

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

PRINTED: 01/11/2023
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155449		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING _____		X3) DATE SURVEY COMPLETED 12/15/2022	
NAME OF PROVIDER OR SUPPLIER NORTHERN LAKES NURSING AND REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 516 N WILLIAMS ST ANGOLA, IN 46703			
(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: 12/15/22</p> <p>Facility Number: 000426 Provider Number: 155449 AIM Number: 100275480</p> <p>At this Emergency Preparedness Survey, Northern Lakes Nursing and Rehabilitation Center 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 99 and had a census of 85 at the time of this survey.</p> <p>Quality Review completed on 12/19/22</p>			E 0000	<p>This Plan of Correction is submitted under Federal and State regulations and status applicable to long term care providers. This Plan of Correction does not constitute an admission of liability on the part of the facility and such liability is hereby denied.</p> <p>The submission of this plan does not constitute agreement by the facility that the surveyor's findings or conclusions are accurate, that the findings constitute a deficiency, or that the scope and severity regarding any of the deficiencies are cited correctly.</p> <p>We respectfully request a desk review and paper compliance determination on all citations.</p>		
K 0000 Bldg. 01	<p>A Life Safety Code (LSC) 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: 12/15/22</p> <p>Facility Number: 000426 Provider Number: 155449 AIM Number: 100275480</p> <p>At this LSC survey, Northern Lakes Nursing and</p>			K 0000			

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

TITLE

(X6) DATE

Dee Anna Smallman

Administrator

12/30/2022

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 0918 SS=F Bldg. 01	<p>Rehabilitation Center 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, 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 (000) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in corridors, areas open to the corridors and battery operated smoke detectors in the resident rooms. The facility has a capacity of 99 and had a census of 85 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered. The facility had a maintenance building providing facility services including the maintenance office and tools that was not sprinklered. The facility has an additional off site storage unit including the storage of beds and mattresses that was not sprinklered.</p> <p>Quality Review completed on 12/19/22</p> <p>NFPA 101 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 safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with</p>						

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	<p>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 observation and interview, the facility failed to ensure 1 of 1 emergency generators was equipped with a properly located remote stop in the event the generator caught fire. NFPA 110, Standard for Emergency and Standby Power Systems 2010 Edition, Section 5.6.5.6, requires all installations shall have a remote manual stop station of a type to prevent inadvertent or unintentional operation located outside the room housing the prime mover, where so installed, or elsewhere on the premises where the prime mover is located outside the building. Section 5.6.5.6.1, requires the remote manual stop station to be labeled.</p>	K 0918	<p>K-0918</p> <p>The facility immediately contacted Novatek Corporation who installed our new Generator about installation of an External Emergency Stop Button. Dee Hinesley of Novatek has ordered the Stop Button and as soon as it arrives it will be installed.</p> <p>No other area was affected by this citation.</p> <p>Maintenance Director was</p>		01/15/2023		

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K 0920 SS=E Bldg. 01	<p>Annex A is not a part of the requirements but is included for informational purposes only. A.5.6.5.6 states for systems located outdoors, the manual shutdown should be located external to the weatherproof enclosure and should be appropriately identified.</p> <p>This deficient practice could affect all residents, as well as staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Director on 12/15/22 at 11:22 a.m., a new generator was recently installed. The new generator was not equipped with an external emergency stop button. Based on interview at the time of observation, the Maintenance Director agreed the emergency stop button for the new generator was not provided.</p> <p>This finding was reviewed with the Maintenance Director and Administrator during 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>				<p>provided the regulations for the requirement of the External Emergency Stop Button and was reviewed with him by the Maintenance Consultant Luke Cobb and he current maintenance director has a full understanding of the requirements.</p> <p>All future new installations of any Life Safety equipment will be checked off for compliance by the administrator and/or corporate office for full compliance with the regulations.</p>		

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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 3 of 3 flexible cord power strips in patient care locations met the required UL rating of 1363A or 60601-1. This deficient practice can affect 5 residents in the therapy gym.</p> <p>Findings include:</p> <p>Based on observations during a tour of the facility with the Maintenance Director on 12/15/22 at 11:16 a.m., 3 power strips was in use in the therapy gym where resident care was provided that did not meet 1363A or 60601-1. Based on interview at the time of observation, the Maintenance Director agreed three power strips were in use in a resident care area and did not meet 1363A or 60601-1.</p> <p>This finding was reviewed with the Maintenance Director and Administrator during the exit conference.</p> <p>3.1-19(b)</p>			K 0920	<p>The 3 flexible cord power strips in the therapy gym have been replaced with Tripp Lite Safe-IT Medical-Grade Power Strips UL 1363A.</p> <p>The maintenance director and environmental director have inspected all other patient care areas to ensure that any power strips used meet this requirement.</p> <p>The Maintenance Director, Maintenance employees, Environmental Director as well as Environmental Employees have all been re-instructed on the use of power strips. They were instructed while cleaning rooms, completing maintenance tasks etc. that they should always look to ensure that we have the approved medical-grade power strip in use.</p> <p>This inspection has been added to</p>		01/10/2023

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					the Life Safety Rounds quarterly to ensure 100% compliance with this requirement and is reported to the QA Committee for review.		