

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

PRINTED: 03/28/2024
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155423		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING		X3) DATE SURVEY COMPLETED 03/20/2024	
NAME OF PROVIDER OR SUPPLIER HAMMOND-WHITING CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 1000 114TH ST WHITING, IN 46394			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 0000 Bldg. 01	<p>A Post Survey Revisit (PSR) to the investigation of Complaint Number IN00427505 that exited on 02/01/24 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a).</p> <p>Complaint IN00427505 - Not Corrected</p> <p>Survey Date: 03/20/2024</p> <p>Facility Number: 000365 Provider Number: 155423 AIM Number: 100287460</p> <p>At this PSR to Complaint IN00427505, Hammond-Whiting Care Center was found not in compliance with Requirements for Participation in Medicare/Medicaid, 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), 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 hard wired smoke detection in the corridors, resident rooms and in common areas. The facility has a capacity of 80 and had a census of 64 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. The facility has one detached building providing storage.</p> <p>Quality Review completed on 03/22/24</p>			K 0000			

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 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 0354 SS=F Bldg. 01	<p>NFPA 101 Sprinkler System - Out of Service Sprinkler System - Out of Service Where the sprinkler system is impaired, the extent and duration of the impairment has been determined, areas or buildings involved are inspected and risks are determined, recommendations are submitted to management or designated representative, and the fire department and other authorities having jurisdiction have been notified. Where the sprinkler system is out of service for more than 10 hours in a 24-hour period, the building or portion of the building affected are evacuated or an approved fire watch is provided until the sprinkler system has been returned to service.</p> <p>18.3.5.1, 19.3.5.1, 9.7.5, 15.5.2 (NFPA 25) Based on record review and interview, the facility failed to ensure 1 of 5 staff interviewed were properly trained on fire watch procedures. NFPA 25, 15.5.2 requires nine procedures that the impairment coordinator shall follow. A.15.5.2 (4) (b) states a fire watch should consist of trained personnel who continuously patrol the affected area. Ready access to fire extinguishers and the ability to promptly notify the fire department are important items to consider. During the patrol of the area, the person should not only be looking for fire, but making sure that the other fire protection features of the building such as egress routes and alarm systems are available and functioning properly. This deficient practice could affect all occupants in the facility.</p> <p>Findings include:</p> <p>Based on interview between 11:30 a.m. and 12:30 p.m. on 03/20/24 with the Housekeeping/Maintenance staff, when asked to</p>			K 0354	<p><u>K354 – Sprinkler System- Out of Service;</u> <i>What Corrective Action will be accomplished for those residents found to have been affected by this deficient practice:</i> 1 All occupants had the potential to be affected. <i>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken:</i> 1 All occupants had the potential to be affected by this deficient practice. The facility will initiate a fire watch immediately following the notification that either the fire system or sprinkler system is offline. Staff who are performing the fire watch tours, will</p>		03/22/2024

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	<p>describe the process for fire watch he was initially unable to answer. After asking about duties during fire watch, the Housekeeping/Maintenance staff stated that duties could be cleaning rooms, working on TELS and other miscellaneous while conducting fire watch. Based on record review of inservice sheets, the Housekeeping/Maintenance staff name was on the inservice sheet, however he did not remember exactly attending but did acknowledge his signature. He further stated he did not remember what went over during the inservice.</p> <p>Findings were discussed with the Administrator at exit conference.</p> <p>3.1-19(b)</p> <p>This deficient practice was cited on 02/01/24. The facility failed to implement proper corrective action.</p>				<p>only be assigned to the fire watch, no other duties will be assigned. <i>What measures and what systemic changes will be made to ensure that the deficient practice doesn't recur:</i></p> <p>1 Facility leadership was educated by Regional Vice President (RVP) and Division Director of Maintenance on 3/22/2024 on the facility Fire Watch Policy.</p> <p>2 1 ED/designee will complete a questionnaires on the fire watch procedures with 3 staff members on various shifts. This questionnaire will be performed 3x/week for 2 months, then 1x/week for 2 months, and 1x/month for 2 months to ensure staff demonstrate understanding and importance of fire watch procedures. Any issues identified will be immediately addressed.</p> <p>2 The results of these questionnaires will be discussed at the monthly facility Quality Assurance Committee meeting and reviewed by the RVP monthly for a total of 3 months and then quarterly thereafter once compliance.¿ QAPI will determine the need for further audits. Compliance date: 3/22/2024. The Administrator at Hammond-Whiting Care Center is responsible in ensuring compliance in this Plan of Correction.¿¿</p>		

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