STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	155830	A. BUILDING -- B. WING	01/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
HARRISON'S CROSSING HEALTH CAMPUS	395 8TH AVENUE TERRE HAUTE, IN 47804

(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
E 0000 Bldg. --	An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73. Survey Date: 01/22/24 Facility Number: 013335 Provider Number: 155830 AIM Number: 201290670 At this Emergency Preparedness survey, Harrison's Crossing Health Campus 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 72 certified beds and had a census of 50 at the time of this visit. Quality Review completed on 01/24/24	E 0000	The submission of this plan of correction does not indicate an admission by Harrison's Crossing Health Campus that the findings and allegations contained herein are accurate, true representation of the quality of care provided, and the living environment provided to the residents of Harrison's Crossing Health Campus. The facility recognizes its obligation to provide legally and medically necessary care and services to its residents in an economic and efficient manner. The facility hereby maintains it is in substantial compliance with all state and federal requirements governing the management of this facility. It is thus submitted as a matter of statute only. The facility respectfully requests from the department a desk review for substantial compliance.	
K 0000 Bldg. 01	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). Survey Date: 01/22/24 Facility Number: 013335 Provider Number: 155830	K 0000	The submission of this plan of correction does not indicate an admission by Harrison's Crossing Health Campus that the findings and allegations contained herein are accurate, true representation of the quality of care provided, and the living environment provided to the residents of Harrison's	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Sean Medsker	Executive Director	02/04/2024

Any defiencystatement 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 disclo days 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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	AIM Number: 201290670 At this Life Safety Code survey, Harrison's Crossing Health Campus was found not in compliance with Requirements for Participation in Medicare, 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. This facility was located on the first floor of a two story building determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with hard wired smoke detectors in the corridors, spaces open to the corridors, and all resident rooms. The entire first floor of the facility, including the Legacy Lane-Assisted Living unit was surveyed due to the lack of a 2 hour fire-rated separation. Legacy Lane-Assisted Living unit includes rooms 113 through 122 (11 beds). The facility has a capacity of 83 on the 1st floor including the Legacy Lane-Assisted Living unit, with 72 certified beds and had a census of 50 at the time of this survey. All areas where residents have customary access were sprinklered and all areas providing facility services were sprinklered, except a detached maintenance garage used for the storage of maintenance equipment. Quality Review completed on 01/24/24		Crossing Health Campus. The facility recognizes its obligation to provide legally and medically necessary care and services to its residents in an economic and efficient manner. The facility hereby maintains it is in substantial compliance with all state and federal requirements governing the management of this facility. It is thus submitted as a matter of statute only. The facility respectfully requests from the department a desk review for substantial compliance.	
K 0355 SS=D Bldg. 01	NFPA 101 Portable Fire Extinguishers Portable Fire Extinguishers Portable fire extinguishers are selected, installed, inspected, and maintained in accordance with NFPA 10, Standard for			

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	Portable Fire Extinguishers. 18.3.5.12, 19.3.5.12, NFPA 10 Based on observation and interview, the facility failed to ensure 1 of 25 portable fire extinguishers were inspected at least monthly and the inspections were documented including the date and initials of the person performing the inspection in accordance with NFPA 10. LSC 9.7.4.1 states portable fire extinguishers shall be selected, installed, inspected and maintained in accordance with NFPA 10. NFPA 10, the Standard for Portable Fire Extinguishers, 2010 Edition, Section 7.2.1.2 states fire extinguishers shall be inspected either manually or by means of an electronic monitoring device/system at a minimum of 30-day intervals. Where monthly manual inspections are conducted, the date the manual inspection was performed and the initials of the person performing the inspection shall be recorded. Where manual inspections are conducted, records for manual inspections shall be kept on a tag or label attached to the fire extinguisher, on an inspection checklist maintained on file, or by an electronic method. Records shall be kept to demonstrate that at least the last 12 monthly inspections have been performed. This deficient practice could affect staff in the Elevator Mechanical room. Findings include: Based on observations with the Senior Director of Plant Operations and Executive Director during a tour of the facility at 12:26 p.m. on 01/22/24, the affixed maintenance tag for the ABC type portable fire extinguisher located in the Elevator Mechanical Room indicated annual maintenance for the fire extinguisher was performed by the contractor in August 2023 and had a monthly inspection for September 2023. The fire	K 0355	**1 Corrective Action for the resident(s) affected by the alleged deficient practice:** No Residents, staff or visitors were affected by the alleged deficient practice. **2 Corrective Actions taken for those resident(s) having the potential to be affected by the alleged deficient practice:** No Residents, staff or visitors were identified or reported any findings suggestive of having been affected by the deficient practice. **3 Corrective Actions including Measures/Systemic changes put in place to assure the alleged deficient practice does not re occur:** The Director of Plant Operations immediately removed the portable fire extinguisher and performed the required inspection. Director of Plant Operations was educated by Executive Director on K355 portable fire extinguishers NFPA 101. Portable fire extinguishers are selected,	02/02/2024

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	extinguisher lacked monthly inspections for October, November and December 2023. Based on interview at the time of the observation, the Senior Director of Plant Operations agreed the aforementioned portable fire extinguisher location had missing monthly inspection documentation for October, November and December 2023. This finding was reviewed with the Executive Director and the Senior Director of Plant Operations during the exit conference. 3.1-19(b)		installed, inspected, and maintained in accordance with NFPA 10, Standard for portable fire Extinguishers 18.3.5.12, 19.3.5.12, NFPA10. **4 Corrective Actions that will be monitored to ensure the alleged will not re occur:** The Director of Plant Operations and/or Designee developed a weekly fire extinguisher inspection audit. The Director of Plant Operations and/or Designee will perform the observation audits three times a week, for three months. Findings will be reviewed during the quarterly QA Committee in order to determine the frequency for ongoing monitoring. Findings suggestive of 100% compliance may result in cessation of the monitoring plan based on review.	
K 0920 SS=E Bldg. 01	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) assembles that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in			

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	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 Based on observation and interview, the facility failed to ensure 3 of 3 flexible cords were not used as a substitute for fixed wiring. LSC 9.1.2 requires electrical wiring and equipment shall be in accordance with NFPA 70, National Electrical Code. NFPA 70, 2011 Edition, Article 400.8 requires that, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice affects staff and at least 20 residents in two smoke compartments. Findings include: Based on observation with the Senior Plant Operations Director and the Executive Director on 01/22/24 between 11:45 a.m. and 12:55 p.m. the following was discovered: a) a small fiber optic christmas tree was plugged into and powered by an extension cord in resident room 208 b) a small christmas tree and an electronic picture frame were plugged into and powered by an	K 0920	**1 Corrective Action for the resident(s) affected by the alleged deficient practice:** This deficient practice had the potential to affect one Resident in room 208, 2 Residents in room 211 and one employee in the DES office. **2 Corrective Actions taken for those resident(s) having the potential to be affected by the alleged deficient practice:** No residents, staff or visitors were identified or reported any findings suggestive of having been affected by the deficient practice.	02/02/2024

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	extension cord in resident room 211 c) a refrigerator was plugged into and powered by a power strip in the Director of Environmental Services office. The Senior Director of Plant Operations removed the power strip upon observation. Based on interview at the time of each observation, the Senior Director of Plant Operations confirmed each aforementioned flexible cord being used as a substiture for fixed wiring. This finding was reviewed with the Administrator at the exit conference 3.1-19(b)		**3 Corrective Actions including Measures/Systemic changes put in place to assure the alleged deficient practice does not re occur:** The Director of Plant Operations immediately removed the extension cords from rooms 208 and 211 and removed the power strip from the Director of Environmental Services office. The Executive Director and/or designee provided re-education to the Director of Plant Operations on Electrical Equipment - Power Cords and Extension CFR(s): NFPA 101 Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assembles 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	

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			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 **4 Corrective Actions that will be monitored to ensure the alleged will not re occur:** The Director of Plant Operations and/or Designee developed a weekly audit that includes monitoring the usage of any power strips in employee offices as well as for the use of power cords in Resident rooms on the Health Center. The Director of Plant Operations and/or Designee will perform the observation audits three times a week, for three months. Findings will be reviewed during the quarterly QA Committee in order to determine the frequency for ongoing monitoring. Findings suggestive of 100% compliance may result in cessation of the monitoring plan based on review.e in the DES office.	

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