

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

PRINTED: 03/16/2023
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155471		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING		X3) DATE SURVEY COMPLETED 02/20/2023	
NAME OF PROVIDER OR SUPPLIER FOUR SEASONS RETIREMENT CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 1901 TAYLOR RD COLUMBUS, IN 47203			
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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: 02/20/23</p> <p>Facility Number: 000543 Provider Number: 155471 AIM Number: NA</p> <p>At this Emergency Preparedness survey, Four Seasons Retirement 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 30 certified beds. At the time of the survey, the census was 15.</p> <p>Quality Review completed on 02/21/23</p> <p>The requirement at 42 CFR, Subpart 483.73 is NOT MET as evidenced by:</p>			E 0000	<p>Four Seasons Retirement Center is dedicated to providing quality care in a safe environment. This Plan of Correction shall not constitute an admission, or an agreement, that the allegations made are accurate. This Plan of Correction is submitted to meet the requirements established by State and Federal law.</p> <p>*Four Seasons requests that compliance with Federal and State rules be determined through paper review.</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

Rebecca Stenner

Executive Director, HFA

03/03/2023

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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	<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 observation 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). This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of "HC Emergency Generator Testing Log" documentation for the twelve month period of January 2022 through December 2022 with the the Director of Environmental Services during record review from 9:10 a.m. to 11:30 a.m. on 02/21/23, monthly load testing documentation for the facility's propane fired emergency generator was incomplete. The "cool down" time for monthly load testing in 2022 was not recorded and was not available for review. Based on interview at the time of record review, the Director of Environmental Services agreed the cool down time for monthly load testing was not available for review. Based on observations with the Director of Environmental Services during a tour of the facility from 11:30 a.m. to 1:15 p.m. on 02/20/23, the facility has one emergency generator. The manufacturer's name plate indicated the propane fuel fired emergency generator was rated at 25 kW .</p> <p>This finding was reviewed with the Executive</p>			E 0041	<p>Four Seasons Retirement Center is dedicated to providing quality care in a safe environment. This Plan of Correction shall not constitute an admission, or an agreement, that the allegations made are accurate. This Plan of Correction is submitted to meet the requirements established by State and Federal law.</p> <p>*Four Seasons requests that compliance with Federal and State rules be determined through paper review.</p> <p>Plan of correction for E041: facility emergency power</p> <p>Corrective Actions Taken. On February 28, 2023, the facility updated its Health Center Emergency Generator Testing Log to record the "cool down" time at the end of each monthly load test. (see Attachment A – Health Center Emergency Generator Testing Log)</p> <p>Other residents affected identified and other corrective actions? All residents at this facility will be covered by the plan of correction</p>		03/02/2023

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K 0000 Bldg. 01	<p>Director and the Director of Environmental Services during the exit conference.</p> <p>3.1-19(b)</p> <p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 02/20/23</p> <p>Facility Number: 000543</p>			K 0000	<p>outlined above and the changes outlined below.</p> <p>Measures taken and systemic changes. The facility has conducted an in-service with all relevant maintenance staff to inform them of the updated changes to the Health Center Emergency Generator Testing Log, and how to properly record the information regarding the cool down at the end of the monthly test. (see Attachment B - In-service form)</p> <p>Monitoring corrective actions. From this date forward, the facility will continue to use the updated Health Center Emergency Generator Testing Log updated February 28, 2023. (see Attachment C - Scheduled Work Order #3)</p> <p>Date systemic changes will be completed: March 2, 2023.</p> <p>Four Seasons Retirement Center is dedicated to providing quality care in a safe environment. This Plan of Correction shall not constitute an admission, or an agreement, that the allegations made are accurate. This Plan of Correction is submitted to meet</p>		

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K 0321 SS=D Bldg. 01	<p>Provider Number: 155471 AIM Number: NA</p> <p>At this Life Safety Code survey, Four Seasons Retirement Center was found not in compliance with Requirements for Participation in Medicare, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2012 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC) and 410 IAC 16.2.</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 smoke detection in the corridors, all spaces open to the corridor and has hard wired smoke detection in all resident sleeping rooms. The facility has a capacity of 30 and had a census of 15 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. The facility has no detached buildings providing facility services.</p> <p>Quality Review completed on 02/21/23</p> <p>NFPA 101 Hazardous Areas - Enclosure Hazardous Areas - Enclosure Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4 hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1 or 19.3.5.9. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have</p>				<p>the requirements established by State and Federal law.</p> <p>*Four Seasons requests that compliance with Federal and State rules be determined through paper review.</p>		

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	<p>nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door.</p> <p>Describe the floor and zone locations of hazardous areas that are deficient in REMARKS.</p> <p>19.3.2.1, 19.3.5.9</p> <p>Area Automatic Sprinkler Separation N/A</p> <p>a. Boiler and Fuel-Fired Heater Rooms</p> <p>b. Laundries (larger than 100 square feet)</p> <p>c. Repair, Maintenance, and Paint Shops</p> <p>d. Soiled Linen Rooms (exceeding 64 gallons)</p> <p>e. Trash Collection Rooms (exceeding 64 gallons)</p> <p>f. Combustible Storage Rooms/Spaces (over 50 square feet)</p> <p>g. Laboratories (if classified as Severe Hazard - see K322)</p> <p>Based on observation and interview, the facility failed to ensure 1 of over 13 hazardous areas such as Laundries (larger than 100 square feet) were separated from other spaces by smoke resistant partitions and doors. This deficient practice could affect over two staff in the vicinity of the laundry.</p> <p>Findings include:</p> <p>Based on observations with the Director of Environmental Services during a tour of the facility from 11:30 a.m. to 1:15 p.m. on 02/20/23, two openings were noted in the ceiling of the laundry room above the natural gas fired dryers which did not separate the dryer room from other spaces by smoke resistant partitions. The openings were square and were for open ended sheet metal ductwork which penetrated the ceiling of the dryer room and exposed the attic above.</p>			K 0321	<p>Four Seasons Retirement Center is dedicated to providing quality care in a safe environment. This Plan of Correction shall not constitute an admission, or an agreement, that the allegations made are accurate. This Plan of Correction is submitted to meet the requirements established by State and Federal law.</p> <p>*Four Seasons requests that compliance with Federal and State rules be determined through paper review.</p> <p>Plan of correction for K321 Hazardous Areas - Enclosure</p>		03/02/2023

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	<p>Each opening had a fire damper installed in the ductwork with the fusible link holding the fire damper shutter in the fully open position. Observations in the attic revealed the square sheet metal ductwork was open to the attic. Based on interview at the time of the observations, the Director of Environmental Services agreed the aforementioned dryer area in the laundry was not separated from other spaces by smoke resistant partitions.</p> <p>This finding was reviewed with the Executive Director and the Director of Environmental Services during the exit conference.</p> <p>3.1-19(b)</p>				<p>Corrective Actions Taken. On February 28, 2023, a total of three openings that contained fire dampers located above the dryers in the Health Center laundry room were closed and then sealed with 5/8" drywall. (see Attachment D – Work Order #35832, Attachment E - Picture Before, and Attachment F - Picture After)</p> <p>Other residents affected identified and other corrective actions? All residents at this facility will be covered by the plan of correction outlined above and the changes outlined below.</p> <p>Measures taken and systemic changes. On March 2, 2023, the Director of Environmental Services conducted a walkthrough of the facility to ensure there were no additional openings in any hazardous areas that would allow for the passage of smoke to another area. (see Attachment G - Work Order #35873)</p> <p>Monitoring corrective actions. From this date forward, the facility will conduct a yearly Hazardous Area Enclosure inspection to ensure compliance. (see Attachment H - Scheduled work order #240)</p> <p>Date systemic changes will be completed March 2, 2023.</p>		

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K 0522 SS=D Bldg. 01	<p>NFPA 101 HVAC - Any Heating Device HVAC - Any Heating Device Any heating device, other than a central heating plant, is designed and installed so combustible materials cannot be ignited by device, and has a safety feature to stop fuel and shut down equipment if there is excessive temperature or ignition failure. If fuel fired, the device also: * is chimney or vent connected. * takes air for combustion from outside. * provides for a combustion system separate from occupied area atmosphere. 19.5.2.2 Based on observation and interview, the facility failed to ensure 1 of 1 laundry rooms was provided with intake combustion air from the outside for rooms containing fuel fired equipment. This deficient practice could create an atmosphere rich with carbon monoxide which could cause physical problems for all staff in the laundry room. This deficient practice could affect over two staff in the vicinity of the laundry room.</p> <p>Findings include:</p> <p>Based on observations with the Director of Environmental Services during a tour of the facility from 11:30 a.m. to 1:15 p.m. on 02/20/23, it could not be determined if the natural gas fired dryers in the laundry room were continually provided with combustion air supply taken directly from the outside when in operation. The dryers were in operation at the time of the observations. A vent grill was installed in the outside wall behind the dryers but it was covered over with drywall and wood. Based on interview at the time of the observations, the Director of Environmental Services agreed it could not be</p>			K 0522	<p>K522 Four Seasons Retirement Center is dedicated to providing quality care in a safe environment. This Plan of Correction shall not constitute an admission, or an agreement, that the allegations made are accurate. This Plan of Correction is submitted to meet the requirements established by State and Federal law.</p> <p>*Four Seasons requests that compliance with Federal and State rules be determined through paper review.</p> <p>Plan of correction for HVAC – Any Heating Device / air from outside</p> <p>Corrective Actions Taken. On February 28, 2023, the facility removed the plywood obstructing the vent grills located behind the laundry room dryers on the</p>		03/02/2023

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K 0918 SS=F Bldg. 01	<p>determined if the natural gas fired dryers in the laundry room were continually provided with combustion air supply taken directly from the outside when in operation.</p> <p>This finding was reviewed with the Executive Director and the Director of Environmental Services during the exit conference.</p> <p>3.1-19(b)</p> <p>NFPA 101 Electrical Systems - Essential Electric Syste Electrical Systems - Essential Electric</p>				<p>outside wall to allow a fresh air supply to be taken directly from the outside when the dryers are in operation. (see Attachment I - Work Order #35833, Attachment J – Picture Outside, and Attachment K – Picture Outside)</p> <p>Other residents affected identified and other corrective actions? All residents at this facility will be covered by the plan of correction outlined above and the changes outlined below.</p> <p>Measures taken and systemic changes. On March 2, 2023, the facility conducted a thorough review of all heating devices to insure they are receiving air for combustion from outside. (see Attachment K - Work Order #35880)</p> <p>Monitoring corrective actions. From this date forward, the facility will conduct a yearly inspection to insure the new fresh air supply for the dryers is the only air supply provided for the natural gas fired dryers. (see Attachment L - Schedule work order #241)</p> <p>Date systemic changes will be completed. March 2, 2023.</p>		

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	<p>System Maintenance and Testing</p> <p>The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110.</p> <p>Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)</p> <p>Based on record review, observation and interview; the facility failed to ensure 1 of 1 emergency generators was allowed a 5 minute cool down period after a load test for 12 of 12 months. NFPA 110, Standard for Emergency and</p>			K 0918	Four Seasons Retirement Center is dedicated to providing quality care in a safe environment. This Plan of Correction shall not constitute an admission, or an		03/02/2023

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OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155471		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING		X3) DATE SURVEY COMPLETED 02/20/2023	
NAME OF PROVIDER OR SUPPLIER FOUR SEASONS RETIREMENT CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 1901 TAYLOR RD COLUMBUS, IN 47203			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<p>Standby Power Systems, 2010 Edition, Section 8.4.5(4) requires a minimum time delay of 5 minutes shall be provided for unloaded running of the Emergency Power Supply (EPS) prior to shut down. This delay provides additional engine cool down. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of "HC Emergency Generator Testing Log" documentation for the twelve month period of January 2022 through December 2022 with the the Director of Environmental Services during record review from 9:10 a.m. to 11:30 a.m. on 02/21/23, monthly load testing documentation for the facility's propane fired emergency generator was incomplete. The "cool down" time for monthly load testing in 2022 was not recorded and was not available for review. Based on interview at the time of record review, the Director of Environmental Services agreed the cool down time for monthly load testing was not available for review. Based on observations with the Director of Environmental Services during a tour of the facility from 11:30 a.m. to 1:15 p.m. on 02/20/23, the facility has one emergency generator. The manufacturer's name plate indicated the propane fuel fired emergency generator was rated at 25 kW .</p> <p>This finding was reviewed with the Executive Director and the Director of Environmental Services during the exit conference.</p> <p>3.1-19(b)</p>				<p>agreement, that the allegations made are accurate. This Plan of Correction is submitted to meet the requirements established by State and Federal law.</p> <p>*Four Seasons requests that compliance with Federal and State rules be determined through paper review.</p> <p>Plan of correction for K918 Electrical Systems- Essential Electric System Maintenance and Testing</p> <p>Corrective Actions Taken. On February 22, 2023, the Environmental Services Director and staff ran a generator test to ensure the generator's pre-programmed automatic cool down period worked as designed. The generator did run the full five minutes after the load was removed from the generator, and Environmental Staff confirmed that the generator works correctly as required during the "cool down" period.</p> <p>Other residents affected identified and other corrective actions? All residents at this facility will be covered by the plan of correction outlined above and the changes outlined below.</p> <p>Measures taken and systemic changes. On February 28, 2023,</p>		

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

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			<p>the facility updated its Health Center Emergency Generator Testing Log to record the "cool down" time during each monthly load test. (see Attachment A – Health Center Emergency Generator Testing Log) The facility has also conducted an in-service with relevant maintenance staff to inform them of the updated changes to the Health Center Emergency Generator Testing Log and how to properly record the information. (see Attachment N – Health Center Emergency Generator Testing Log In-service form)</p> <p>Monitoring corrective actions. From this date forward, the facility will continue to use the updated Health Center Emergency Generator Testing Log updated February 28, 2023. (see Attachment C - Scheduled Work Order #3)</p> <p>Date systemic changes will be completed. March 2, 2023.</p>		