

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

PRINTED: 09/12/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN 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				STREET ADDRESS, CITY, STATE, ZIP COD 101 POTTERS LN CLARKSVILLE, IN 47129			
(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>An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73.</p> <p>Survey Date: 08/23/22</p> <p>Facility Number: 000166 Provider Number: 155265 AIM Number: 100267080</p> <p>At this Emergency Preparedness survey, Wedgewood Healthcare Center was found not in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73.</p> <p>The facility has 124 certified beds. At the time of the survey, the census was 76.</p> <p>Quality Review completed on 08/24/22</p> <p>The requirement at 42 CFR, Subpart 483.73 is NOT MET as evidenced by:</p>			E 0000	<p>Preparation or execution of this plan of correction does not constitute admission or agreement of provider of the truth of the facts alleged or conclusions set forth on the State of Deficiencies. The Plan of Correction is prepared and executed solely because it is required by the position of Federal and State Law. The Plan of Correction is submitted in order to respond to the allegation of noncompliance cited during the Life safety survey. The facility would like to respectfully request a desk review.</p> <p>Jay Nowlin, LNHA</p>		
E 0041 SS=F Bldg. --	<p>482.15(e), 483.73(e), 485.625(e) Hospital CAH and LTC Emergency Power §482.15(e) Condition for Participation: (e) Emergency and standby power systems. The hospital must implement emergency and standby power systems based on the emergency plan set forth in paragraph (a) of this section and in the policies and procedures plan set forth in paragraphs (b)(1) (i) and (ii) of this section.</p> <p>§483.73(e), §485.625(e)</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 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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	<p>(e) Emergency and standby power systems. The [LTC facility and the CAH] must implement emergency and standby power systems based on the emergency plan set forth in paragraph (a) of this section.</p> <p>§482.15(e)(1), §483.73(e)(1), §485.625(e)(1) Emergency generator location. The generator must be located in accordance with the location requirements found in the Health Care Facilities Code (NFPA 99 and Tentative Interim Amendments TIA 12-2, TIA 12-3, TIA 12-4, TIA 12-5, and TIA 12-6), Life Safety Code (NFPA 101 and Tentative Interim Amendments TIA 12-1, TIA 12-2, TIA 12-3, and TIA 12-4), and NFPA 110, when a new structure is built or when an existing structure or building is renovated.</p> <p>482.15(e)(2), §483.73(e)(2), §485.625(e)(2) Emergency generator inspection and testing. The [hospital, CAH and LTC facility] must implement the emergency power system inspection, testing, and [maintenance] requirements found in the Health Care Facilities Code, NFPA 110, and Life Safety Code.</p> <p>482.15(e)(3), §483.73(e)(3), §485.625(e)(3) Emergency generator fuel. [Hospitals, CAHs and LTC facilities] that maintain an onsite fuel source to power emergency generators must have a plan for how it will keep emergency power systems operational during the emergency, unless it evacuates.</p> <p>*[For hospitals at §482.15(h), LTC at §483.73(g), and CAHs §485.625(g):] The standards incorporated by reference in this section are approved for incorporation by</p>						

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	<p>reference by the Director of the Office of the Federal Register in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. You may obtain the material from the sources listed below. You may inspect a copy at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html. If any changes in this edition of the Code are incorporated by reference, CMS will publish a document in the Federal Register to announce the changes.</p> <p>(1) National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02169, www.nfpa.org, 1.617.770.3000.</p> <p>(i) NFPA 99, Health Care Facilities Code, 2012 edition, issued August 11, 2011.</p> <p>(ii) Technical interim amendment (TIA) 12-2 to NFPA 99, issued August 11, 2011.</p> <p>(iii) TIA 12-3 to NFPA 99, issued August 9, 2012.</p> <p>(iv) TIA 12-4 to NFPA 99, issued March 7, 2013.</p> <p>(v) TIA 12-5 to NFPA 99, issued August 1, 2013.</p> <p>(vi) TIA 12-6 to NFPA 99, issued March 3, 2014.</p> <p>(vii) NFPA 101, Life Safety Code, 2012 edition, issued August 11, 2011.</p> <p>(viii) TIA 12-1 to NFPA 101, issued August 11, 2011.</p> <p>(ix) TIA 12-2 to NFPA 101, issued October 30, 2012.</p> <p>(x) TIA 12-3 to NFPA 101, issued October</p>						

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	<p>22, 2013. (xi) TIA 12-4 to NFPA 101, issued October 22, 2013. (xiii) NFPA 110, Standard for Emergency and Standby Power Systems, 2010 edition, including TIAs to chapter 7, issued August 6, 2009..</p> <p>Based on record review and interview, the facility failed to implement the emergency power system inspection, testing, and maintenance requirements found in the Health Care Facilities Code, NFPA 110, and Life Safety Code in accordance with 42 CFR 483.73(e)(2).</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 emergency generator was provided with an alarm annunciator in a location readily observed by operating personnel at a regular work station such as a nurses' station. NFPA 99, 2012 Edition, Health Care Facilities Code, at 6.4.1.1.17 requires a remote annunciator that is storage battery powered shall be provided to operate outside of the generating room in a location readily observed by operating personnel at a regular work station. The annunciator shall be hard-wired to indicate alarm conditions of the emergency or auxiliary power source as follows:</p> <p>(1) Individual visual signals shall indicate:</p> <ul style="list-style-type: none"> a. When the emergency or auxiliary power source is operating to supply power to load. b. When the battery charger is malfunctioning. <p>(2) Individual visual signals plus a common audible signal to warn of an engine-generator alarm condition shall indicate:</p> <ul style="list-style-type: none"> a. Low lubricating oil pressure. b. Low water temperature. c. Excessive water temperature. d. Low fuel when the main fuel storage tank contains less than a 4-hour operating supply. e. Overcrank (failed to start). 			E 0041	<p>E 041 LTC Emergency Power Corrective action for the residents found to have been affected by the deficient practice:</p> <p>All residents have the potential to be affected by this deficient practice, 500 hall will open and be staffed September 28th and will be staffed 24/7.</p> <p>Corrective action taken for those residents having the potential to be affected by the same deficient practice:</p> <p>All residents have the potential to be affected by this practice. All residents have been addressed with the above practice</p> <p>Measures/systemic changes put into place to ensure the deficient practice does not recur:</p> <p>The Administrator/Designee has educated the maintenance director on the requirement of having a remote generator annunciator panel that is located at an active operating Nursing Station. The Maintenance Director will monitor the remote generator annunciator panel monthly during TELS generator PM to insure it is located at an operating Nurses</p>		09/28/2022

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K 0000 Bldg. 01	<p>f. Overspeed.</p> <p>Where a regular work station will be unattended periodically, an audible and visual derangement signal, appropriately labeled, shall be established at a continuously monitored location. This derangement signal shall activate when any of the conditions in 6.4.1.1.17(1) and (2) occur but need not display these conditions individually. This deficient practice could affect all residents, as well as visitors and staff in the facility.</p> <p>Findings include:</p> <p>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 operation. When asked, the Maintenance Supervisor said the 500 hall unit is currently closed and has been for about six or seven months. There were two sets of smoke barrier doors between the 500 hall Nurses' Station and the next nearest Nurses' Station, which would not allow the generator annunciator panel to be heard by staff at all times at its current location. Based on interview during the exit conference, the Administrator said the 500 hall unit would be opening back up in the next couple of weeks.</p> <p>This finding was reviewed with the Administrator and Maintenance Supervisor during the exit conference.</p> <p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana Department of Health in accordance with 42 CFR</p>			K 0000	<p>station.</p> <p>Corrective actions to be monitored to ensure the deficient practice will not recur:</p> <p>The Administrator/Designee will review the daily staffing for 500 hall, 5 days a week for 3 months</p> <p>The 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 compliance is achieved or if ongoing monitoring is required.</p> <p>Preparation or execution of this plan of correction does not constitute admission or</p>		

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K 0353 SS=F Bldg. 01	<p>483.90(a).</p> <p>Survey Date: 08/23/22</p> <p>Facility Number: 000166 Provider Number: 155265 AIM Number: 100267080</p> <p>At this Life Safety Code survey, Wedgewood Healthcare Center was found not in compliance with Requirements for Participation 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 sprinklered. The facility has a fire alarm system with smoke detection in the corridor and in all areas open to the corridor. The facility has smoke detectors hard wired to the fire alarm system installed in resident sleeping rooms 501 through 512 and has battery operated smoke alarms installed in all other resident sleeping rooms. The facility has a capacity of 124 and had a census of 76 at the time of this visit.</p> <p>All areas where the residents have customary access were sprinklered and all areas providing facility services were sprinklered.</p> <p>Quality Review completed on 08/24/22</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</p>				<p>agreement of provider of the truth of the facts alleged or conclusions set forth on the State of Deficiencies. The Plan of Correction is prepared and executed solely because it is required by the position of Federal and State Law. The Plan of Correction is submitted in order to respond to the allegation of noncompliance cited during the Life safety survey. The facility would like to respectfully request a desk review.</p> <p>Jay Nowlin, LNHA</p>		

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	<p>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>c) Water system supply source</p> <p>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system.</p> <p>9.7.5, 9.7.7, 9.7.8, and NFPA 25</p> <p>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:</p> <p>(1) The fire department connections are visible and accessible.</p> <p>(2) Couplings or swivels are not damaged and rotate smoothly.</p> <p>(3) Plugs or caps are in place and undamaged.</p> <p>(4) Gaskets are in place and in good condition.</p> <p>(5) Identification signs are in place.</p> <p>(6) The check valve is not leaking.</p> <p>(7) The automatic drain valve is in place and operating properly.</p> <p>(8) The fire department connection clapper(s) is in place and operating properly.</p> <p>This deficient practice could affect all occupants.</p> <p>Findings include:</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:</p> <p>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</p> <p>Corrective action taken for those residents having the potential to be affected by the same deficient practice:</p> <p>All residents have the potential to be affected by this practice. All residents have been addressed with the above practice</p> <p>Measures/systemic changes put into place to ensure the deficient practice does not recur:</p> <p>The Administrator/Designee has</p>		09/28/2022

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K 0916 SS=F Bldg. 01	<p>Based on observation 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 facility's fire department connection (FDC) was located near the road at the entrance drive to the facility. There was no signage provided on the fire department connection for the responding fire department to easily identify the FDC. Based on interview at the time of observation, this was acknowledged by the Maintenance Supervisor.</p> <p>This finding was reviewed with the Administrator and Maintenance Supervisor during the exit conference.</p> <p>3.1-19(b)</p> <p>NFPA 101 Electrical Systems - Essential Electric System Alarm Annunciator A remote annunciator that is storage battery powered is provided to operate outside of the generating room in a location readily observed by operating personnel. The annunciator is hard-wired to indicate alarm conditions of the emergency power source. A centralized computer system (e.g., building information system) is not to be substituted for the alarm annunciator. 6.4.1.1.17, 6.4.1.1.17.5 (NFPA 99) Based on observation and interview, the facility failed to ensure 1 of 1 emergency generator was provided with an alarm annunciator in a location readily observed by operating personnel at a</p>			K 0916	<p>educated the maintenance director on the requirement of having the FDC signage in place. Corrective actions to be monitored to ensure the deficient practice will not recur: The Administrator/Designee will review the daily staffing for 500 hall, 5 days a week for 3 months The 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 916 Electrical systems Corrective action for the residents found to have been affected by the deficient</p>		09/28/2022

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	<p>regular work station such as a nurses' stations. NFPA 99, 2012 Edition, Health Care Facilities Code, at 6.4.1.1.17 requires a remote annunciator that is storage battery powered shall be provided to operate outside of the generating room in a location readily observed by operating personnel at a regular work station. The annunciator shall be hard-wired to indicate alarm conditions of the emergency or auxiliary power source as follows:</p> <p>(1) Individual visual signals shall indicate:</p> <p>a. When the emergency or auxiliary power source is operating to supply power to load.</p> <p>b. When the battery charger is malfunctioning.</p> <p>(2) Individual visual signals plus a common audible signal to warn of an engine-generator alarm condition shall indicate:</p> <p>a. Low lubricating oil pressure.</p> <p>b. Low water temperature.</p> <p>c. Excessive water temperature.</p> <p>d. Low fuel when the main fuel storage tank contains less than a 4-hour operating supply.</p> <p>e. Overcrank (failed to start).</p> <p>f. Overspeed.</p> <p>Where a regular work station will be unattended periodically, an audible and visual derangement signal, appropriately labeled, shall be established at a continuously monitored location. This derangement signal shall activate when any of the conditions in 6.4.1.1.17(1) and (2) occur but need not display these conditions individually. This deficient practice could affect all residents, as well as visitors and staff in the facility.</p> <p>Findings include:</p> <p>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</p>				<p>practice:</p> <p>All residents have the potential to be affected by this deficient practice, 500 hall will open and be staffed September 28th and will be staffed 24/7.</p> <p>Corrective action taken for those residents having the potential to be affected by the same deficient practice:</p> <p>All residents have the potential to be affected by this practice. All residents have been addressed with the above practice</p> <p>Measures/systemic changes put into place to ensure the deficient practice does not recur:</p> <p>The Administrator/Designee has educated the maintenance director on the requirement of having an annunciator that's not behind closed doors. .</p> <p>Corrective actions to be monitored to ensure the deficient practice will not recur:</p> <p>The Administrator/Designee will review the daily staffing for 500 hall, 5 days a week for 3 months</p> <p>The 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>		

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	<p>operation. When asked, the Maintenance Supervisor said the 500 hall unit is currently closed and has been for about six or seven months. There were two sets of smoke barrier doors between the 500 hall Nurses' Station and the next nearest Nurses' Station, which would not allow the generator annunciator panel to be heard by staff at all times at its current location. Based on interview during the exit conference, the Administrator said the 500 hall unit would be opening back up in the next couple of weeks.</p> <p>This finding was reviewed with the Administrator and Maintenance Supervisor during the exit conference.</p> <p>3.1-19(b)</p>						