with the HVAC return air located in the central atrium housing the nurse's station and support rooms. Based on interview at the time of the observations, the Maintenance Director stated the facility has an existing Life Safety Code waiver for all 57 resident sleeping</p>	K 0521	<p>K-521 HVAC-waiver requested- It is the practice of this center to assure that all HVAC systems comply with NFPA 90A at all times. Sellersburg Healthcare Center would like to request a waiver of K521 NFPA 90A life safety code standard as this deficiency would not adversely affect the health and safety of the patients/residents here in our facility based on the following.</p> <ol style="list-style-type: none"> We are a fully sprinkled facility meeting the Type V(111) minimum. In addition we have fast response sprinkler heads installed throughout the facility; we have quarterly inspections by licensed sprinkler contractor of the fire protection sprinkler system to ensure proper operation. We are fully monitored by a Smart Fire Alarm System, with smoke and heat detectors in all hallways tied to fire alarm system. In addition all resident rooms are hardwired with smoke detectors, with batter back-up tied into spate alarm system at the nurse's station. We have HVAC fan shut 	07/28/2021			

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K 0920 SS=E Bldg. 01	rooms and agreed the egress corridors were being used for the return air system. This finding was reviewed with the Executive Director and the Maintenance Director during the exit conference. 3.1-19(b) NFPA 101 Electrical Equipment - Power Cords and Extens Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assembles that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for		down circuits tied into the fires alarm system to shut units down upon activation, in addition we have fires dampers installed in main trunk lines to seal off supply and return ductwork to prevent the transmission of smoke. 4. Our fire alarm and tie in HVAC circuits are inspected quarterly for proper operation by licensed fire alarm and HVAC contractors. 5. We are inspected by the local fire department on their time table at least annually for compliance with all NFPA Fire regulations. 6. We conduct fire drills as required (1 drill per shift, per month, per quarter) and in addition we conduct fire drills on all three shifts monthly at different times, for competency, and to ensure compliance with RACE procedures. 7. We conduct annual fire extinguisher hands on training.	

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	<p>non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4. 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 non-fused multiplug adapters and 1 of 1 extension cords were not used as a substitute for fixed wiring. LSC 19.5.1 requires utilities to comply with Section 9.1. LSC 9.1.2 requires electrical wiring and equipment to comply with NFPA 70, National Electrical Code, 2011 Edition. NFPA 70, Article 400.8 requires that, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice could affect over 20 residents, staff and visitors in the vicinity of Room 210.</p> <p>Findings include:</p> <p>Based on observations with the Maintenance Director during a tour of the facility from 9:45 a.m. to 1:00 p.m. on 07/16/21, a CPAP machine and an extension cord were plugged into a multiplug adaptor in the wall mounted electrical outlet box by the resident bed nearest the corridor door in resident sleeping Room 210. A cell phone charging cable was plugged into the extension</p>	K 0920	<p>K-920. Electrical Equipment-Power cords and Extension Corrective action for the residents found to have been affected by the deficient practice: The extension cord and c-pap machine that was plugged into a multi-plug adaptor in the wall mounted electrical outlet box by the resident bed in room 210 was removed immediately. Corrective action taken for those residents having the potential to be affected by the same deficient practice: Maintenance Director and/or designee completed inspection of all resident rooms and no other deficient practice of power cord and multiple extension cords were found. Measures/systemic changes put</p>	07/28/2021

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	<p>cord. Based on interview at the time of the observations, the Maintenance Director agreed a multiplug adaptor and an extension cord were being used as a substitute for fixed wiring in Room 210 and removed the adaptor and the extension cord.</p> <p>This finding was reviewed with the Executive Director and the Maintenance Director during the exit conference.</p> <p>3.1-19(b)</p>		<p>into place to ensure the deficient practice does not recur:</p> <p>Executive Director/and or designee educated staff to provide education regarding deficient practice. Education is provided upon admissions to residents and family's regarding electrical devices that are brought into facility.</p> <p>Corrective actions to be monitored to ensure the deficient practice will not recur:</p> <p>Administrator/Designee will present the results of these audits monthly to the QAPI committee for no less than 3 months. Any patterns that are identified will have an Action Plan initiated. The QAPI committee will determine when 100% compliance is achieved or if ongoing monitoring is required.</p>	