

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

PRINTED: 01/19/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155526		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING		X3) DATE SURVEY COMPLETED 01/03/2023	
NAME OF PROVIDER OR SUPPLIER PERSIMMON RIDGE REHABILITATION CENTRE				STREET ADDRESS, CITY, STATE, ZIP COD 200 N PARK ST PORTLAND, IN 47371			
(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: 01/03/2023</p> <p>Facility Number: 000148 Provider Number: 155526 AIM Number: 100275500</p> <p>At this Emergency Preparedness survey, Persimmon Ridge Rehabilitation Centre 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 112 and had a census of 57 at the time of this survey.</p> <p>Quality Review completed on 01/06/23</p>			E 0000			
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: 01/03/2023</p> <p>Facility Number: 000148 Provider Number: 155526 AIM Number: 100275500</p> <p>At this Life Safety Code survey, Persimmon Ridge Rehabilitation Centre was found not in compliance with Requirements for Participation in</p>			K 0000	<p>Submission of this plan of correction does not constitute an admission to or an agreement with facts alleged on the survey report. Submission of this plan of correction does not constitute an admission or an agreement by the provider of the truth of facts alleged or corrections set forth on the statement of deficiencies. Please accept this Plan of Correction as our credible allegation of compliance.</p>		

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

TITLE

(X6) DATE

Melinda Hodgson

Administrator

01/12/2023

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 0920 SS=E 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 hard wired smoke detectors in the resident rooms. The facility has a capacity of 112 and had a census of 57 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 01/06/23</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 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</p>						

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	<p>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>1. Based on observation and interview, the facility failed to ensure 2 of 2 resident rooms did not use multi-plug adaptors 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 4 residents.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Director and Administrator during the facility tour on 01/03/23 between 11:55 a.m and 01:05 pm., resident room 310 and resident room 501 contained a multi-plug adaptor powering personal equipment. Based on interview at the time of observation, the Maintenance Director and Administrator agreed a multi-plug adaptor was in use in room 310 and room 501. The multiplug adaptors were removed by the Maintenance Director when discovered.</p> <p>These findings were reviewed with the Administrator and Maintenance Director at the exit conference.</p> <p>3.1-19(b)</p>			K 0920	<p>1. No residents were affected but all residents had the potential to be affected. The multi-plug adapters have been removed from rooms 310 and 501. The power strip in room 115 has been removed.</p> <p>2. In an effort to identify additional power strips and multi-plug adapters in use, the administrator and maintenance director completed a walkthrough of the entire building, and no additional findings were noted.</p> <p>3. In an effort to ensure ongoing compliance, the maintenance director was re-educated on the Life Safety Code Standard Code for electrical equipment including power strips and multi-plug adapters. A new visual inspection form has been initiated for the Maintenance director to complete. (Attachment A)</p> <p>4. As a means of quality assurance, the maintenance director will do a walkthrough of the building 5x weekly for 3 months, 4x weekly for 2 months, 3x weekly for 2 months, 2x weekly for 2 months, 1x weekly for 3</p>		01/13/2023

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	<p>2. Based on observation and interview, the facility failed to ensure 1 of 1 power strip for non-PCREE (patient-care-related electrical equipment) in resident rooms (outside of resident care vicinity) meet UL 1363. This deficient practice affects two residents.</p> <p>Findings include:</p> <p>Based on observation with the Administrator and Maintenance Director on 01/03/23 at 12:45 pm., in resident room 115 there was a power strip in use outside of the resident care area that did not meet UL-1363. Based on interview at the time of observation, the Maintenance Director agreed a power strip was in use in a resident room and did not meet UL-1363</p> <p>This finding was reviewed with the Administrator and Maintenance Director at the exit conference.</p> <p>3.1-19(b)</p>				<p>months to ensure no powers strips or multi-plug adapters are in use as part of the preventative maintenance program. Findings will be documented on the facility's preventative maintenance form. Any negative findings will be corrected immediately and reported to the administrator. Results of the findings will be reviewed at least quarterly in the QA meetings for continued compliance. Monitoring will be ongoing.</p>		