

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155283	(X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING _____	(X3) DATE SURVEY COMPLETED 06/26/2023
NAME OF PROVIDER OR SUPPLIER WINTERSONG VILLAGE		STREET ADDRESS, CITY, STATE, ZIP COD 1005 SOUTH EDGEWOOD DRIVE KNOX, IN 46534		
(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: 06/26/23</p> <p>Facility Number: 000181 Provider Number: 155283 AIM Number: 100266860</p> <p>At this Emergency Preparedness survey, Wintersong Village 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 48 certified beds. At the time of the survey, the census was 29.</p> <p>Quality Review completed on 06/27/23</p>	E 0000	<p>The creation and submission of this Plan of Correction (POC) does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation.</p> <p>This provider respectfully requests that this <i>CMS-2567 Plan of Correction</i> be considered the <i>Letter of Credible Allegation of Compliance</i> and requests a desk review in lieu of a post-survey review on, or after July 13, 2023. Last resident discharged from facility July 10, 2023.</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: 06/26/23</p> <p>Facility Number: 000181 Provider Number: 155283 AIM Number: 100266860</p> <p>At this Life Safety Code survey, Wintersong Village was found not in compliance with</p>	K 0000	<p>The creation and submission of this Plan of Correction (POC) does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation.</p> <p>This provider respectfully requests that this <i>CMS-2567 Plan of Correction</i> be considered the <i>Letter of Credible Allegation of Compliance</i> and requests a desk review in lieu of a post-survey</p>	

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

TITLE

(X6) DATE

Dena Kerschner

HFA

07/19/2023

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=C Bldg. 01	<p>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>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, spaces open to the corridors and battery powered smoke detectors in all resident rooms. The building is partially protected by a natural gas-powered 20 kW emergency generator. The facility has a capacity of 48 and had a census of 28 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 two detached wooden storage sheds that were not sprinklered.</p> <p>Quality Review completed on 06/27/23</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>a) Date sprinkler system last checked _____</p> <p>b) Who provided system test _____</p>		<p>review on, or after July 13, 2023. Last resident discharged from facility July 10, 2023.</p>	

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	<p>c) Water system supply source</p> <p>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system.</p> <p>9.7.5, 9.7.7, 9.7.8, and NFPA 25</p> <p>Based on record review and interview, the facility failed to maintain 1 of 2 automatic sprinkler systems in accordance with NFPA 25. LSC 9.7.5 requires all sprinkler systems shall be inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 2011 Edition, Section 4.1.4.1 states the property owner or designated representative shall correct or repair deficiencies or impairments that are found during the inspection, test and maintenance required by this standard. Corrections and repairs shall be performed by qualified maintenance personnel or a qualified contractor. NFPA 25, 4.3.1 requires records shall be made for all inspections, tests, and maintenance of the system components and shall be made available to the authority having jurisdiction upon request. NFPA 25 3.3.4.2 defines a noncritical deficiency as a deficiency that does not have an effect on the performance of the fire protection system, but correction is needed for the proper inspection, testing, and maintenance of the system(s). Annex A4.1.4 states noncritical deficiencies do not affect the performance of the fire protection system but should be corrected in a reasonable time period so that the system can be properly inspected, tested, and maintained. This deficient practice could affect all residents, staff, and visitors in the facility.</p> <p>Findings include:</p> <p>Based on records review of a dry-type sprinkler</p>	K 0353	<p>Deficiency ID: K 353</p> <p><i>*What corrective action(s) will be accomplished for those residents found to have been affected by the alleged deficient practice?</i></p> <p>It is the practice of this provider to ensure that federal participation requirements for nursing homes participating in Medicare &/or Medicaid programs are met in accordance with federal and state law.</p> <p>Wintersong Village is working with Integrated Electronics to get all deficiencies repaired and corrected as well as adding a PIV to the property. Waiver requested at this time.</p> <p><i>*How will other residents having the potential to be affected by the same alleged deficient practice be identified and what corrective action(s) will be taken?</i></p> <p>Wintersong Village is working with Integrated Electronics to get all deficiencies repaired and corrected. WSV will continue to monitor and correct any issues noted in accordance with LSC.</p> <p><i>*What measures will be put into place and what systemic changes will be made to ensure that the</i></p>	10/26/2023

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K 0511 SS=E Bldg. 01	<p>system inspection titled "Form for Inspection, Testing and Maintenance of Dry Pipe Fire Sprinkler Systems" dated 04/13/23 with Maintenance Director on 06/26/23 between 09:36 a.m. and 11:57 a.m., under the deficiencies section documented as an "open; non-critical status" the inspection company listed that "There is an additional (2) OS&Y that they want repacked and cleaned up. To repack these control valves the water will have to be shut off for the whole building, fire and domestic water." Based on interview at the time of record review, the Maintenance Director acknowledged the deficiency and stated that parts and materials were purchased and ready to be installed, but there was no further action taken from the sprinkler company or the facility to correct the deficiency listed.</p> <p>Findings were discussed with the Administrator's Assistant, Administrator, Maintenance Director, and Facility Consultant at exit conference.</p> <p>3.1-19(b)</p>	K 0511	<p><i>alleged deficient practice does not recur? Wintersong Village is working with Integrated Electronics to get all deficiencies repaired and corrected. WSV will continue to monitor and correct any issues noted in accordance with LSC. Documentation of repairs will be sent to ISDH upon completion.</i></p> <p><i>*How will the corrective action(s) will be monitored to ensure the alleged deficient practice will not recur, i.e., what quality assurance program will be put into place?</i></p> <p>The administrator/designee will monitor progress toward completion of repairs by Integrated Electronics and will submit documentation of completion to ISDH. WSV will continue to monitor and correct any issues noted in accordance with LSC.</p>	07/06/2023
	<p>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.</p> <p>18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 ground fault circuit interrupter (GFCI) was properly maintained for protection against electric shock. NFPA 70, NEC</p>			

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	<p>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. This deficient practice could affect approximately 2 staff and an unknown amount of residents.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Director on 06/26/23 between 11:58 a.m. 12:45 p.m., when the GFCI receptacle in the restroom next to the kitchen entrance was tested with a GFCI tester the GFCI receptacle failed to trip and did not break the electrical circuit. Based on interview at the time of observation, the Maintenance Director agreed the GFCI electric receptacle did not properly work when tested and was unaware of the issue.</p> <p>The finding was reviewed with the Administrator's Assistant, Administrator, Maintenance Director and Facility Consultant during the exit conference.</p> <p>3.1-19(b)</p>			<p><i>found to have been affected by the alleged deficient practice?</i> It is the practice of this provider to ensure that federal participation requirements for nursing homes participating in Medicare &/or Medicaid programs are met in accordance with federal and state law.</p> <p>Wintersong Village has replaced the GFCI receptacle in the restroom. Receptacles are now functioning in accordance with Life Safety Code.</p> <p><i>*How will other residents having the potential to be affected by the same alleged deficient practice be identified and what corrective action(s) will be taken?</i> Wintersong Village has replaced the GFCI receptacle in the restroom. Receptacles are now functioning in accordance with LSC. WSV will continue to monitor receptacles and make repairs as needed.</p> <p><i>*What measures will be put into place and what systemic changes will be made to ensure that the alleged deficient practice does not recur?</i> Wintersong Village has replaced the GFCI receptacle in the restroom. Receptacles are now functioning in accordance with LSC. WSV will continue to monitor receptacles and make repairs as needed.</p>

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K 0920 SS=E Bldg. 01	<p>NFPA 101</p> <p>Electrical Equipment - Power Cords and Extents</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><i>*How will the corrective action(s) will be monitored to ensure the alleged deficient practice will not recur, i.e., what quality assurance program will be put into place?</i></p> <p>Receptacles have been tested to ensure GFCI is properly maintained. The Maintenance Director will ensure proper functioning in accordance with LSC continues.</p>	

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	<p>Based on observation and interview, the facility failed to ensure 1 of 1 power strips were not used as a substitute for fixed wiring to provide power equipment with a high current draw. NFPA-70/2011, 400.8 state unless specifically permitted in 400.7 flexible cords and cables shall not be used for (1) as a substitute for fixed wiring. This deficient practice could affect approximately 3 staff and an unknown amount of residents.</p> <p>Findings include:</p> <p>Based on observations during a tour of the facility with the Maintenance Director on 06/26/23 between 11:58 a.m. and 12:45 p.m., a coffee maker in the MDS Office was plugged into and supplied power by a powerstrip. Based on interview at the time of observation, the Maintenance Director acknowledged power strip was supplying power to the coffee maker and removed the power strip at observation.</p> <p>Findings were discussed with the Administrator's Assistant, Administrator, Maintenance Director and Facility Consultant at exit conference.</p> <p>3.1-19(b)</p>	K 0920	<p>Deficiency ID: K 920</p> <p><i>*What corrective action(s) will be accomplished for those residents found to have been affected by the alleged deficient practice?</i> It is the practice of this provider to ensure that federal participation requirements for nursing homes participating in Medicare &/or Medicaid programs are met in accordance with federal and state law.</p> <p>Wintersong Village has removed the power strip from MDS office. No other power strips are being used in the facility in accordance with Life Safety Code.</p> <p><i>*How will other residents having the potential to be affected by the same alleged deficient practice be identified and what corrective action(s) will be taken?</i> Wintersong Village has removed the power strip from the MDS office. No other power strips are being used in the facility. WSV will continue to monitor and ensure ongoing compliance in accordance with LSC.</p> <p><i>*What measures will be put into place and what systemic changes will be made to ensure that the alleged deficient practice does not recur?</i> Wintersong Village will continue to ensure staff and residents are aware not to use power strips. Education provided by Administration. WSV will</p>	07/06/2023

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				<p>continue to monitor and ensure ongoing compliance in accordance with LSC.</p> <p><i>*How will the corrective action(s) will be monitored to ensure the alleged deficient practice will not recur, i.e., what quality assurance program will be put into place?</i></p> <p>Power strip has been removed from MDS office and a facility check completed to ensure no power strips are being used in other areas of the building. WSV will continue to perform checks to ensure ongoing compliance in accordance with LSC.</p>