

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

PRINTED: 09/20/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155270		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING		X3) DATE SURVEY COMPLETED 08/28/2024	
NAME OF PROVIDER OR SUPPLIER CORE OF DALE				STREET ADDRESS, CITY, STATE, ZIP COD 510 W MEDCALF ROAD DALE, IN 47523			
(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: 08/28/24 Facility Number: 000170 Provider Number: 155270 AIM Number: 100287490 At this Emergency Preparedness survey, Core of Dale was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73. The facility has 60 certified beds. At the time of the survey, the census was 39. Quality Review completed on 09/03/24			E 0000			
K 0000 Bldg. 02	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). Survey Date: 08/28/24 Facility Number: 000170 Provider Number: 155270 AIM Number: 100287490 At this Life Safety Code survey, Core of Dale was found not in compliance with Requirements for			K 0000			

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

TITLE

(X6) DATE

Charles Brazzell

Administrator

09/14/2024

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 0324 SS=B Bldg. 02	<p>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 (000) construction and was fully sprinklered. The facility has a fire alarm system with hard wired smoke detectors in the corridors and spaces open to the corridors, plus battery operated smoke alarms in all resident sleeping rooms. The facility has a capacity of 60 and had a census of 39 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered and all areas providing facility services were sprinklered, except a detached laundry building.</p> <p>Quality Review completed on 09/03/24</p> <p>NFPA 101 Cooking Facilities</p> <p>Based on record review and interview, the facility failed to ensure 1 of 1 kitchen exhaust systems was inspected semiannually. NFPA 96, 2011 Edition, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, Section 11.4 states the entire exhaust system shall be inspected for grease buildup by a properly trained, qualified, and certified person(s) acceptable to the authority having jurisdiction and in accordance with Table 11.4. Table 11.4, Schedule for Inspection for Grease Buildup, requires systems serving moderate volume cooking operations shall be inspected semiannually. NFPA 96, 11.6.1 states, upon</p>			K 0324	<p>I would like to request paper compliance.</p> <p>It is the policy of this facility to ensure that kitchen exhaust systems are inspected semiannually.</p> <p>1. The immediate actions taken for residents found to have been affected include;</p>		09/20/2024

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	<p>inspection, if the exhaust system is found to be contaminated with deposits from grease laden vapors, the contaminated portions of the exhaust system shall be cleaned by a properly trained, qualified, and certified person(s) acceptable to the authority having jurisdiction. Hoods, grease removal devices, fans, ducts, and other appurtenances shall be cleaned to remove combustible contaminants prior to surfaces becoming heavily contaminated with grease or oily sludge. After the exhaust system is cleaned, it shall not be coated with powder or other substance. When an exhaust cleaning service is used, a certificate showing the name of the servicing company, the name of the person performing the work, and the date of inspection or cleaning shall be maintained on the premises. This deficient practice could affect all residents, staff, and visitors in the facility.</p> <p>Findings include:</p> <p>Based on record review on 08/28/24 between 10:00 a.m. and 1:15 p.m. with the Director of Environmental Services present, there were two inspection reports available during the past twelve months for the range hood exhaust system, however, the most recent inspection report was dated 08/15/24, and the previous inspection report dated 11/29/23, this being more than six months between inspections. Based on interview at the time of record review, the Director of Environmental Services said there had been an issue with previous range hood inspection vendor and that is what caused the delay between hood inspections.</p> <p>This finding was reviewed with the Administrator and Director of Environmental Services during the exit conference.</p>				<p>The facility had already identified this problem and contracted a new company to service the exhaust hood.</p> <p>2. Identification of other residents having the potential to be affected was accomplished by;</p> <p>The facility has determined that it had the potential to affect all residents.</p> <p>3. Actions taken /systems put into place to reduce the risk of future occurrence include;</p> <p>Facility has a new hood cleaning company SafeCare that will clean the hood semiannually they also do all of our Fire and Sprinkler inspections. The Administrator has in-serviced the Maintenance Director on the hood cleaning requirements and documentation.</p> <p>4. The maintenance director will immediately notify Administrator if the hood cleaning company fails to do inspections. The Maintenance Director will give copies of all hood cleaning inspections to Administrator to verify compliance. This will be ongoing. See Attachment (A1& A5)</p>		

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K 0511 SS=E Bldg. 02	<p>3.1-19(b)</p> <p>NFPA 101 Utilities - Gas and Electric</p> <p>Based on observation and interview, the facility failed to ensure 1 of over 10 wet locations, was provided with ground fault circuit interrupter (GFCI) protection against electric shock. NFPA 70, NEC 2011 Edition at 210.8 Ground-Fault Circuit-Interrupter Protection for Personnel, states, ground-fault circuit-interruption for personnel shall be provided as required in 210.8(A) through (C). The ground-fault circuit-interrupter shall be installed in a readily accessible location.</p> <p>Informational Note: See 215.9 for ground-fault circuit interrupter protection for personnel on feeders.</p> <p>(B) Other Than Dwelling Units. All 125-volt, single-phase, 15- and 20-ampere receptacles installed in the locations specified in 210.8(B)(1) through (8) shall have ground-fault circuit-interrupter protection for personnel.</p> <p>(1) Bathrooms (2) Kitchens (3) Rooftops (4) Outdoors</p> <p>Exception No. 1 to (3) and (4): Receptacles that are not readily accessible and are supplied by a branch circuit dedicated to electric snow-melting, deicing, or pipeline and vessel heating equipment shall be permitted to be installed in accordance with 426.28 or 427.22, as applicable.</p> <p>Exception No. 2 to (4): In industrial establishments only, where the conditions of maintenance and supervision ensure that only qualified personnel are involved, an assured equipment grounding conductor program as specified in 590.6(B)(2)</p>			K 0511	<p>I would like to request paper compliance.</p> <p>It is the policy of this facility to ensure that all wet locations are provided with ground fault circuit interrupter.</p> <p>1. Immediate actions taken for the residents found to be affected include:</p> <p>Maintenance immediately replaced receptacle with a ground fault circuit interrupter.</p> <p>Maintenance will complete a facility wide assessment to make sure only ground fault circuit interrupter receptacles are within three feet of a wet location.</p> <p>2. Identification of other residents having the potential to be affected was accomplished by: Maintenance will complete a facility wide assessment to make sure only ground fault circuit interrupter receptacles are within three feet of a wet location. No residents were affected.</p> <p>3. Actions taken /systems put into</p>		09/20/2024

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	<p>shall be permitted for only those receptacle outlets used to supply equipment that would create a greater hazard if power is interrupted or having a design that is not compatible with GFCI protection.</p> <p>(5) Sinks - where receptacles are installed within 1.8 m (6 ft.) of the outside edge of the sink. Exception No. 1 to (5): In industrial laboratories, receptacles used to supply equipment where removal of power would introduce a greater hazard shall be permitted to be installed without GFCI protection.</p> <p>Exception No. 2 to (5): For receptacles located in patient bed locations of general care or critical care areas of health care facilities other than those covered under 210.8(B)(1), GFCI protection shall not be required.</p> <p>(6) Indoor wet locations</p> <p>(7) Locker rooms with associated showering facilities</p> <p>(8) Garages, service bays, and similar areas where electrical diagnostic equipment, electrical hand tools. NFPA 70, 517-20 Wet Locations, requires all receptacles and fixed equipment within the area of the wet location to have ground-fault circuit interrupter (GFCI) protection. Note: Moisture can reduce the contact resistance of the body, and electrical insulation is more subject to failure. This deficient practice could affect one staff while in the East Unit Clean Utility Room.</p> <p>Findings include:</p> <p>Based on observations on 08/28/24 between 1:15 p.m. and 3:15 p.m. during a tour of the facility with the Director of Environmental Services and Maintenance Director, the electric receptacle within three feet to the right of the two compartment sink in the Kitchen was not provided</p>				<p>place to reduce the risk of future occurrence include; Maintenance immediately replaced receptacle with a ground fault circuit interrupter. Administrator in-serviced the Maintenance Director on ground fault circuit interrupter requirements, they must be installed if within three feet of a wet location.</p> <p>4. How the corrective actions will be monitored to ensure the practice will not recur:</p> <p>The Administrator will verify that corrections have been completed and that all maintenance employees have been in-serviced. Facility wide inspection will be completed and corrections will be made so this will not recur. See Attachment (A1)</p>		

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K 0712 SS=F Bldg. 02	<p>with a GFCI receptacle. When tested with a GFCI testing device the receptacle did not break the electrical circuit. Based on interview at the time of observation, the Director of Environmental Services and Maintenance Director agreed the receptacle near the two compartment sink in the Kitchen was not properly GFCI protected.</p> <p>This finding was reviewed with the Administrator and Director of Environmental Services during the exit conference.</p> <p>3.1-19(b)</p> <p>NFPA 101 Fire Drills</p> <p>Based on record review and interview, the facility failed to provide quarterly fire drill documentation for 2 of 3 shifts during 2 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 08/28/24 between 10:00 a.m. and 1:15 p.m. with the Director of Environmental Services present, the following shifts and quarters were missing fire drill reports:</p> <p>a. The first shift (day) of the fourth quarter (October, November, and December) of 2023, however, the Director of Environmental Services was able to provide an alarm transmission report for November of 2023 from the fire alarm system monitoring vendor.</p> <p>b. The third shift (night) of the second quarter (April, May, and June) of 2024.</p> <p>Based on interview at the time of record review, the Director of Environmental Services confirmed</p>			K 0712	<p>I would like to request paper compliance.</p> <p>It is the policy of this facility to ensure that fire drills are conducted 1 per shift per quarter and documentation is readily available.</p> <p>1 Immediate action(s) taken for the resident(s) found to have been affected include:</p> <p>A new Monthly Fire Drill is scheduled has been created. Administrator has in-serviced the maintenance director on the new Fire Drill Calendar. Facility will complete a Fire Drill on September 16th on second shift per the new calendar. A calendar was initiated for each month of the</p>		09/20/2024

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	the lack of fire drill reports for the previously mentioned shifts and quarters. This finding was reviewed with the Administrator and Director of Environmental Services during the exit conference. 3.1-19(b) 3.1-51(c)				year to show what shift, and the fire drill will be conducted on. The calendar is placed in the maintenance director's office and the Administrators' office to ensure the drills are performed. 2. Identification of other residents having the potential to be affected was accomplished by: The facility has determined that all residents have the potential to be affected. 3. Actions taken/systems put into place to reduce the risk of future occurrence include: All maintenance staff were in-serviced regarding the facility policy for conducting fire drills monthly, at various times and different shifts. A New calendar was initiated for each month of the year to show what shift the fire drill will be conducted on. The calendar is placed in the maintenance director's office and the Administrators' office to ensure the drills are performed. 4. How the corrective action(s) will be monitored to ensure the practice will not recur: The Administrator will complete monthly audits of the maintenance records to ensure fire drills are conducted per the new calendar initiated. Any noncompliance will result in counseling's up to and		

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K 0914 SS=C Bldg. 02	<p>NFPA 101 Electrical Systems - Maintenance and Testing</p> <p>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 08/28/24 between 10:00 a.m. and 1:15 p.m. with the Director of Environmental Services present, there was documentation available of an annual resident</p>			K 0914	<p>including termination. The Administrator will audit the fire drills monthly to make sure compliance continues and will be ongoing. See Attachment (A1, A6 &A7)</p> <p>I would like to request paper compliance.</p> <p>It is the policy of this facility to ensure complete documentation is available for all non hospital grade electrical receptacles.</p> <p>1 Immediate action(s) taken for the resident(s) found to have been affected include:</p> <p>Maintenance will complete facility wide Receptacle Testing and document results. Any receptacles that need replaced will be replaced with Hospital Grade Receptacles.</p> <p>2. Identification of other residents having the potential to be affected was accomplished by: The facility has determined that all residents have the potential to be affected. Had the potential to affect all residents.</p>		09/20/2024

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K 0920 SS=E Bldg. 02	<p>room receptacle test for non hospital-grade receptacles, however, the 05/16/24 inspection report only had "Pass" for "Physical Integrity" and "Grounding Continuity". There was no Pass or Fail result on the form for "Polarity Check" and "Ground Retention". Based on interview at the time of record review, the Director of Environmental Services said Polarity Check and Ground Retention were checked during the 05/16/24 inspection/test but were not documented. Furthermore, when asked, the Director of Environmental Services was able to produce a Ground Retention tester. Based on observations between 1:15 p.m. and 3:15 p.m. during a tour of the facility with the Director of Environmental Services and Maintenance Director, there were at least two to four electrical receptacles in each resident room.</p> <p>This finding was reviewed with the Administrator and Director of Environmental Services during the exit conference.</p> <p>3.1-19(b)</p>			K 0920	<p>3. Actions taken/systems put into place to reduce the risk of future occurrence include: Administrator in-serviced Maintenance Director on the Receptacle Testing form that includes Physical Integrity, Ground Continuity, Polarity Check and Ground Retention. All Maintenance employees will be in-serviced on filling out the form and testing correctly.</p> <p>4. How the corrective action(s) will be monitored to ensure the practice will not recur:</p> <p>The Administrator will receive & keep copies of testing to ensure compliance and this will be ongoing. See Attachment (A1 & A2)</p>		09/20/2024
	<p>NFPA 101 Electrical Equipment - Power Cords and Extens</p> <p>Based on observation and interview, the facility failed to ensure power strips were not used as a substitute for fixed wiring in 1 of 24 resident rooms and one staff only room. 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</p>				<p>I would like to request paper compliance.</p> <p>It is the policy of this facility to ensure power strips are not used as a substitute for wiring.</p> <p>1 Immediate action(s) taken for the resident(s) found to have been affected include:</p>		

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	<p>wiring of a structure. This deficient practice could affect up to four residents and staff.</p> <p>Findings include:</p> <p>Based on observations on 08/28/24 between 1:15 p.m. and 3:15 p.m. during a tour of the facility with the Director of Environmental Services and Maintenance Director, the following was noted:</p> <p>a. Room 102 had a refrigerator plugged into a power strip.</p> <p>b. Room 103 had a oxygen concentrator plugged into a power strip with a lamp, fan, and TV.</p> <p>c. The east hall Clean Utility Room had a refrigerator, microwave oven, and coffee machine plugged into a power strip.</p> <p>This was acknowledged by the Director of Environmental Services and Maintenance Director at the time of each observation.</p> <p>This finding was reviewed with the Administrator and Director of Environmental Services during the exit conference.</p> <p>3.1-19(b)</p>				<p>A. Maintenance immediately fixed room 102 and plugged refrigerator directly into wall receptacle. B. Room 103 oxygen concentrator was immediately corrected and was plugged directly into wall receptacle. C. Maintenance immediately removed the power strip from the east hall Utility Room.</p> <p>2. Identification of other residents having the potential to be affected was accomplished by: The facility has determined that all residents have the potential to be affected. Had the potential to affect 4 residents.</p> <p>3. Actions taken/systems put into place to reduce the risk of future occurrence include: Administrator in-serviced Maintenance Director on the Receptacle</p> <p>4. How the corrective action(s) will be monitored to ensure the practice will not recur: The Administrator in-serviced the Maintenance Director on power strips. All Maintenance employees will be in-serviced on power strips. The facility has added the Power</p>		

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				Strips & Refrigerators to the Daily Maintenance checks. See Attachment (A8) The Administrator will receive & keep copies of testing to ensure compliance and this will be ongoing. See Attachment (A1)	