

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

PRINTED: 10/12/2023
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155676		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING		X3) DATE SURVEY COMPLETED 09/21/2023	
NAME OF PROVIDER OR SUPPLIER MILNER COMMUNITY HEALTH CARE				STREET ADDRESS, CITY, STATE, ZIP COD 370 E MAIN ST ROSSVILLE, IN 46065			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
E 0000 Bldg. --	<p>A Post Survey Revisit (PSR) to the Emergency Preparedness Survey conducted on 07/05/23 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73.</p> <p>Survey Date: 09/21/23</p> <p>Facility Number: 000299 Provider Number: 155676 AIM Number: 100286940</p> <p>At this PSR survey, Milner Community Health Care 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 80 certified beds. At the time of the survey, the census was 48.</p> <p>Quality Review completed on 09/22/23</p>			E 0000	N/A		
K 0000 Bldg. 01	<p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 07/05/23 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a).</p> <p>Survey Date: 09/21/23</p> <p>Facility Number: 000299 Provider Number: 155676 AIM Number: 100286940</p>			K 0000	N/A		

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

TITLE

(X6) DATE

R. Gregg Jackson

Adminitrator

10/05/2023

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=F Bldg. 01	<p>At this PSR survey, Milner Community Health Care 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. The building 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 was fully sprinklered. The facility has a two-hour separation from an assisted living occupancy located on the west side of the building. The west emergency exit from A Hall requires passing through one smoke compartment of the assisted living unit. The facility has a fire alarm system with hard wired smoke detection in the corridors, spaces open to the corridors, and in all resident rooms. The facility has a capacity of 80 and had a census of 48 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered. All areas which provide facility services were sprinklered except for the one detached storage shed, and one garage storage area which are not sprinklered.</p> <p>Quality Review completed on 09/22/23</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,</p>						

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	<p>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>Based on document review and interview, the facility failed to maintain automatic sprinkler systems in accordance with NFPA 25. LSC 9.7.5 requires all sprinkler systems shall be inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 2011 Edition, Section 4.1.4.1 states the property owner or designated representative shall correct or repair deficiencies or impairments that are found during the inspection, test and maintenance required by this standard. Corrections and repairs shall be performed by qualified maintenance personnel or a qualified contractor. 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. This deficient practice could affect all residents, staff, and visitors in the facility.</p> <p>Findings include:</p> <p>Based on document review during the post survey revisit conducted on 09/21/23 with the Director of Maintenance (DOM) at 12:15 a.m., documentation could still not be provided show</p>			K 0353	<p>1.Facility signed contract with company who had previously only finished installing sprinkler head replacements on the eastern section of facility on 7/5/23.</p> <p>2. All residents have the ability to be affected by this practice.</p> <p>3. Order for replacements have been delayed due to delays beyond facility control. Installing company assured us replacement would be scheduled as soon as product arrived.</p> <p>4.Facility will request a waiver for extension to assure time for delivery and installation of sprinkler heads.</p>		11/15/2023

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	all recalled sprinkler heads located throughout the facility had been replaced. A letter from the vendor dated July 24th 2023 stating that "The remaining order to replace the recalled sprinkler heads on the west dry system was placed on the week of July 17th. We are being told that it will likely take 5 to 7 weeks before we will receive them. Once received, we will then coordinate a date for the installation of them." Based on interview at the time of document review, the DOM stated that he could not provide any further documentation showing the recalled sprinklers had been installed as of the time of this survey because the vendor has not completed the installation work. Waiver information was then discussed with both the facility Administrator and the DOM. 3.1-19(b)						