

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

PRINTED: 04/10/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155073		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING		X3) DATE SURVEY COMPLETED 03/06/2023	
NAME OF PROVIDER OR SUPPLIER PILGRIM MANOR				STREET ADDRESS, CITY, STATE, ZIP COD 222 PARKVIEW ST PLYMOUTH, IN 46563			
(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: 03/06/23</p> <p>Facility Number: 000030 Provider Number: 155073 AIM Number: 100275260</p> <p>At this Emergency Preparedness survey, Pilgrim Manor 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 78 certified beds. At the time of the survey, the census was 57.</p> <p>Quality Review completed on 03/08/23</p>			E 0000	<p>Please accept the attached plan of correction as credible allegation of compliance to the deficiencies cited during this inspection. I would like to formally request your consideration for granting this facility paper compliance. Pilgrim Manor submits this plan of correction (POC) in accordance with specific regulatory requirements. The submission of the POC does not indicate an admission by Pilgrim Manor that the findings and allegations contained herein are accurate and true representations of the quality of care and services provided to the residents of Pilgrim Manor. If after reviewing our plan of correction you have any questions or require additional information, please do not hesitate to contact myself, Lori A. Smith, Administrator at 574-936-9943.</p>		
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: 03/06/23</p> <p>Facility Number: 000030 Provider Number: 155073</p>			K 0000	<p>Please accept the attached plan of correction as credible allegation of compliance to the deficiencies cited during this inspection. I would like to formally request your consideration for granting this facility paper compliance. Pilgrim Manor submits this plan of correction (POC) in accordance</p>		

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

TITLE

(X6) DATE

Lori Smith

Administrator

03/23/2023

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 disclosed 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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K 0353 SS=F Bldg. 01	<p>AIM Number: 100275260</p> <p>At this Life Safety Code survey, Pilgrim Manor 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>Building 1 is a one story original constructed facility determined to be of Type V (000) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and in all areas open to the corridor. The facility has battery operated smoke detectors in all resident sleeping rooms. The facility has 78 certified beds. The facility had a census of 57 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. All areas providing facility services were sprinklered except for three detached buildings which are a maintenance building, a freezer and the laundry for the facility.</p> <p>Quality Review completed on 03/08/23</p> <p>NFPA 101 Sprinkler System - Maintenance and Testing 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>with specific regulatory requirements. The submission of the POC does not indicate an admission by Pilgrim Manor that the findings and allegations contained herein are accurate and true representations of the quality of care and services provided to the residents of Pilgrim Manor. If after reviewing our plan of correction you have any questions or require additional information, please do not hesitate to contact myself, Lori A. Smith, Administrator at 574-936-9943.</p>		

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	<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>Based on observation and interview, the facility failed to ensure 1 of 1 sprinkler systems were provided with spare sprinklers, a spare sprinkler cabinet large enough to fit all spare sprinkler heads, 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 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 observation with the Maintenance Director on 03/06/23 between 12:00 p.m. and 1:30 p.m., the spare sprinkler cabinet in the riser room was not large enough to contain all sprinkler heads and prevent damage to the sprinkler heads. When the cabinet in riser room was opened, the</p>			K 0353	<p>1. No residents were affected by this alleged deficient practice.</p> <p>2. All residents had the potential to be affected by this alleged deficient practice. None were affected.</p> <p>3. The 1 sprinkler head with dirt and lint on it has been cleaned (See Exhibit 6). All sprinkler heads have been inspected for dirt debris (See Exhibit 2).</p> <p>4. An inspection to ensure sprinkler heads are free from debris will be done on a monthly basis (See Exhibit 3). This will be reviewed in our monthly QAPI meeting (See Exhibit 4). The QAPI committee consists of: Administrator, DON, Unit Managers (2), MDS Coordinator, Staff Development, Maintenance Director, Medical Records, Infection Control Nurse, Social Service Director, Environmental Director, Dietary Manager, Activity Director, Business Office Manager.</p>		03/23/2023

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K 0361 SS=E Bldg. 01	<p>cabinet contained 4 more sprinkler heads than spots available. Based on interview at the time of the observations, the Maintenance Director agreed there were unsecured sprinkler heads in the cabinet.</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 Corridors - Areas Open to Corridor Corridors - Areas Open to Corridor Spaces (other than patient sleeping rooms, treatment rooms and hazardous areas), waiting areas, nurse's stations, gift shops, and cooking facilities, open to the corridor are in accordance with the criteria under 18.3.6.1 and 19.3.6.1. 18.3.6.1, 19.3.6.1 Based on observation and interview, the facility failed to ensure 1 of 2 activity rooms open to the corridor were provide with electrically supervised automatic smoke detection system. LSC 19.3.6.1(7) states that spaces other than patient sleeping rooms, treatment rooms, and hazardous areas shall be open to the corridor and unlimited in area, provided: (a) The space and corridors which the space opens onto in the same smoke compartment are protected by an electrically supervised automatic smoke detection system in accordance with 19.3.4, and (b) Each space is protected by an automatic sprinklers, and (c) The space does not to obstruct access to required exits. This deficient practice could affect staff and up to 15 staff and residents</p> <p>Findings include:</p>			K 0361	<p>1. No residents were affected by this alleged deficient practice.</p> <p>2. Fifteen (15) residents/staff had the potential to be affected by this alleged deficient practice. None were affected.</p> <p>3. The activity room now has a hard wired smoke detector (See Exhibit 7 & 8). All areas open to the corridor have been reviewed to ensure they have hard wired smoke detectors in them (See Exhibit 2)</p> <p>4. Maintenance will monitor any new construction or remodeling</p>		03/23/2023

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K 0000 Bldg. 02	<p>Based on observations during a tour of the facility with the Maintenance Director on 03/06/23 between 12:00 p.m. and 1:30 p.m., the activities room, open to the corridor, had a battery-operated smoke detector that was not electronically supervised by the automatic smoke detection system. Based on interview at the time of observation, the Maintenance Director stated that the room had been recently converted into the activities room and acknowledged the smoke detector was not electrically supervised or monitored by the fire alarm system.</p> <p>Findings were discussed with the Maintenance Director and Administrator at exit conference.</p> <p>3.1-19(b)</p> <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: 03/06/23</p> <p>Facility Number: 000030 Provider Number: 155073 AIM Number: 100275260</p> <p>At this Life Safety Survey, Pilgrim Manor was found 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</p>		K 0000	<p>that would open a room to the corridor. to ensure that there is a hard wired smoke detector in that area. An inspection has been completed to ensure there are no rooms, open to the corridor, that do not have hard wired smoke detectors (See Exhibit 2). This will be reviewed in our monthly QAPI meeting (See Exhibit 4). The QAPI committee consists of: Administrator, DON, Unit Managers (2), MDS Coordinator, Staff Development, Maintenance Director, Medical Records, Infection Control Nurse, Social Service Director, Environmental Director, Dietary Manager, Activity Director, Business Office Manager.</p> <p>Please accept the attached plan of correction as credible allegation of compliance to the deficiencies cited during this inspection. I would like to formally request your consideration for granting this facility paper compliance. Pilgrim Manor submits this plan of correction (POC) in accordance with specific regulatory requirements. The submission of the POC does not indicate an admission by Pilgrim Manor that the findings and allegations contained herein are accurate and true representations of the quality</p>			

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K 0351 SS=E Bldg. 02	<p>Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies with 410 IAC 16.2-3.1-19.</p> <p>Building 2 ia a one story addition determined to be of Type V (111) construction and was fully sprinklered. The addition is separated from the original building by a firewall with a two-hour fire resistance rating. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors and resident sleeping rooms. The facility has 78 certified beds. The facility had a census of 57 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered.</p> <p>Quality Review completed on 03/08/23</p> <p>NFPA 101 Sprinkler System - Installation Spinkler System - Installation 2012 EXISTING Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers. In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as required by NFPA 13,</p>				<p>of care and services provided to the residents of Pilgrim Manor. If after reviewing our plan of correction you have any questions or require additional information, please do not hesitate to contact myself, Lori A. Smith, Administrator at 574-936-9943.</p>		

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	<p>Standard for Installation of Sprinkler Systems. 19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1) Based on observation and interview, the facility failed to maintain the ceiling construction in 1 of 5 smoke compartments in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. NFPA 13, 2010 edition, Section 6.2.7.1 states plates, escutcheons, or other devices used to cover the annular space around a sprinkler shall be metallic, or shall be listed for use around a sprinkler. This deficient practice could affect staff and up to 20 residents in one smoke compartment.</p> <p>Findings include:</p> <p>Based on observations during a tour of the facility with the Maintenance Director on 03/06/23 between 12:00 p.m. and 1:30 p.m., in the 200 hall corridor, there were four sprinkler heads that had dislodged escutcheon plates that left annular space around the sprinkler head. Based on interview at the time of observation, the Maintenance Director agreed the aforementioned areas had improper installation of escutcheon plates and would contact the sprinkler company.</p> <p>Findings were discussed with the Maintenance Director and Administrator at exit conference.</p> <p>3.1-19(b)</p>			K 0351	<p>1. No residents were affected by this alleged deficient practice.</p> <p>2. Twenty residents had the potential to be affected by this alleged deficient practice. No residents were affected by this deficient practice.</p> <p>3. All four (4) sprinkler heads with dislodged escutcheon plates have been fixed and are in their correct places (See Exhibit 1). All sprinkler heads have been inspected and all are in proper condition (See Exhibit 2).</p> <p>4. On a monthly basis, Maintenance will do a visual inspection of all sprinkler heads to ensure they are all in proper condition (See Exhibit 3). This will be reviewed in our monthly QAPI meeting (See Exhibit 4). The QAPI committee consists of: Administrator, DON, Unit Managers (2), MDS Coordinator, Staff Development, Maintenance Director, Medical Records, Infection Control Nurse, Social Service Director, Environmental Director, Dietary Manager, Activity Director, Business Office Manager.</p>		03/23/2023

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K 0353 SS=E Bldg. 02	<p>NFPA 101 Sprinkler System - Maintenance and Testing 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 Based on observation and interview, the facility failed to ensure 1 of 15 sprinkler heads in the 200 Hall were not loaded or covered with foreign material in accordance with LSC 9.7.5. NFPA 25, 2011 edition, at 5.2.1.1.1 sprinklers shall not show signs of leakage; shall be free of corrosion, foreign materials, paint, and physical damage; and shall be installed in the correct orientation (e.g., up-right, pendent, or sidewall). Furthermore, at 5.2.1.1.2 any sprinkler that shows signs of any of the following shall be replaced: (1) Leakage (2) Corrosion (3) Physical Damage (4) Loss of fluid in the glass bulb heat responsive element (5) Loading (6) Painting unless painted by the sprinkler manufacturer. This deficient practice could affect staff and up to 20 residents in one smoke compartment.</p> <p>Findings include:</p>			K 0353	<p>1. No residents were affected by this alleged deficient practice.</p> <p>2. All residents had the potential to be affected by this alleged deficient practice. None were affected.</p> <p>3. The 1 sprinkler head with dirt and lint on it has been cleaned (See Exhibit 6). All sprinkler heads have been inspected for dirt debris (See Exhibit 2).</p> <p>4. An inspection to ensure sprinkler heads are free from debris will be done on a monthly basis (See Exhibit 3). This will be reviewed in our monthly QAPI</p>		03/23/2023

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	<p>Based on observation during a tour of the facility with the Maintenance Director on 03/06/23 between 12:00 p.m. and 1:30 p.m., a sprinkler head located in the 200 Hall next to room 201 had excessive dirt and lint covering the sprinkler head which left the bulb unable to be seen. Based on interview at the time of observation, the Maintenance Director confirmed the aforementioned sprinkler head showed lint and excessive loading.</p> <p>Findings were discussed with the Maintenance Director and Administrator at exit conference</p> <p>3.1-19(b)</p>				<p>meeting (See Exhibit 4). The QAPI committee consists of: Administrator, DON, Unit Managers (2), MDS Coordinator, Staff Development, Maintenance Director, Medical Records, Infection Control Nurse, Social Service Director, Environmental Director, Dietary Manager, Activity Director, Business Office Manager.</p>		