STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155265		(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY  A. BUILDING COMPLETED  B. WING 08/23/2022				ETED	
	PROVIDER OR SUPPLIE			STREET ADDRESS, CITY, STATE, ZIP COD 101 POTTERS LN CLARKSVILLE, IN 47129			
(X4) ID PREFIX TAG E 0000	(EACH DEFICIE	Y STATEMENT OF DEFICIENCIE NCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	ATE	(X5) COMPLETION DATE
Bldg	conducted by the I accordance with 4. Survey Date: 08/2 Facility Number: Provider Number: AIM Number: 100 At this Emergency Wedgewood Healt compliance with E Requirements for I Participating Provides 3.73. The facility has 12 the survey, the centure of the survey of t	23/22  000166 155265 0267080  The Preparedness survey, sheare Center was found not in temergency Preparedness Medicare and Medicaid iders and Suppliers, 42 CFR  4 certified beds. At the time of issus was 76.  The property of the property	E 00	000	Preparation or execution of this plan of correction does constitute admission or agreement of provider of the truth of the facts alleged or conclusions set forth on the State of Deficiencies. The Pl of Correction is prepared an executed solely because it is required by the position of Federal and State Law. The Plan of Correction is submitted in order to resport to the allegation of noncompliance cited during the Life safety survey The facility would like to respectfully request a desk review.  Jay Nowlin, LNHA	an d s	
E 0041 SS=F Bldg	§482.15(e) Cond (e) Emergency a The hospital mus standby power sy emergency plan this section and i	d LTC Emergency Power ition for Participation: nd standby power systems. It implement emergency and systems based on the set forth in paragraph (a) of n the policies and set forth in paragraphs (b)(1) section.					

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

(X6) DATE

TITLE

Any defiency statement 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 disclodays 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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## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/12/2022 FORM APPROVED OMB NO. 0938-039

AND PLAN OF CORRECTION IDENTIFICATION NUMBER  155265		A. BUILDING B. WING		COMI	PLETED 3/2022	
	ROVIDER OR SUPPLIER		101 PC	ADDRESS, CITY, STATE, ZIP C OTTERS LN (SVILLE, IN 47129	COD	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE A DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
	The [LTC facility a implement emerge systems based on forth in paragraph  §482.15(e)(1), §48 Emergency general generator must be the location require Care Facilities Cool Interim Amendment 12-4, TIA 12-5, and Code (NFPA 101 and TIA 12-4), and structure is built or structure or buildin 482.15(e)(2), §483 Emergency general The [hospital, CAFimplement the eminspection, testing requirements foun Facilities Code, NFC Code.  482.15(e)(3), §483 Emergency general and LTC facilities] source to power enhance a plan for hor power systems op emergency, unless \$483.73(g), and Carthe standards incomplements in the standards in the	ency and standby power the emergency plan set (a) of this section.  33.73(e)(1), §485.625(e)(1) ator location. The clocated in accordance with ements found in the Health de (NFPA 99 and Tentative ints TIA 12-2, TIA 12-3, TIA d TIA 12-6), Life Safety and Tentative Interim 12-1, TIA 12-2, TIA 12-3, d NFPA 110, when a new when an existing ing is renovated.  3.73(e)(2), §485.625(e)(2) ator inspection and testing. H and LTC facility] must ergency power system , and [maintenance] d in the Health Care FPA 110, and Life Safety  3.73(e)(3), §485.625(e)(3) ator fuel. [Hospitals, CAHs that maintain an onsite fuel mergency generators must w it will keep emergency erational during the s it evacuates.  §482.15(h), LTC at AHs §485.625(g):] orporated by reference in				
	uns secuon are ap	proved for incorporation by	- 1			1

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Event ID:

RGE921 Facility ID: 000166

If continuation sheet

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	STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155265		A. BU	(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING			(X3) DATE SURVEY  COMPLETED  08/23/2022	
	PROVIDER OR SUPPLIE WOOD HEALTHCA			101 PO	ADDRESS, CITY, STATE, ZIP COD TTERS LN SVILLE, IN 47129			
(X4) ID PREFIX		STATEMENT OF DEFICIENCIE NCY MUST BE PRECEDED BY FULL		ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI	ATE	(X5) COMPLETION	
TAG	reference by the Federal Register 552(a) and 1 CFF the material from You may inspect Information Reso Boulevard, Baltim Archives and Rec (NARA). For infor this material at N. go to: http://www.archiv_of_federal_regulf any changes in incorporated by redocument in the Fannounce the charancounce the charancounce the charancounce the charancounce (i) NFPA 99, Hearancounce (ii) Technical intense NFPA 99, issued (iii) TIA 12-3 to Nrace (iii) TIA 12-3 to Nrace (iii) TIA 12-4 to Nrace (iii) TIA 12-5 to Nrace (iii) TIA 12-6 to Nrace (iii) TIA 12-6 to Nrace (iii) TIA 12-1 to Nrace (iii) TIA 12-2 to Nrace (iiii) TIA 12-2 to Nrace (iiii) TIA 12-2 to Nrace (iiii) TIA 12-2 to Nrace (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	Protection Association, 1 rk, 9, www.nfpa.org,  Ith Care Facilities Code, red August 11, 2011. rim amendment (TIA) 12-2 to August 11, 2011. FPA 99, issued August 9,  FPA 99, issued March 7,  FPA 99, issued August 1,  FPA 99, issued March 3,  ife Safety Code, 2012		TAG	DEFICIENCY		DATE	

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Event ID:

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STATEMEN	TATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	A. BUILDING COMI			
		155265	B. W	B. WING 08/23/2022			2022
NAMEOU	DROWNER OF GIRES IN			STREET A	ADDRESS, CITY, STATE, ZIP COD		
NAME OF I	PROVIDER OR SUPPLIER	X		101 PO	TTERS LN		
WEDGE	WOOD HEALTHCA	RE CENTER		CLARK	SVILLE, IN 47129		
(X4) ID		STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX		ICY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	ATE	COMPLETION
TAG		R LSC IDENTIFYING INFORMATION	-	TAG	DEFICIENCY)		DATE
	22, 2013.						
	` '	FPA 101, issued October					
	22, 2013.						
		Standard for Emergency and					
		ystems, 2010 edition,					
	2009	chapter 7, issued August 6,					
		view and interview the facility	EO	041	E 041 LTC Emarganay Bassa	_	00/28/2022
	Based on record review and interview, the facility failed to implement the emergency power system		E 0	J <b>4</b> I	E 041 LTC Emergency Power Corrective action for the		09/28/2022
					residents found to have been		
	inspection, testing, and maintenance requirements found in the Health Care Facilities Code, NFPA				affected by the deficient	''	
	110, and Life Safety Code in accordance with 42				practice:		
	CFR 483.73(e)(2).				All residents have the potential	al to	
	C1 K 403.73(c)(2).				be affected by this deficient	ai to	
	Based on observation and interview, the facility				practice, 500 hall will open an	d he	
		f 1 emergency generator was			staffed September 28th and w		
		arm annunciator in a location			staffed 24/7.	50	
		operating personnel at a			Corrective action taken for		
		n such as a nurses' station.			those residents having the		
	-	ition, Health Care Facilities			potential to be affected by th	ne	
	Code, at 6.4.1.1.17	requires a remote annunciator			same deficient practice:		
	that is storage batte	ry powered shall be provided			All residents have the potentia	al to	
	to operate outside of	of the generating room in a			be affected by this practice. A	All	
		served by operating personnel			residents have been addresse	ed	
		ation. The annunciator shall			with the above practice		
		dicate alarm conditions of the			Measures/systemic changes	put	
		iary power source as follows:			into place to ensure the		
		al signals shall indicate:			deficient practice does not		
	_	ency or auxiliary power source			recur:		
	is operating to supp	- 1			The Administrator/Designee h		
		y charger is malfunctioning.			educated the maintenance dir		
	` '	al signals plus a common			on the requirement of having		
		arn of an engine-generator			remote generator annunciator		
	alarm condition sha				panel that is located at an acti		
	a. Low lubricating				operating Nursing Station The		
	b. Low water temp				Maintenance Director will mor		
	c. Excessive water	•			the remote generator annunci	ator	
		the main fuel storage tank			panel monthly during TELS		
		4-hour operating supply.			generator PM to insure it is		
	e. Overcrank (faile	ed to start).	1		located at an operating Nurse	s	

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

PRINTED: 09/12/2022 FORM APPROVED OMB NO. 0938-039

STATEMEN	TEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) M	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	JILDING	<del></del>	COMPL		
		155265	B. W	ING		08/23/	/2022	
NAME OF A				STREET .	ADDRESS, CITY, STATE, ZIP COD			
NAME OF I	PROVIDER OR SUPPLIEI	R		101 POTTERS LN				
WEDGE	WOOD HEALTHCA	ARE CENTER		CLARK	(SVILLE, IN 47129			
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE			(X5)	
PREFIX	·	NCY MUST BE PRECEDED BY FULL		CROSS-REFERENCED TO THE APPROPR		TE	COMPLETION	
TAG		R LSC IDENTIFYING INFORMATION	_	TAG	DEFICIENCY)		DATE	
	f. Overspeed.				station.			
	_	ork station will be unattended			Corrective actions to be			
		lible and visual derangement			monitored to ensure the			
		y labeled, shall be established			deficient practice will not			
	1	nonitored location. This			recur:			
		shall activate when any of the			The Administrator/Designee w			
		1.17(1) and (2) occur but need			review the daily staffing for 50			
		onditions individually. This			hall, 5 days a week for 3 mon			
	as visitors and staff	ould affect all residents, as well			The Administrator/Designee w			
	as visitors and stail	in the facility.			present the results of these at			
	Findings include:  Based on observations on 08/23/22 between 12:00 p.m. and 2:00 p.m. during a tour of the facility with				monthly to the QAPI committee			
					for no less than 3 months. An	-		
					patterns that are identified will have an Action Plan initiated.			
					QAPI committee will determin			
		apervisor, the remote generator			when compliance is achieved			
		was located at the 500 hall unit			ongoing monitoring is required			
	_	ich was not currently in			origoning monitoring is required	1.		
		sked, the Maintenance						
	_	500 hall unit is currently						
	-	for about six or seven						
		re two sets of smoke barrier						
		500 hall Nurses' Station and						
		rses' Station, which would not						
		annunciator panel to be heard						
		at its current location. Based						
	1 -	g the exit conference, the						
	I -	the 500 hall unit would be						
		the next couple of weeks.						
	This finding was re	eviewed with the Administrator						
		upervisor during the exit						
	conference.	- <del>-</del>						
K 0000								
Bldg. 01								
=	A Life Safety Code	Recertification and State	K 0	000	Preparation or execution of			
	1	vas conducted by the Indiana	0		this plan of correction does	not		
		lth in accordance with 42 CFR			constitute admission or			

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Facility ID: 000166

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STATEMEN	STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION (X3)			(X3) DATE	(3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BUILDING <u>01</u> COMPLETED			LETED		
		155265	B. W	ING		08/23/	/2022	
		<u> </u>	1	OTPER	ADDRESS CITY STATE TO SEE	<u> </u>		
NAME OF F	PROVIDER OR SUPPLIER	₹			ADDRESS, CITY, STATE, ZIP COD			
\\/EDOE	MOOD HEATTHON	DE OENTED			TTERS LN			
WEDGE\	WOOD HEALTHCA	RE CENTER		CLARK	SVILLE, IN 47129			
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION	
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION	TAG DEFICIENCY)			DATE		
	483.90(a).				agreement of provider of the	,		
					truth of the facts alleged or			
	Survey Date: 08/23/22				conclusions set forth on the			
					State of Deficiencies. The Plant	an		
	Facility Number: 0	000166			of Correction is prepared an	d		
	Provider Number:	155265			executed solely because it is			
	AIM Number: 100	267080			required by the position of		1	
					Federal and State Law.			
	At this Life Safety	Code survey, Wedgewood			The Plan of Correction is			
	Healthcare Center v	was found not in compliance			submitted in order to respon	ıd		
	with Requirements	for Participation			to the allegation of			
	Medicare/Medicaid, 42 CFR Subpart 483.90(a),				noncompliance cited during			
	Life Safety From Fire and the 2012 Edition of the				the Life safety survey			
	National Fire Protection Association (NFPA) 101,				The facility would like to			
	Life Safety Code (LSC), Chapter 19, Existing				respectfully request a desk			
	Health Care Occupa	ancies and 410 IAC 16.2.			review.			
					Jay Nowlin, LNHA			
	This one-story facil	ity was determined to be of						
	Type V (111) const	ruction and fully sprinklered.						
	I -	re alarm system with smoke						
		ridor and in all areas open to						
		acility has smoke detectors						
		re alarm system installed in						
		oms 501 through 512 and has						
		oke alarms installed in all						
	•	ing rooms. The facility has a						
	capacity of 124 and	had a census of 76 at the time						
	of this visit.							
		residents have customary						
		ered and all areas providing						
	facility services we	re sprinklered.						
	0 11: 5	1 . 1 . 00/24/22						
	Quality Review cor	mpleted on 08/24/22						
K 0353	NEDA 101							
SS=F	NFPA 101	Maintanance and Tasting						
33-г Bldg. 01	1 '	- Maintenance and Testing						
Diay. UT	1 '	- Maintenance and Testing						
	-	er and standpipe systems ted, and maintained in					1	
	l are moberieu, les	icu, anu mamameu m	1		i		Ī	

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Event ID:

RGE921 Facility ID: 000166

If continuation sheet Page 6 of 10

AND PLAN OF CORRECTION  IDENTIFICATION NUMBER 155265  R. WING  SIRRET ADDRESS, CITY, STATE, ZIP COD 101 POTTERS LN CLARKSVILLE, IN 47129  SUMMARY STATEMENT OF DEPICIENCIE  (EACH DEPICIENCY MUST BE PRECEDED BY FULL TAG  REGULATORY OR LSC IDENTIFYING INFORMATION  accordance with NFPA 25, Standard for the Inspection, Testing, and Maintening of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system  9.7.5, 9.7.7, 9.7.8, and NFPA 25 Based on observation and interview, the facility failed to ensure 1 of 1 fire department connection was in accordance with NFPA 25, 2011 Edition, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. Section 13.7.1 requires fire department connections to be inspected quarterly to verify the following: (1) The fire department connections are visible and accessible. (2) Couplings or swivels are not damaged and rotate smoothly. (3) Plugs or caps are in place and undamaged. (4) Gaskets are in place and in good condition. (5) Identification signs are in place.	STATEMEN	STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MU	JLTIPLE CO	ONSTRUCTION	(X3) DATE SURVEY	
MAME OF PROVIDER OR SUPPLIER  WEDGEWOOD HEALTHCARE CENTER  (X4) ID SUMMARY STATEMENT OF DEFICIENCIE TAG REGULATORY OR LSC IDENTIFYING INFORMATION accordance with NFPA 25, Standard for the Inspection, Testing, and Maintanine of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked  b) Who provided system test  c) Water system supply source  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 Based on observation and interview, the facility failed to ensure 1 of 1 fire department connections was in accordance with NFPA 25, 2011 Edition, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. Section 13.7.1 requires fire department connections to be inspected quarterly to verify the following: (1) The fire department connections and accessible. (2) Couplings or swivels are not damaged and rotate smoothly. (3) Plugs or caps are in place and in good condition.  STREET ADDRESS, CITY, STATE, ZIP COD CLARKSVILLE, IN 47129  CLARKSVILLE, IN 47129  PREPIX TAG  PREPIX TAG  PREPIX TAG  PREPIX TAG  PREPIX TAG  PROVIDES SHANG CORRECTION PROTECTION PROTECTION PROTECTION SHAND TO THE PROTECTION TO THE	AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU				LETED
WEDGEWOOD HALTHCARE CENTER  (X4) ID SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MIST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION 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.  a) Date sprinkler system last checked  b) Who provided system test  c) Water system supply source  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 Based on observation and interview, the facility failed to ensure 1 of 1 fire department connection was in accordance with NFPA 25, 2011 Edition, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. Section 13.7.1 requires fire department connections to be inspected quarterly to verify the following:  (1) The fire department connections are visible and accessible.  (2) Couplings or swivels are not damaged and rotate smoothly.  (3) Plugs or caps are in place and undamaged.  (4) Gaskets are in place and in good condition.			155265	B. WI	/2022			
WEDGEWOOD HEALTHCARE CENTER  (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG REGISTRATE	NAME OF A		D.	•	STREET	ADDRESS, CITY, STATE, ZIP COD	<u> </u>	
(X4) ID PREFIX TAG  SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION TAG  COMPLETION DATE  Accordance with NFPA 25, 2011 Edition, Standard for the Inspection and testing are maintained on coverage for any non-required or partial automatic sprinkler system 9.7.5, 9.77, 9.7.8, and NFPA 25 Based on observation and interview, the facility failed to ensure 1 of 1 fire department connections was in accordance with NFPA 25, 2011 Edition, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. Section 13.7.1 requires fire department connections to be inspected quarterly to verify the following: (1) The fire department connections are visible and accessible. (2) Couplings or swivels are not damaged and rotate smoothly. (3) Plugs or caps are in place and undamaged. (4) Gasakets are in place and in good condition.	NAME OF I	PROVIDER OR SUPPLIE	R		101 PC	OTTERS LN		
PREFIX TAG  RECULATORY OR LSC IDENTIFYING INFORMATION  Accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance, inspection and testing are maintained in a secure location and readily available.  a) Date sprinkler system lest  c) Water system supply source  Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system.  9.7.5, 9.77, 9.7.8, and NFPA 25, Based on observation and interview, the facility failed to ensure 1 of 1 fire department connections was in accordance with NFPA 25, 2011 Edition, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. Section 13.7.1 requires fire department connections to be inspected quarterly to verify the following:  (1) The fire department connections are visible and accessible.  (2) Couplings or swivels are not damaged and rotate smoothly.  (3) Plugs or caps are in place and undamaged.  (4) Gaskets are in place and in good condition.	WEDGE	WOOD HEALTHCA	ARE CENTER		CLARK	(SVILLE, IN 47129		
TAG  REGULATORY OR LSC IDENTIFYING INFORMATION  accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection was in accordance with NFPA 25. D1 Edition, Standard for an accordance with NFPA 25, 201 Edition, Standard for the Inspection and interview, the facility failed to ensure 1 of 1 fire department connections to be inspected quarterly to verify the following:  (1) The fire department connections and accessible. (2) Couplings or swivels are not damaged and rotate smoothly. (3) Plugs or caps are in place and undamaged. (4) Gaskets are in place and in good condition.								
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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.  a) Date sprinkler system last checked  b) Who provided system test  c) Water system supply source  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 Based on observation and interview, the facility failed to ensure 1 of 1 fire department connection was in accordance with NFPA 25, 2011 Edition, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. Section 13.7.1 requires fire department connections to be inspected quarterly to verify the following:  (1) The fire department connections are visible and accessible.  (2) Couplings or swivels are not damaged and rotate smoothly.  (3) Plugs or caps are in place and undamaged.  (4) Gaskets are in place and in good condition.	TAG				TAG	DEFICIENCY		DATE
Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available.  a) Date sprinkler system last checked  b) Who provided system test  c) Water system supply source  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 Based on observation and interview, the facility failed to ensure 1 of 1 fire department connection was in accordance with NFPA 25, 2011 Edition, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. Section 13.7.1 requires fire department connections to be inspected quarterly to verify the following:  (1) The fire department connections are visible and accessible.  (2) Couplings or swivels are not damaged and rotate smoothly.  (3) Plugs or caps are in place and undamaged.  (4) Gaskets are in place and in good condition.								
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Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. Section 13.7.1 requires fire department connections to be inspected quarterly to verify the following: (1) The fire department connections are visible and accessible. (2) Couplings or swivels are not damaged and rotate smoothly. (3) Plugs or caps are in place and undamaged. (4) Gaskets are in place and in good condition.  residents found to have been affected by the deficient practice: All residents have the potential to be affected by this deficient practice, the proper FDC sign was posted at the Fire department connection at the road Corrective action taken for those residents having the potential to be affected by the		failed to ensure 1 of	of 1 fire department connection			Maintenance and testing		
Maintenance of Water-Based Fire Protection Systems. Section 13.7.1 requires fire department connections to be inspected quarterly to verify the following:  (1) The fire department connections are visible and accessible.  (2) Couplings or swivels are not damaged and rotate smoothly.  (3) Plugs or caps are in place and undamaged.  (4) Gaskets are in place and in good condition.  affected by the deficient practice: All residents have the potential to be affected by this deficient practice, the proper FDC sign was posted at the Fire department connection at the road Corrective action taken for those residents having the potential to be affected by the		was in accordance	with NFPA 25, 2011 Edition,			Corrective action for the		
Systems. Section 13.7.1 requires fire department connections to be inspected quarterly to verify the following:  (1) The fire department connections are visible and accessible.  (2) Couplings or swivels are not damaged and rotate smoothly.  (3) Plugs or caps are in place and undamaged.  (4) Gaskets are in place and in good condition.  practice:  All residents have the potential to be affected by this deficient practice, the proper FDC sign was posted at the Fire department connection at the road  Corrective action taken for those residents having the potential to be affected by the		Standard for the In	spection, Testing, and			residents found to have bee	n	
connections to be inspected quarterly to verify the following:  (1) The fire department connections are visible and accessible.  (2) Couplings or swivels are not damaged and rotate smoothly.  (3) Plugs or caps are in place and undamaged.  (4) Gaskets are in place and in good condition.  All residents have the potential to be affected by this deficient practice, the proper FDC sign was posted at the Fire department connection at the road  Corrective action taken for those residents having the potential to be affected by the						affected by the deficient		
the following: (1) The fire department connections are visible and accessible. (2) Couplings or swivels are not damaged and rotate smoothly. (3) Plugs or caps are in place and undamaged. (4) Gaskets are in place and in good condition.  be affected by this deficient practice, the proper FDC sign was posted at the Fire department connection at the road  Corrective action taken for those residents having the potential to be affected by the		1 -				practice:		
(1) The fire department connections are visible and accessible. (2) Couplings or swivels are not damaged and rotate smoothly. (3) Plugs or caps are in place and undamaged. (4) Gaskets are in place and in good condition.  practice, the proper FDC sign was posted at the Fire department connection at the road  Corrective action taken for those residents having the potential to be affected by the			inspected quarterly to verify			•	al to	
and accessible.  (2) Couplings or swivels are not damaged and rotate smoothly.  (3) Plugs or caps are in place and undamaged.  (4) Gaskets are in place and in good condition.  posted at the Fire department connection at the road  Corrective action taken for those residents having the potential to be affected by the		_				•		
(2) Couplings or swivels are not damaged and rotate smoothly.  (3) Plugs or caps are in place and undamaged.  (4) Gaskets are in place and in good condition.  Connection at the road  Corrective action taken for those residents having the potential to be affected by the			ment connections are visible					
rotate smoothly.  (3) Plugs or caps are in place and undamaged.  (4) Gaskets are in place and in good condition.  Corrective action taken for those residents having the potential to be affected by the						1 2		
(3) Plugs or caps are in place and undamaged. (4) Gaskets are in place and in good condition.  those residents having the potential to be affected by the			wivels are not damaged and					
(4) Gaskets are in place and in good condition. potential to be affected by the		1	un in ulara and and a					
			-			_		
La Litteritheanon etime are in piace		` '				_	ie	
		1 1	-			same deficient practice:	al ta	
		` '	C			•		
(7) The automatic drain valve is in place and be affected by this practice. All residents have been addressed		1 1	-					
(8) The fire department connection clapper(s) is in with the above practice							5 <b>U</b>	
place and operating properly.    Measures/systemic changes put			** * * * * * * * * * * * * * * * * * * *				nut	
This deficient practice could affect all occupants.						-	Put	
deficient practice does not		l inis deficient plac	nee coura arreet air occupants.			_		
Findings include: recur:		Findings include:						
The Administrator/Designee has		<i>§</i> :					ıas	

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Event ID:

RGE921

Facility ID: 000166

If continuation sheet

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PRINTED: 09/12/2022 FORM APPROVED

ENTERS FOR	R MEDICARE & MEDIC	AID SERVICES				OM	1B NO. 0938-039	
STATEMEN	NT OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) M	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	A. BUILDING <u>01</u>			COMPLETED	
		155265	B. WI	NG		08/23/2022		
	PROVIDER OR SUPPLIER		•	101 PC	ADDRESS, CITY, STATE, ZIP COD DTTERS LN (SVILLE, IN 47129	<u> </u>		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID			(X5)	
PREFIX		ICY MUST BE PRECEDED BY FULL		PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE		COMPLETION	
TAG		R LSC IDENTIFYING INFORMATION		TAG	CROSS-REFERENCED TO THE APPROPRIA  DEFICIENCY)	.TE	DATE	
		on on 08/23/22 between 12:00			educated the maintenance dir	ector		
		during a tour of the facility with			on the requirement of having t			
		pervisor, the facility's fire			FDC signage in place.			
		tion (FDC) was located near			Corrective actions to be			
	_	ance drive to the facility.			monitored to ensure the			
		ge provided on the fire			deficient practice will not			
	_	tion for the responding fire			recur:			
	-	y identify the FDC. Based on			The Administrator/Designee w	<i>r</i> ill		
		e of observation, this was			review the daily staffing for 50			
		ne Maintenance Supervisor.			hall, 5 days a week for 3 month			
					The Administrator/Designee w			
	This finding was reviewed with the Administrator and Maintenance Supervisor during the exit				present the results of these au			
					monthly to the QAPI committee			
	conference.	1 8			for no less than 3 months. An			
					patterns that are identified will	-		
	3.1-19(b)				have an Action Plan initiated.			
					QAPI committee will determine			
					when 100% compliance is			
					achieved or if ongoing monitor	rina		
					is required.	9		
					is required.			
K 0916	NFPA 101							
SS=F	Electrical Systems	s - Essential Electric Syste						
Bldg. 01	I	s - Essential Electric						
_	System Alarm An							
	· ·	ator that is storage battery						
		ed to operate outside of the						
	generating room i	n a location readily						
	observed by oper	ating personnel. The						
		rd-wired to indicate alarm						
	conditions of the	emergency power source. A						
	centralized compu	uter system (e.g., building						
		n) is not to be substituted						
	for the alarm annu	•						
	6.4.1.1.17, 6.4.1.1							
		on and interview, the facility	K 0	916	K 916 Electrical systems		09/28/2022	
		f 1 emergency generator was	0	-	Corrective action for the			
		arm annunciator in a location			residents found to have been	0		

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readily observed by operating personnel at a

Event ID:

RGE921 Facility ID: 000166

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affected by the deficient

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	Γ OF HEALTH AND HU R MEDICARE & MEDIC						RM APPROVED IB NO. 0938-039	
	NT OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) M	X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
AND PLAN	OF CORRECTION			UILDING	<u>01                                    </u>	COMPI		
		155265	B. W	ING _		08/23/2022		
NAME OF I	PROVIDER OR SUPPLIE	R			ADDRESS, CITY, STATE, ZIP COD DTTERS LN			
WEDGE	WOOD HEALTHCA	ARE CENTER		CLARKSVILLE, IN 47129				
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE	CIE II		PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX	(EACH DEFICIEN	NCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI	ATE	COMPLETION	
TAG	REGULATORY O	R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE	
TAG	regular work station NFPA 99, 2012 Ed Code, at 6.4.1.1.17 that is storage batter to operate outside of location readily ob at a regular work state be hard-wired to in emergency or auxil (1) Individual visus a. When the emerging is operating to supple. When the batter (2) Individual visus audible signal to walarm condition shate. Low lubricating be allowed by Low water temple. Excessive water defended. Low fuel when contains less than a e. Overcrank (failed for the contains of the contains are gular water	n such as a nurses' stations.  lition, Health Care Facilities requires a remote annunciator ery powered shall be provided of the generating room in a served by operating personnel tation. The annunciator shall dicate alarm conditions of the liary power source as follows: tal signals shall indicate: gency or auxiliary power source oly power to load. Ty charger is malfunctioning. Tall signals plus a common arn of an engine-generator all indicate: To il pressure. The main fuel storage tank to 4-hour operating supply. The dot start).  The station will be unattended dible and visual derangement thy labeled, shall be established monitored location. This I shall activate when any of the 1.1.7(1) and (2) occur but need conditions individually. This ould affect all residents, as well			practice: All residents have the potention be affected by this deficient practice, 500 hall will open an staffed September 28th and staffed 24/7.  Corrective action taken for those residents having the potential to be affected by the same deficient practice: All residents have the potention be affected by this practice. The residents have been address with the above practice into place to ensure the deficient practice does not recur: The Administrator/Designee educated the maintenance did on the requirement of having annunciator that's not behind closed doors.  Corrective actions to be monitored to ensure the deficient practice will not recur: The Administrator/Designee educated the deficient practice will not recur: The Administrator/Designee educated the deficient practice will not recur: The Administrator/Designee educated the deficient practice will not recur: The Administrator/Designee educated the deficient practice will not recur: The Administrator/Designee educated the results of these admonthly to the QAPI committed to the present the results of these admonthly to the QAPI committed to the potential to the present the results of these admonthly to the QAPI committed to the present the results of these admonthly to the QAPI committed to the present the results of these admonthly to the QAPI committed to the present the results of these admonthly to the QAPI committed the practice will not the present the results of these admonthly to the QAPI committed the present the results of these admonthly to the QAPI committed the present the results of the presen	he al to All ed s put has rector an will 00 on this will udits ee		
	Findings include:				monthly to the QAPI committ for no less than 3 months. A patterns that are identified wi	ny		

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Based on observations on 08/23/22 between 12:00

p.m. and 2:00 p.m. during a tour of the facility with

the Maintenance Supervisor, the remote generator

annunciator panel was located at the 500 hall unit

Nurses' Station which was not currently in

Event ID:

**RGE921** 

Facility ID: 000166

is required.

If continuation sheet

have an Action Plan initiated. The

achieved or if ongoing monitoring

QAPI committee will determine

when 100% compliance is

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

PRINTED: 09/12/2022 FORM APPROVED OMB NO. 0938-039

	IT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155265	(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING		(X3) DATE SURVEY COMPLETED 08/23/2022		
NAME OF PROVIDER OR SUPPLIER WEDGEWOOD HEALTHCARE CENTER			101 PO	ADDRESS, CITY, STATE, ZIP COD TTERS LN SVILLE, IN 47129			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL . LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	ATE	(X5) COMPLETION DATE
	Supervisor said the closed and has been months. There were doors between the 5 the next nearest Nur allow the generator by staff at all times on interview during Administrator said to opening back up in	ked, the Maintenance 500 hall unit is currently for about six or seven e two sets of smoke barrier 00 hall Nurses' Station and rses' Station, which would not annunciator panel to be heard at its current location. Based the exit conference, the the 500 hall unit would be the next couple of weeks.  viewed with the Administrator apervisor during the exit					

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