

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

PRINTED: 08/23/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155715		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING		X3) DATE SURVEY COMPLETED 08/07/2023	
NAME OF PROVIDER OR SUPPLIER LUTHERAN COMMUNITY HOME				STREET ADDRESS, CITY, STATE, ZIP COD 111 W CHURCH AVE SEYMOUR, IN 47274			
(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. --	<p>An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73.</p> <p>Survey Date(s): 08/07/23</p> <p>Facility Number: 000347 Provider Number: 155715 AIM Number: 100275440</p> <p>At this Emergency Preparedness survey, Lutheran Community Home was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73.</p> <p>The facility has 116 certified beds. At the time of the survey, the census was 78.</p> <p>Quality Review completed on 08/09/23</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(s): 08/07/23</p> <p>Facility Number: 000347 Provider Number: 155715 AIM Number: 100275440</p> <p>At this Life Safety Code survey, Lutheran Community Home was found not in compliance</p>			K 0000	<p>Submission of this plan of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or corrections set forth on the statement of deficiencies. The plan of correction is prepared and submitted because of requirements under state and federal law. 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

Karyn Fleetwood

Executive Director

08/18/2023

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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K 0100 SS=E Bldg. 01	<p>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>The facility consisted of two separate one story buildings. The original building, Building 01, was determined to be Type II (222) construction and was fully sprinklered. Forest Path, Building 05, was determined to be Type V(111) construction and was fully sprinklered. Each building has a fire alarm system with smoke detection in the corridors and in areas open to the corridor. The facility has battery operated smoke detectors in all resident sleeping rooms in Building 01 and has smoke detectors hard wired to the fire alarm system in Building 05. The facility has a capacity of 116 and had a census of 78 at the time of this visit.</p> <p>All areas where residents have customary access were sprinklered. The facility has one detached building providing storage and maintenance services which was not sprinklered.</p> <p>Quality Review completed on 08/09/23</p> <p>NFPA 101 General Requirements - Other General Requirements - Other List in the REMARKS section any LSC Section 18.1 and 19.1 General Requirements that are not addressed by the provided K-tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567.</p> <p>Based on observation and interview, the facility</p>			K 0100	Lutheran Community Home respectfully requests desk review or paper compliance in lieu of a post survey revisit. Supporting documentation will be provided demonstrating the correction of the deficiencies and the steps planned to prevent reoccurrence.		08/18/2023

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	<p>failed to ensure 1 of 1 laundry area dryer rooms was free of lint and other debris. LSC 19.1.1.3.1 states all health care facilities shall be designed, constructed, maintained and operated to minimize the possibility of a fire emergency requiring the evacuation of occupants. This deficient practice could affect laundry staff.</p> <p>Findings include:</p> <p>Based on observation on 08/07/23 during a tour of the facility from 12:40 p.m. to 2:30 p.m. with the Maintenance Supervisor and Executive Director; the clean air intakes in the area behind the dryers in the laundry area were substantially covered with dryer lint. Based on interview at the time of observation, the Maintenance Supervisor agreed there was a substantial amount of dryer lint on the clean air intakes behind the dryers and would have the area cleaned.</p> <p>This finding was reviewed with the Executive Director and Maintenance Supervisor at the exit conference.</p> <p>3.1-19(b)</p>				<p>It is the policy of this facility to maintain and operate our facility to minimize the possibility of a fire emergency requiring the evacuation of occupants.</p> <p>Corrective Action: The clean air intakes behind the dryers in the laundry area were cleaned to remove the dryer lint. (Attachment titled K 100). The Maintenance Staff were educated on the importance of maintaining the cleanliness of the clean air intakes to minimize the possibility of fire. (Attachment titled Maintenance Staff Education).</p> <p>Monitoring of Corrective Action: Cleaning of the clean air intakes behind the dryers has been made a weekly task. The Maintenance Supervisor or designee will complete Weekly Safety Rounds and will observe the clean air intakes to ensure that they are free from dryer lint. (Attachment titled Weekly Safety Rounds). The results of the Safety Rounds will be monitored by the Quality Assurance Performance Improvement Committee monthly for twelve months. The Maintenance Supervisor or designee will report on the corrective action monthly. The committee will monitor the plan for future compliance with the regulations.</p>		

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K 0291 SS=E Bldg. 01	<p>NFPA 101 Emergency Lighting Emergency Lighting Emergency lighting of at least 1-1/2-hour duration is provided automatically in accordance with 7.9. 18.2.9.1, 19.2.9.1 Based on observation and interview, the facility failed to ensure all battery powered emergency lights were maintained in accordance with LSC 7.9. LSC 7.9.2.6 states battery operated emergency lights shall use only reliable types of rechargeable batteries provided with suitable facilities for maintaining them in properly charged condition. Batteries used in such lights or units shall be approved for their intended use and shall comply with NFPA 70 National Electric Code. LSC 7.9.2.7 states the emergency lighting system shall be either be continuously in operation or shall be capable of repeated automatic operation without manual intervention. This deficient practice could affect 20 residents, staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on observations on 08/07/23 with the Maintenance Supervisor and Executive Director during a tour of the facility from 12:40 p.m. to 2:30 p.m., the battery operated emergency light marked C-2 by resident room 303 failed to function when its respective test button was pushed five times. At 1:30 p.m. during a tour of the facility, the battery operated emergency light marked BH-1 outside Central Supply failed to function when its respective test button was pushed five times. Based on interview at the time of the observations, the Maintenance Supervisor stated battery operated lights in the facility are tested monthly and confirmed the aforementioned two battery operated emergency lights failed to</p>			K 0291	<p>K 291 Emergency Lighting It is the policy of this facility to provide emergency lighting of at least 1-1/2 hour duration automatically.</p> <p>Corrective Action: The two lights that failed during survey - C-2 and BH-1, were replaced. (Attachment titled K 291 Exit Light and K 291 C-2). The monthly tests of the battery powered emergency lights will continue.</p> <p>Monitoring of Corrective Action: The Maintenance Supervisor or designee will complete Weekly Safety Rounds and will randomly check the emergency lights for proper function. (Attachment titled Weekly Safety Rounds). The results of the Safety Rounds will be monitored by the Quality Assurance Performance Improvement Committee monthly for twelve months. The Maintenance Supervisor or designee will report on the corrective action monthly. The committee will monitor the plan for future compliance with the regulations.</p>		08/18/2023

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K 0321 SS=E Bldg. 01	<p>function when its respective test button was pushed.</p> <p>This finding was reviewed with the Executive Director and Maintenance Supervisor at the exit conference.</p> <p>3.1-19(b)</p> <p>NFPA 101 Hazardous Areas - Enclosure Hazardous Areas - Enclosure Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4 hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1 or 19.3.5.9. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door.</p> <p>Describe the floor and zone locations of hazardous areas that are deficient in REMARKS. 19.3.2.1, 19.3.5.9</p> <p>Area Automatic Sprinkler Separation N/A a. Boiler and Fuel-Fired Heater Rooms b. Laundries (larger than 100 square feet) c. Repair, Maintenance, and Paint Shops d. Soiled Linen Rooms (exceeding 64 gallons) e. Trash Collection Rooms (exceeding 64 gallons)</p>						

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K 0920 SS=D	<p>f. Combustible Storage Rooms/Spaces (over 50 square feet)</p> <p>g. Laboratories (if classified as Severe Hazard - see K322)</p> <p>Based on observation and interview, the facility failed to ensure 1 of over 16 hazardous areas such as soiled utility rooms was separated from other spaces by smoke resistant partitions and doors. Doors shall be self-closing or automatic closing in accordance with LSC 7.2.1.8. This deficient practice could affect 20 residents, staff and visitors in the vicinity of the Soiled Utility room near the C Wing nurse's station.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Supervisor and Executive Director during a tour of the facility from 12:40 p.m. to 2:30 p.m. on 08/07/23, the corridor door to the Soiled Utility room CW-11 near the C Wing nurse's station was equipped with a self-closing device but the door failed to fully close and latch into the door frame when tested three separate times. When swinging to close, the door stopped on the door jamb and left a quarter inch gap between the door and the door jamb on the latching side of the door. Based on interview at the time of observation, the Maintenance Supervisor confirmed the corridor door to the aforementioned hazardous area failed to self-close and latch into the door frame.</p> <p>This finding was reviewed with the Executive Director and Maintenance Supervisor at the exit conference.</p> <p>3.1-19(b)</p> <p>NFPA 101 Electrical Equipment - Power Cords and</p>			K 0321	<p>K 321 Hazardous Areas</p> <p>It is the policy of the facility to protect hazardous areas by smoke resistant partitions and doors.</p> <p>Corrective Action: The Soiled Utility Room CW-11 door was adjusted to ensure that it self-closed and latched. (Attachment titled K 321).</p> <p>Monitoring of Corrective Action: The Maintenance Supervisor or designee will complete Weekly Safety Rounds and will randomly check hazardous area doors to ensure that the self closures are working properly and that they positively latch. (Attachment titled Weekly Safety Rounds). The results of the Safety Rounds will be monitored by the Quality Assurance Performance Improvement Committee monthly for twelve months. The Maintenance Supervisor or designee will report on the corrective action monthly. The committee will monitor the plan for future compliance with the regulations.</p>		08/18/2023

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Bldg. 01	<p>Extens</p> <p>Electrical Equipment - Power Cords and Extension Cords</p> <p>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 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 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 was not in a patient care area and could affect staff only.</p> <p>Findings include:</p>			K 0920	<p>K 920 Electrical Equipment</p> <p>It is the policy of this facility to not use flexible cords as a substitute for fixed wiring.</p> <p>Corrective Action: Fixed wiring was installed for the refrigerator in the Medical Records Room. (Attachment titled K 920).</p> <p>Monitoring of Corrective Action: The Maintenance Supervisor or designee will complete Weekly Safety Rounds and will monitor for</p>		08/18/2023

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	<p>Based on observation with the Executive Director and Maintenance Supervisor on 08/07/23 at 1:35 p.m. in the Medical Records office, a power strip was being used to power a dorm style refrigerator/freezer (high power draw equipment). Based on interview at the time of observation, the Maintenance Supervisor confirmed a refrigerator was plugged into and being powered by a power strip.</p> <p>This finding was reviewed with the Executive Director and Maintenance Supervisor at the exit conference.</p> <p>3.1-19(b)</p>				<p>the use of power strips instead of fixed wiring for refrigerators. (Attachment titled Weekly Safety Rounds). The results of the Safety Rounds will be monitored by the Quality Assurance Performance Improvement Committee monthly for twelve months. The Maintenance Supervisor or designee will report on the corrective action monthly. The committee will monitor the plan for future compliance with the regulations.</p>		