STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	155215	A. BUILDING -- B. WING	01/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PLAINFIELD HEALTH CARE CENTER	3700 CLARKS CREEK RD PLAINFIELD, IN 46168

(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. --	An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73. Survey Date: 01/05/23 Facility Number: 000121 Provider Number: 155215 AIM Number: 100290940 At this Emergency Preparedness survey, Plainfield Health Care Center was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73 The facility has 189 certified beds. At the time of the survey, the census was 96. Quality Review completed on 01/10/23	E 0000		
K 0000 Bldg. 01	A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.90(a). Survey Date: 01/05/23 Facility Number: 000121 Provider Number: 155215 AIM Number: 100290940 At this Life Safety Code survey, Plainfield Health	K 0000	**The creation and submission of this Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or any violation of regulation.** **This provider respectfully requests that State Report Plan of Correction be considered the**	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclo 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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	Care 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. This two-story facility was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and in all areas open to the corridor. The facility has battery operated smoke detectors in all resident sleeping rooms. The facility has a capacity of 189 and had a census of 96 at the time of this survey. All areas where the residents have customary access were sprinklered and all areas providing facility services were sprinklered. Quality Review completed on 01/10/23		**Letter of Credible Allegation. The provider alleges compliance as of 1-31-2023.** **The facility respectfully requests a desk review for this Plan of Correction relative to the low scope and severity of this survey in lieu of a post-survey revisit.**	
K 0351 SS=E Bldg. 01	NFPA 101 Sprinkler System - Installation Spinkler System - Installation 2012 EXISTING Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers. In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms			

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	where the area of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems. 19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1) Based on observation and interview, the facility failed to ensure a complete automatic sprinkler system was installed in accordance with NFPA 13, 2010 Edition, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. NFPA 13, Section 8.6.3.4, "Minimum Distance between Sprinklers", states sprinklers shall be spaced not less than 6 feet on center. In addition, LSC 4.6.7.5 requires existing life safety features that do not meet the requirements for new buildings but exceed the requirements for existing buildings shall not be further diminished. This deficient practice could affect as many as 25 residents, 5 staff and 2 visitors. Findings include: Based on observation on 01/05/23 at 12:10 p.m. with the Director of Plant Operations and the Regional Maintenance Director, the Memory Care unit had a wall removed, leaving two sprinkler heads 44 inches apart. Based on interview at the time of the observation, the Director of Plant Operations acknowledged the distance of both sprinkler heads sets as being less than 72 inches in distance apart from each other and added that he would have his vendor remedy the situation as soon as he could get them in the building. During the exit conference with the Director of Plant Operations and the Regional Maintenance Director on 01/05/22 at 2:47 p.m., no additional information or evidence could be provided	K 0351	**K351** **Sprinkler System – Installation** **Immediate Intervention** An outside fire sprinkler contractor was contacted to remove one of the sprinkler heads on the Memory Unit to ensure that no two sprinkler heads are within 6 feet of each other. This sprinkler head removal will be completed by 01/31/2023. **Compliance date** **1.31.2022** **Method to Assess Others** The director of plant operations will visually inspect sprinkler heads to ensure no other sprinkler heads are within 6 feet of each other throughout the entire physical plant. Any other instance of sprinkler heads within 6 feet of each other will be addressed by the fire sprinkler contractor. **Systematic Process** The director of plant operations will continue to have an outside fire sprinkler contractor perform annual visual inspections of the facility's fire sprinkler system to ensure no two sprinkler heads are within 6 feet of each other as part of the facility's life safety program. **Quality Assurance**	01/31/2023

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	contrary to this deficient finding. 3.1-19(b)		Executive Director/Designee will present results of any visual inspection to the QAPI committee for further recommendations and will continue until QAPI team determines substantial compliance has been achieved.	
K 0511 SS=F Bldg. 01	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 record review and interview the facility failed to ensure that the emergency generator had a reliable source of fuel in accordance with the requirements of NFPA 101 - 2012 edition, Section 19.5.1.1, 9.1, 9.1.3.1 and NFPA 110, 2010 Edition, 5.1. LSC section 9.1.3.1 states emergency generators shall be installed, tested, and maintained in accordance with NFPA 110, Standard for Emergency and Standby Power Systems, 2010 Edition. Section 5.1.1 states the following energy sources shall be permitted to be used for the emergency power supply (EPS): (1) Liquid petroleum products at atmospheric pressure (2) Liquefied petroleum gas (liquid or vapor withdrawal) (3) Natural or synthetic gas Exception: For Level 1 installations in locations where the probability of interruption of off-site fuel supplies is high, on-site storage of an alternate energy source sufficient to allow full output of the EPSS to be delivered for the class	K 0511	**K511** **Utilities – Gas and electric** **Immediate intervention** A letter of natural gas reliability was requested on 1.20.2023 from center point energy to ensure that the emergency generator has a reliable source of fuel on file and in accordance with the requirements of NFPA 101 - 2012 edition, Section 19.5.1.1, 9.1, 9.1.3.1 and NFPA 110, 2010 Edition. **Compliance date** **1.31.2022** **Method to Assess Others** The facility only has one natural gas supply which was accounted for. **Systematic Process** A copy of the letter has been placed in the Life Safety Binder in section 18(d) and the director of	01/31/2023

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	specified shall be required, with the provision for automatic transfer from the primary energy source to the alternate energy source. A.5.1.1 states examples of probability of interruption could include the following: earthquake, flood damage, or a demonstrated utility unreliability. This deficient practice had the potential to affect all residents, visitors, and staff within the facility. Findings include: Based on record review on 01/05/23 at 11:34 a.m. with the Director of Plant Operations, the fuel source for the emergency generator was natural gas. Additionally, based on interview, the facility did not have a letter from their natural gas provider indicating the natural gas was from a reliable source. The facility not having a letter stating that the fuel source for the emergency generator was from a reliable source was acknowledged by the Director of Plant Operations at the time of record review who stated that he would contact his vendor and have a letter mailed to him as soon as he was able to do so. During the exit conference with the Director of Plant Operations and the Regional Maintenance Director on 01/05/22 at 2:47 p.m., no additional information or evidence could be provided contrary to this deficient finding. 3.1-19(b)		plant Operations will verify existence of letter of reliability annually thereafter. **Quality Assurance** Executive Director/Designee will present results of inspection/letter to the QAPI committee for further recommendations and will continue until QAPI team determines substantial compliance has been achieved.	