

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

PRINTED: 05/11/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155066		X2) MULTIPLE CONSTRUCTION A. BUILDING      -- B. WING      _____		X3) DATE SURVEY COMPLETED 04/17/2023	
NAME OF PROVIDER OR SUPPLIER  EDGEWATER WOODS				STREET ADDRESS, CITY, STATE, ZIP COD 1809 N MADISON AVE ANDERSON, IN 46011			
(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: 04/17/23</p> <p>Facility Number: 000026 Provider Number: 155066 AIM Number: 100274820</p> <p>At this Emergency Preparedness survey, Edgewater Woods was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73. The facility has a capacity of 81 and had a census of 72 at the time of this survey.</p> <p>Quality Review completed on 04/18/23</p>			E 0000	This provider respectfully requests that this 2567 Plan of Correction be considered the Letter of Credible Allegation of Compliance and requests a desk review in lieu of a post survey review on or after May 3, 2023.		
K 0000  Bldg. 01	<p>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).</p> <p>Survey Date: 04/17/2023</p> <p>Facility Number: 000026 Provider Number: 155066 AIM Number: 100274820</p> <p>At this Life Safety Code survey, Edgewater Woods was found not in compliance with Requirements for Participation in</p>			K 0000	This provider respectfully requests that this 2567 Plan of Correction be considered the Letter of Credible Allegation of Compliance and requests a desk review in lieu of a post survey review on or after May 3, 2023.		

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

TITLE

(X6) DATE

Victoria Kinley

Executive Director

05/03/2023

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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K 0511 SS=D Bldg. 01	<p>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 was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, areas open to the corridors and battery operated smoke detectors in the resident rooms. The facility has a capacity of 81 and had a census of 72 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered. All areas providing facility services were sprinklered.</p> <p>Quality Review completed on 04/18/23</p> <p>NFPA 101 Utilities - Gas and Electric Utilities - Gas and Electric Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life. 18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2 Based on observation and interview, the facility failed to ensure 2 of 2 ground fault circuit interrupter (GFCI) were properly maintained for 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. This deficient practice could affect 1 resident in</p>			K 0511	<p><b>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;</b> Maintenance Director fixed improper wiring on outlet in both Life Path shower room and Life path clean utility room on 4/18/23.</p>		05/03/2023

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	<p>Life Path shower room and 1 staff member in Life Path clean utility room.</p> <p>Findings include:</p> <p>Based on observation with the Executive Director and the Maintenance Supervisor on 04/17/23 at 1:00 p.m., when the GFCI electric receptacle in the Life Path shower room and clean utility room were tested with a GFCI tester the GFCI receptacle would not reset. Based on interview at the time of observation, the Maintenance Supervisor agreed the GFCI electric receptacle did not reset when tested.</p> <p>The finding was reviewed with the Executive Director and Maintenance Supervisor during the exit conference.</p> <p>3.1-19(b)</p>		<p>Both GFCI electric receptacle are functioning appropriately.</p> <p><b>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken</b></p> <p>This deficient practice could affect 1 resident in Life Path shower room and 1 in Life Path clean utility room. Maintenance Director completed an audit of all GFCI electric receptacles in facility on 4/28/23 to ensure no other deficient practice occurred.</p> <p><b>What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur;</b></p> <p>CQI tool titled "2023 Life Safety Corrective Action Monitoring" will be completed weekly x 4 weeks, monthly x 6 months, and quarterly thereafter until 100% compliance is achieved.</p> <p><b>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place;</b></p> <p>Ongoing compliance with this corrective action will be monitored via facility QAPI program, with meetings being held monthly, and is overseen by the Executive Director.</p> <p>CQI tool titled "2023 Life Safety Corrective Action Monitoring" will</p>		

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K 0920 SS=D Bldg. 01	<p>NFPA 101 Electrical Equipment - Power Cords and Extens Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assemblies that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4. 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5 1) Based on observation and interview, the facility failed to ensure 1 of 1 power strip in the Resident room 305 meets UL 1363. This deficient practice could affect 1 resident.</p>	K 0920	<p>be completed weekly x 4 weeks, monthly x 6 months, and quarterly there after until 100% compliance is achieved. If Threshold of 100% is not met, an action plan will be developed to ensure compliance.</p> <p><b>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient</b></p>	05/03/2023	

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	<p>Findings include:</p> <p>Based on observation with the Maintenance Supervisor and Executive Director on 04/17/23 at 1:10 p.m., in Resident room 305 room there was a power strip in use that did not meet UL-1363. Based on interview at the time of observation, the Maintenance Supervisor agreed a power strip was in use in the Resident room 305 that did not meet UL-1363. The power strip was removed at the time of discovery.</p> <p>This finding was reviewed with the Executive Director and the Maintenance Supervisor during the exit conference.</p> <p>3.1-19(b)</p> <p>2) Based on observation and interview, the facility failed to ensure 1 of 1 flexible cord was not used as a substitute for fixed wiring. NFPA-70/2011, 400.8 state unless specifically permitted in 400.7 flexible cords and cables shall not be used for (1) as a substitute for fixed wiring. This deficient practice could affect 1 resident.</p> <p>Findings include:</p> <p>Based on observation during a tour of the facility with the Executive Director and Maintenance Supervisor on 04/17/23 at 1:10 p.m., a power strip was plugged into and supplied power to a TV and other personal items by an extension cord in the Resident room 305. Based on interview at the time of observation, the Executive Director and Maintenance Supervisor acknowledged an extension cord was in use and removed the extension cord.</p>				<p><b>practice;</b> The power strip and extension cord were removed from room 305 and replaced with a hospital grade power strip.” <b>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken</b> All residents have the potential to be affected by this deficient practice. All staff were educated on correct usage of power strips and extension cords. Maintenance Director completed an audit of all resident rooms and office spaces on 4/28/23 to ensure there were no other power strips or extension cords. <b>What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur;</b> Maintenance Supervisor/designee to utilize CQI Tool titled “2023 Life Safety Corrective Action Monitoring” to audit rooms and offices in facility weekly x 4 weeks, monthly x 6 months, and quarterly thereafter until 100% compliance is achieved. <b>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place;</b> Ongoing compliance with this</p>		

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	The finding was reviewed with the Executive Director and Maintenance Supervisor during the exit conference.  3.1-19(b)				corrective action will be monitored via facility QAPI program, with meetings being held monthly, and is overseen by the Executive Director. CQI tool titled "2023 Life Safety Corrective Action Monitoring" will be completed weekly x 4 weeks, monthly x 6 months, and quarterly there after until 100% compliance is achieved. If Threshold of 100% is not met, an action plan will be developed to ensure compliance.		