

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

PRINTED: 06/07/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155535		X2) MULTIPLE CONSTRUCTION A. BUILDING      -- B. WING		X3) DATE SURVEY COMPLETED 05/17/2024	
NAME OF PROVIDER OR SUPPLIER  WILLOW CROSSING HEALTH & REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 3550 CENTRAL AVE COLUMBUS, IN 47203			
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E 0000  Bldg. --	An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73.  Survey Date: 05/17/24  Facility Number: 000572 Provider Number: 155535 AIM Number: 100267710  At this Emergency Preparedness survey, Willow Crossing Health & Rehabilitation Center was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73.  The facility has 112 certified beds. At the time of the survey, the census was 90.  Quality Review completed on 05/23/24			E 0000			
K 0000  Bldg. 01	A Life Safety Code Certification and State Licensure Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a).  Survey Date: 05/17/24  Facility Number: 000572 Provider Number: 155535 AIM Number: 100267710  At this Life Safety Code survey, Willow Crossing			K 0000			

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

TITLE

(X6) DATE

Alisha Miller

HFA

05/31/2024

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 0345 SS=F Bldg. 01	<p>Health &amp; Rehabilitation Center was found not in compliance with Requirements for Participation 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 fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, in all areas open to corridor and hard-wired smoke detectors in all resident rooms. The facility has a capacity of 112 and had a census of 90 at the time of the survey.</p> <p>All areas where residents have customary access were sprinklered. All areas providing facility services were sprinklered.</p> <p>Quality Review completed on 05/23/24</p> <p>NFPA 101 Fire Alarm System - Testing and Maintenance Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 Based on record review and interview, the facility failed to maintain 1 of 1 fire alarm systems in accordance with NFPA 72, as required by LSC 101 Sections 19.3.4.5.1 and 9.6. NFPA 72, Section 14.3.1 states that unless otherwise permitted by</p>			K 0345	<p>1. No residents, staff, or visitors were affected by the deficient practice. 2. All residents, staff, and visitors have the potential to be affected</p>		05/31/2024

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K 0361 SS=E Bldg. 01	<p>14.3.2, visual inspections shall be performed in accordance with the schedules in Table 14.3.1, or more often if required by the authority having jurisdiction. Table 14.3.1 states that the following must be visually inspected semi-annually:</p> <ul style="list-style-type: none"> <li>a. Control unit trouble signals</li> <li>b. Remote annunciators</li> <li>c. Initiating devices (e.g. duct detectors, manual fire alarm boxes, heat detectors, smoke detectors, etc.)</li> <li>d. Notification appliances</li> <li>e. Magnetic hold-open devices</li> </ul> <p>This deficient practice could affect all building occupants.</p> <p>Findings include:</p> <p>Based on records review and interview with the Maintenance Assistant (MA), Maintenance Professional from another facility (MP) and Administrator (AD) on 05/17/24 between 10:30 a.m. and 12:45 p.m., documentation was provided regarding a visual semi-annual fire alarm system inspection, however the documentation did not itemize each appliance and it's location in the Fire alarm system. The Maintenance Professional from another facility stated they were not aware of the requirement to itemize the appliances being visually inspected.</p> <p>This finding was acknowledged by the MA, MP and AD at the time of discovery and again at the exit conference with all three present.</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,</p>				<p>however the following documentation was in place and must have been overlooked when surveyed.</p> <p>3. Koorsen Fire completed the visual semi annual fire alarm inspections to ensure the following was in proper working order: control unit trouble signals. remote annunciators, initiating devices, notification appliances, and magnetic hold open devices (See attachment A and B).</p> <p>4. The maintenance director will ensure visual semi annual fire alarm system inspections continue to be completed and the facility maintains the paper work. Maintenance Director and assistant educated on regulation (see attachment C).</p> <p>5. 5/31/2024</p>		

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	<p>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.</p> <p>18.3.6.1, 19.3.6.1</p> <p>Based on observation and interview, the facility failed to ensure the service hall was not being used as a hazardous area. LSC 19.3.6.1(a) does not allow a corridor to be used as hazardous area. This deficient practice could affect at least 16 residents, staff and visitors if needing to exit through the Service Hallway.</p> <p>Findings include:</p> <p>Based on observation and interview with the Maintenance Assistant (MA), Maintenance Professional from another facility (MP) and Administrator (AD) during a facility tour on 05/17/24 between 12:45 p.m. and 2:30 p.m., the Service Hall corridor contained a combustible wooden pallet which was storing 6 large combustible cardboar boxes near the exit door to the back parking lot. The facility staff stated that they didn't believe the pallet had been there very long but it appeared to the surveyor that there was enough dirt and debris near the pallet where it met the floor to suggest the pallet was not freshly placed in the corridor.</p> <p>This finding was acknowledged by the MA, MP and AD at the time of discovery and again at the exit conference with all three present.</p> <p>3.1-19(b)</p>			K 0361	<p>1. No residents, staff, or visitors were affected by the deficient practice. The service hall corridor containing a combustible wooden pallet containing 6 large combustible cardboard boxes near the exit door to the back parking lot has been removed.</p> <p>2. All residents, staff, and visitors have the potential to be affected by the deficient practice. The service hall corridor containing a wooden pallet containing 6 large combustible cardboard boxes near the exit door to the back parking lot has been removed.</p> <p>3. The Maintenance Director and his assistant have been re-educated to ensure that the service hall remains clear of any wooden pallets and combustible items. (See attachment C)</p> <p>4. The Maintenance Director or his assistant will be responsible to complete an audit Monday thru Friday daily for 4 weeks, then weekly thereafter to ensure the service hall corridor remains free of wooden pallets and combustible boxes (See attachment D). Any items found out of compliance will be immediately removed, the audit sheets will be taken to the monthly quality assurance</p>		05/31/2024

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K 0511 SS=E Bldg. 01	<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 Based on observation and interview, the facility failed to ensure 1 of over 10 wet locations were provided with ground fault circuit interrupter (GFCI) protection against electric shock. LSC 19.5.1.1 requires utilities comply with Section 9.1. LSC 9.1.2 requires electrical wiring and equipment to comply with NFPA 70, National Electrical Code. 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(A) through (C). The ground-fault circuit-interrupter shall be installed in a readily accessible location.</p> <p>(B) Other Than Dwelling Units. All 125-volt, single-phase, 15- and 20-ampere receptacles installed in the locations specified in 210.8(B)(1) through (8) shall have ground-fault circuit-interrupter protection for personnel.</p> <p>(1) Bathrooms (2) Kitchens (3) Rooftops (4) Outdoors</p>	K 0511	<p>meeting to review with the IDT team and potential for increase or decrease of monitoring per quality assurance team recommendations. 5. 5-31-24</p> <p>1. No residents, staff, or visitors were affected by the deficient practice. The maintenance director and his assistant has replaced all outside outlets with ground fault circuit interrupters to prevent anyone from electric shock. 2. All residents, staff, or visitors have the potential to be affected by the deficient practice. The maintenance director and his assistant has replaced all outside outlets with ground fault circuit interrupters to prevent anyone from electric shock. 3. The maintenance director and his assistant have both been re-educated on ensuring that the outside outlets remain ground fault circuit interrupters and they remain in working order to prevent anyone from electric shock (see attachment C).</p>	05/31/2024	

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	<p>Exception No. 1 to (3) and (4): Receptacles that are not readily accessible and are supplied by a branch circuit dedicated to electric snow-melting, deicing, or pipeline and vessel heating equipment shall be permitted to be installed in accordance with 426.28 or 427.22, as applicable.</p> <p>Exception No. 2 to (4): In industrial establishments only, where the conditions of maintenance and supervision ensure that only qualified personnel are involved, an assured equipment grounding conductor program as specified in 590.6(B)(2) shall be permitted for only those receptacle outlets used to supply equipment that would create a greater hazard if power is interrupted or having a design that is not compatible with GFCI protection.</p> <p>(5) Sinks - where receptacles are installed within 1.8 m (6 ft.) of the outside edge of the sink.</p> <p>Exception No. 1 to (5): In industrial laboratories, receptacles used to supply equipment where removal of power would introduce a greater hazard shall be permitted to be installed without GFCI protection.</p> <p>Exception No. 2 to (5): For receptacles located in patient bed locations of general care or critical care areas of health care facilities other than those covered under</p> <p>210.8(B)(1), GFCI protection shall not be required.</p> <p>(6) Indoor wet locations</p> <p>(7) Locker rooms with associated showering facilities</p> <p>(8) Garages, service bays, and similar areas where electrical diagnostic equipment, electrical hand tools.</p> <p>NFPA 70, 517-20 Wet Locations, requires all receptacles and fixed equipment within the area of the wet location to have ground-fault circuit interrupter (GFCI) protection. Note: Moisture can reduce the contact resistance of the body, and electrical insulation is more subject to failure.</p>				<p>4. The maintenance director or his assistant will be responsible to audit/test the outside outlets daily Monday thru Friday for 4weeks then weekly thereafter (see attachment D) to ensure the GFCI remain in working order. Any issues will be immediately repaired. The audit sheets will be reviewed weekly by the Administrator for ongoing compliance. The audit sheets will be taken to the monthly quality assurance meeting for review with the IDT team and potential for increase/decrease of monitoring per quality assurance team recommendations.</p> <p>5. 5/31/24</p>		

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K 0920 SS=E Bldg. 01	<p>This deficient practice could affect staff and up to 4 residents while at the ice machine, and 2 staff in the Nutrition Pantry.</p> <p>Findings include:</p> <p>Based on observation and interview with the Maintenance Assistant (MA), Maintenance Professional from another facility (MP) and Administrator (AD) during a facility tour on 05/17/24 between 12:45 p.m. and 2:30 p.m., the exterior outlet outside the exit door near Resident Room #123 did not appear to be a GFCI protected outlet or on a GFCI protected circuit. When tested, the outlet did not trip with the surveyor's device to test GFCI outlets. The MP stated that he was unsure if the outlet was GFCI protected and would investigate it and check the other exterior outlets also.</p> <p>This finding was acknowledged by the MA, MP and AD at the time of discovery and again at the exit conference with all three present.</p> <p>3.1-19(b)</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) assembles 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</p>						

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	<p>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 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 up to 2 residents and 2 staff.</p> <p>Findings include:</p> <p>Based on observation and interview with the Maintenance Assistant (MA), Maintenance Professional from another facility (MP) and Administrator (AD) during a facility tour on 05/17/24 between 12:45 p.m. and 2:30 p.m., in the Business Office a power strip was being used to power a coffee machine and microwave oven (high power draw equipment).</p> <p>This finding was acknowledged by the MA, MP and AD at the time of discovery and again at the exit conference with all three present.</p> <p>3.1-19(b)</p>			K 0920	<p>1.No residents, staff, or visitors were affected by the deficient practice. The maintenance director and his assistant have removed the power strip located in the business office, and the items are now plugged directly into the wall.</p> <p>2. All residents, staff, and visitors have the potential to be affected by the deficient practice. The maintenance director and his assistant have removed the power strip located in the business office, and the items are now plugged directly into the wall.</p> <p>3. The maintenance director and his assistant have both been re-educated on ensuring that no power strips are being used as a substitute for fixed wiring to provide power equipment with a high current draw.</p> <p>4. The maintenance director and his assistant will be responsible to conduct daily rounds Monday thru Friday for 4weeks then weekly</p>		05/31/2024



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			thereafter (see attachment D) to ensure that no power strips are being used as a substitute for fixed wiring to proved power equipment with high current draw. The audit sheets will be reviewed weekly by the Administrator for ongoing compliance. The audit sheets will be taken to monthly quality assurance meeting for review with the IDT team and potential for increase/decrease of monitoring per quality assurance team recommendations. 5. 5/31/24		