STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155232	A. BUILDING -- B. WING	10/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
TWIN CITY HEALTH CARE	627 E NORTH H STREET GAS CITY, IN 46933

(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. --	An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73. Survey Date: 010/10/23 Facility Number: 000137 Provider Number: 155232 AIM Number: 100266140 At this Emergency Preparedness survey, Twin City Health Care 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 75 and had a census of 39 at the time of this survey. Quality Review completed on 10/13/23	E 0000	Submission of the plan of correction does not constitute an admission or an agreement by the provider of the truth or facts alleged or correction set forth on this statement of deficiencies. The plan of correction is prepared and submitted because of the requirement under state and federal law. Please accept this plan of correction as our credible allegation of compliance.	
K 0000 Bldg. 01	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). Survey Date: 10/10/23 Facility Number: 000137 Provider Number: 155232 AIM Number: 100266140 At this Life Safety Code survey, Twin City Health Care was found not in compliance with Requirements for Participation in	K 0000	Submission of the plan of correction does not constitute an admission or an agreement by the provider of the truth or facts alleged or correction set forth on this statement of deficiencies. The plan of correction is prepared and submitted because of the requirement under state and federal law. Please accept this plan of correction as our credible allegation of compliance.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Jessica Sanders	HFA	10/27/2023

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclo 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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	155232	A. BUILDING 01 B. WING	10/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
TWIN CITY HEALTH CARE	627 E NORTH H STREET GAS CITY, IN 46933

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	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. 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 the corridors and areas open to the corridors. The facility has a capacity of 75 and had a census of 39 at the time of this survey. All areas where residents have customary access were sprinklered. The facility had a detached garage and shed providing facility services including storage of mowers, maintenance equipment and were not sprinklered. Quality Review completed on 10/13/23			
K 0511 SS=E Bldg. 01	NFPA 101 Utilities - Gas and Electric Utilities - Gas and Electric Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life. 18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2 Based on observation and interview, the facility failed to ensure 5 of over 40 ground fault circuit interrupter (GFCI) were properly maintained for protection against electric shock. NFPA 70, NEC 2011 Edition at 210.8 Ground-Fault Circuit-Interrupter Protection for Personnel, states, ground-fault circuit-interruption for personnel shall be provided as required in 210.8.	K 0511	1 1. There were no residents affected by this deficient practice. However, up to 10 residents had the potential to be affected. 2 2. All Receptacles within 6 feet of sink in resident's rooms 204, 205, 208, 209, 212 rooms have been changed to GFCI.	10/27/2023

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	155232	A. BUILDING 01 B. WING	10/10/2023

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	This deficient practice could affect 10 residents in the vicinity of resident rooms 204, 205, 208, 209 and 212. Findings include: Based on observation with the Maintenance Supervisor on 10/10/23 between 01:00 p.m.and 01:15 p.m., when the electric receptacle located about 4 feet from the sink of resident rooms 204, 205, 208, 209, and 212, were tested with a GFCI tester the receptacles failed to trip and did not break the electrical circuit. Based on interview at the time of observation, the Maintenance Supervisor agreed the electric receptacles did not trip when tested. These findings were reviewed with the Administrator and the Maintenance Supervisor during the exit conference. 3.1-19(b)		3 3. The Facility's preventative maintenance program has been reviewed with no required changes at this time. The Maintenance director has been reeducated regarding GFCI receptacles required within 6 feet of sinks or water source. 4 4. The entire buildings receptacles have been surveyed, and all within 6 feet of sink or water source have been identified and changed to GFCI. 5 5. The above corrective actions will be completed on or before October 27, 2023.	