

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

PRINTED: 09/26/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155772		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING		X3) DATE SURVEY COMPLETED 06/06/2023	
NAME OF PROVIDER OR SUPPLIER COBBLESTONE CROSSINGS HEALTH CAMPUS				STREET ADDRESS, CITY, STATE, ZIP CODE 1850 E HOWARD WAYNE DR TERRE HAUTE, IN 47802			
(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: 06/06/23</p> <p>Facility Number: 011906 Provider Number: 155772 AIM Number: 20114960</p> <p>At this Emergency Preparedness survey, Cobblestone Crossings Health Campus was found in substantial compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73</p> <p>The facility has 60 certified beds. At the time of the survey, the census was 39.</p> <p>Quality Review completed on 06/07/23</p>			E 0000	<p>The submission of this plan of correction does not indicate an admission by Cobblestone Crossings Health Campus that the findings and allegations contained herein are accurate, true representation of the quality of care provided, and living environment provided to the residents of Cobblestone Crossings 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 the requirements of participation for skilled health care facilities. To this end, the plan of correction shall serve as the credible allegation of 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.</p>		
E 0041 SS=C 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</p>						

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

TITLE

(X6) DATE

Nicole Griffith

Executive Director

09/19/2023

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>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) (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</p>						

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	<p>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 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</p>						

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	<p>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 22, 2013.</p> <p>(xi) TIA 12-4 to NFPA 101, issued October 22, 2013.</p> <p>(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). This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on record review on 06/06/23 from 9:50 a.m. to 12:50 a.m. with the Director of Plant Operations and a Director of Plant Operations from a sister facility, documentation of eight weeks of weekly generator testing was not available for review. The weeks of 06/06/22, 06/13/22, 06/20/22, 04/10/23, 04/24/23, 05/01/23, 05/08/23 and 05/15/23 were not available for review. Based on an interview at the time of record review, the Director of Plant Operations confirmed the aforementioned weeks of documented weekly generator testing were not available for review at the time of the survey.</p> <p>This finding was reviewed with the Executive Director at the exit conference.</p>			E 0041	<p>There were no residents affected by the deficient practice. Maintenance staff were educated on the emergency power system inspection, testing and maintenance requirements and all exercises will be documented appropriately. Director of Plant Operations or designee will complete visual inspections of generator weekly and run underload monthly for 30 minutes with cool down load of 15 minutes and document appropriately. All inspections will be submitted to QA committee monthly for review and suggestions for continued compliance.</p>		06/26/2023

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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: 06/06/23</p> <p>Facility Number: 011906 Provider Number: 155772 AIM Number: 201114960</p> <p>At this Life Safety Code survey, Cobblestone Crossings Health Campus was found not in compliance with Requirements for Participation in 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 hard wired smoke detectors in the corridors, spaces open to the corridors, and all resident sleeping rooms. A fire wall with a 2-hour fire resistive rating separates the healthcare occupancy from the assisted living areas. The facility has a capacity of 60 and had a census of 39 at the time of this survey.</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 06/07/23</p>			K 0000	<p>The submission of this plan of correction does not indicate an admission by Cobblestone Crossings Health Campus that the findings and allegations contained herein are accurate, true representation of the quality of care provided, and living environment provided to the residents of Cobblestone Crossings 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 the requirements of participation for skilled health care facilities. To this end, the plan of correction shall serve as the credible allegation of 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.</p>		

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K 0131 SS=E Bldg. 01	<p>NFPA 101 Multiple Occupancies Multiple Occupancies - Sections of Health Care Facilities Sections of health care facilities classified as other occupancies meet all of the following:</p> <ul style="list-style-type: none"> o They are not intended to serve four or more inpatients for purposes of housing, treatment, or customary access. o They are separated from areas of health care occupancies by construction having a minimum two hour fire resistance rating in accordance with Chapter 8. o The entire building is protected throughout by an approved, supervised automatic sprinkler system in accordance with Section 9.7. <p>Hospital outpatient surgical departments are required to be classified as an Ambulatory Health Care Occupancy regardless of the number of patients served. 19.1.3.3, 42 CFR 482.41, 42 CFR 485.623 Based on observation and interview, the facility failed to ensure 1 of 3 separation fire doors would limit the spread of fire and restrict the movement of smoke. LSC 19.1.1.3 requires all health care facilities to be maintained and operated to minimize the possibility of a fire emergency requiring the evacuation of the occupants. LSC 8.3.4.1 states every opening in a fire barrier shall be protected to limit the spread of fire and restrict the movement of smoke from one side of the fire barrier to the other. This deficient practice could affect 25 residents and staff in the dining room.</p> <p>Findings include:</p>			K 0131	<p>There were no residents affected by the deficient practice and through changing of the door closure will ensure requirement is met. Door closure was replaced to allow door to self-close and latch. Will educate maintenance staff on LSC 8.3.4.1 stating every opening in a fire barrier shall be protected to limit the spread of fire and restrict the movement of smoke from one side of the fire barrier to the other. Director of Plant Operations or designee will do weekly safety rounds for 3 months</p>		06/26/2023

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K 0341 SS=E Bldg. 01	<p>Based on observations and interview during a tour of the facility with the Director of Plant Operations and Director of Plant Operations from a visiting facility on 06/06/23 between 12:50 p.m. and 2:12 p.m., the door leading from the dining area into the kitchen which is part of the Fire Wall assembly separating the Assisted Living and Skilled nursing sections of the facility failed to self-close and latch. Based on interview at the time of observation, the Director of Plant Operations confirmed the kitchen door in the fire wall assembly failed to self close and latch when tested.</p> <p>This finding was reviewed with the Executive Director at the exit conference.</p> <p>3.1-19(b)</p> <p>NFPA 101 Fire Alarm System - Installation Fire Alarm System - Installation A fire alarm system is installed with systems and components approved for the purpose in accordance with NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm Code to provide effective warning of fire in any part of the building. In areas not continuously occupied, detection is installed at each fire alarm control unit. In new occupancy, detection is also installed at notification appliance circuit power extenders, and supervising station transmitting equipment. Fire alarm system wiring or other transmission paths are monitored for integrity. 18.3.4.1, 19.3.4.1, 9.6, 9.6.1.8</p> <p>Based on observation and interview, the facility failed to maintain 1 of 1 fire alarm systems in accordance with NFPA 72, National Fire Alarm</p>			K 0341	<p>to ensure door will close correctly to meet LSC. All results will be submitted to monthly QA committee for review and suggestions for continued compliance.</p> <p>There were no residents affected by the deficient practice and through reattachment of smoke</p>		06/26/2023

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K 0352 SS=F Bldg. 01	<p>and Signaling Code, 2010 Edition. Section 14.5.1 states system equipment shall be maintained in accordance with the manufacturer's published instructions. Section 17.4.4 states initiating devices shall be supported independently of their attachment to the circuit conductors. This deficient practice could affect up to 10 residents and staff.</p> <p>Based on observation on 06/06/23 during a tour of the facility from 12:50 p.m. to 2:12 p.m. with the Director of Plant Operations and a Director of Plant Operations from a sister facility, a smoke detector in the corridor by the occupancy separation wall was hanging at an angle from the ceiling. Based on interview at the time of observation, the Director of Plant Operations confirmed the smoke detector was hanging at an angle from the ceiling.</p> <p>This finding was reviewed with the Executive Director at the exit conference.</p> <p>3.1-19(b)</p> <p>NFPA 101 Sprinkler System - Supervisory Signals Sprinkler System - Supervisory Signals Automatic sprinkler system supervisory attachments are installed and monitored for integrity in accordance with NFPA 72, National Fire Alarm and Signaling Code, and provide a signal that sounds and is displayed at a continuously attended location or approved remote facility when sprinkler operation is impaired.</p> <p>9.7.2.1, NFPA 72 Based on observation and interview, the facility failed to maintain monitoring of 1 of 1 sprinkler system in accordance with LSC 9.7.2.1. LSC</p>			K 0352	<p>detector to ceiling will ensure requirement is met. Smoke detector was securely reattached to ceiling. Maintenance staff were educated on NFA Section 14.5.2 stating system equipment shall be maintained in accordance with the manufacturer's published instructions. Director of Plant Operations or designee will do safety rounds monthly to ensure all smoke detectors are securely attached. Results of safety rounds will be submitted to QA committee monthly for review and suggestions for continued compliance.</p> <p>Facility has completed a waiver request for additional time for repairs. We are waiting on</p>		12/20/2023

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K 0353 SS=F	<p>19.3.5.1 states buildings containing nursing homes shall be protected throughout by an approved, supervised automatic sprinkler system in accordance with Section 9.7. LSC 9.7.2.1 states where supervised automatic sprinkler systems are required by another section of this Code, supervisory attachments shall be installed and monitored for integrity in accordance with NFPA 72, National Fire Alarm and Signaling Code, and a distinctive supervisory signal shall be provided to indicate a condition that would impair the satisfactory operation of the sprinkler system. Supervisory signals shall sound and shall be displayed either at a location within the protected building that is constantly attended by qualified personnel or at an approved, remotely located receiving facility. This deficient practice could affect all residents</p> <p>Findings include:</p> <p>Based on record review on 06/06/23 at 11:46 a.m. with the Director of Plant Operations and a Director of Plant Operations from a sister facility, on the inspection and test report dated 05/05/23; the Post Indicator Valve (PIV) was listed as failed and stated the Tamper Switch did not report to the fire alarm panel. Based on interview at the time of record review, the Director of Plant Operations stated there was no written documentation available to show the sprinkler system had been repaired since the inspection on 05/05/23.</p> <p>This finding was reviewed with the Executive Director at the exit conference.</p> <p>3.1-19(b)</p> <p>NFPA 101 Sprinkler System - Maintenance and Testing</p>				<p>contractor to schedule date. Facility has secured PIV in open position with a pad lock until repairs are made. PIV is fully operational in emergency.</p>		

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Bldg. 01	<p>Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in 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. 9.7.5, 9.7.7, 9.7.8, and NFPA 25</p> <p>1. Based on record review, observation and interview, the facility failed to ensure 1 of 1 private fire hydrant was continuously maintained in reliable operating condition and inspected and tested periodically. NFPA 25, 2011 Edition, the Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, Table 7.1.1.2 requires wet and dry barrel hydrants to be inspected annually and after each operation. This deficient practice affects all residents in the facility.</p> <p>Findings include:</p> <p>Based on record review on 06/06/23 from 9:50 a.m. to 12:50 p.m. with the Director of Plant Operations and a Director of Plant Operations from a sister facility, the facility has one private single nozzle fire hydrant on the northeast corner of the building. Documentation titled 'Repair Service Ticket' dated 09/26/22 stated 'during the annual</p>			K 0353	<p>1. Facility has requested an extension of time waiver for the hydrant project due to time project will take to get parts for contractor to complete. The facility has approved and notified contractor to complete project. Contractor has ordered parts and estimated 8 weeks for delivery. Hydrant currently has a break seal and can be accessed for use by fire department during a fire emergency until hydrant is replaced.</p> <p>2. There were no residents affected by the deficient practice and through addition of 2 sidewall sprinkler heads to sprinkler cabinet will ensure requirement is met. 2 sidewall sprinkler heads</p>		12/20/2023

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	<p>fire hydrant inspection, the hydrant would not shut off during flow. The inspection found that the valve nut is no longer attached to the stem on the lower barrel.' The inspection company would provide quote to replace the hydrant. Further, the inspectors 'informed customer that the fire hydrant has been shut off at main valve coming from city/county, put a break seal on the hydrant and labeled it out of service until repairs can be made. Documentation titled 'Water-Based Deficiency Report' dated 09/26/22 under scope of work states 'underground crew will come down and replace fire hydrant on the northeast side of the building. The current hydrant is a single nozzle. Based on an interview at the time of record review, the Director of Plant Operations stated he was in his second week on the job and was not aware of the hydrant deficiency. The Director of Plant Operations contacted the facility's contracted sprinkler inspector; however no documentation was available for review at the time of the survey to show the hydrant has been repaired/replaced since the 09/26/22 inspection. Based on observation with the Director of Plant Operations during a tour of the facility on 06/06/23 from 12:50 p.m. to 2:12 p.m., the private hydrant on the northeast corner of the building had a break seal and 'out of service' was wrote on black electrical tape adhered to the hydrant.</p> <p>2. Based on observation and interview, the facility failed to ensure 1 of 1 sprinkler systems was maintained with spare sprinklers, a spare sprinkler cabinet and a sprinkler wrench on the premises. NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 2011 Edition, Section 5.4.1.4 states a supply of spare sprinklers (never fewer than six) shall be maintained on the premises so that any sprinklers that have been operated or damaged in</p>				<p>have been added to sprinkler cabinet. Maintenance team was educated on NFPA 25 Section 5.4.1.4 stating a supply of spare sprinklers shall be maintained on he premises. Campus will be in compliance by June 26, 2023 for this portion of deficiency.</p>		

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K 0918 SS=C Bldg. 01	<p>any way can be promptly replaced. The sprinklers shall correspond to the types and temperature ratings of the sprinklers on the property. The sprinklers shall be kept in a cabinet located where the temperature in which they are subjected will at no time exceed 100 degrees Fahrenheit. A special sprinkler wrench shall be provided and kept in the cabinet to be used in the removal and installation of sprinklers. This deficient practice could affect all residents and staff in the facility.</p> <p>Findings include:</p> <p>Based on observations during a tour of the facility on 06/06/23 at from 12:50 p.m. to 2:12 p.m. with the Director of Plant Operations and a Director of Plant Operations from a sister facility, there were two spare sprinkler cabinets next to the riser but there were no sidewall spare sprinklers in the cabinets. Based on interview at the time of the observation, the Director of Plant Operations confirmed there were not sidewall spare sprinklers in the cabinets. During a tour of the facility, sidewall sprinklers were observed in the corridors.</p> <p>This finding was reviewed with the Executive Director at the exit conference.</p> <p>3.1-19(b)</p> <p>NFPA 101 Electrical Systems - Essential Electric Syste Electrical Systems - Essential Electric System Maintenance and Testing 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</p>						

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	<p>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 and interview, the facility failed to ensure a written record of weekly inspections for the generator was maintained for 8 of 52 weeks. NFPA 99, 6.4.4.1.3 requires onsite generators shall be maintained in accordance with NFPA 110, Standard for Emergency and Standby Power Systems. NFPA 110, 8.4.1 requires an Emergency Power Supply System (EPSS) including all appurtenant components, shall be inspected weekly and exercised monthly. NFPA 99, 6.4.4.2 requires a written record of inspection, performance, exercising period, and repairs for the</p>			K 0918	<p>There were no residents affected by the deficient practice. Maintenance staff were educated on the emergency power system inspection, testing and maintenance requirements and all exercises will be documented appropriately. Director of Plant Operations or designee will complete visual inspections of generator weekly and run underload monthly for 30 minutes</p>		06/26/2023

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K 0920 SS=B Bldg. 01	<p>generator to be regularly maintained and available for inspection by the authority having jurisdiction. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on record review on 06/06/23 from 9:50 a.m. to 12:50 a.m. with the Director of Plant Operations and a Director of Plant Operations from a sister facility, documentation of eight weeks of weekly generator testing was not available for review. The weeks of 06/06/22, 06/13/22, 06/20/22, 04/10/23, 04/24/23, 05/01/23, 05/08/23 and 05/15/23 were not available for review. Based on an interview at the time of record review, the Director of Plant Operations confirmed the aforementioned weeks of documented weekly generator testing were not available for review at the time of the survey.</p> <p>This finding was reviewed with the Executive Director at the exit conference.</p> <p>3.1-19(b)</p> <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</p>				with cool down load of 15 minutes and document appropriately. All inspections will be submitted to QA committee monthly for review and suggestions for continued compliance.		

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	<p>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</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 power strips was not used as a substitute for fixed wiring to provide power equipment with a high current draw.</p> <p>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 at least 10 residents and 2 staff in 100 Hall.</p> <p>Findings include:</p> <p>Based on observation during a tour of the facility on 06/06/23 at 1:21 p.m. with the Director of Plant Operations and a Director of Plant Operations from a sister facility, a power strip was being used to power a dorm style refrigerator/freezer (high power draw equipment) in resident room 102. Based on interview at the time of observation, the Director of Plant Operations confirmed a refrigerator was plugged into and being powered by a power strip. The Director of Plant Operations unplugged the refrigerator from the power strip at the time of observation and plugged it directly into a wall outlet.</p>			K 0920	<p>There were no residents affected by the deficient practice and through removal of power strip will ensure requirement is met. Removed the power strip and plugged the refrigerator into wall outlet. Will educate maintenance staff on use of power strips. Director of Plant Operations or designee will do safety rounds monthly to ensure no power strips are being used incorrectly. Plant Operations Director/Designee will maintain log of inspections and will submit to QA committee monthly for review and suggestions for continued compliance.</p>		06/26/2023

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	This finding was reviewed by the Executive Director at the exit conference. 3.1-19(b)						