

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

PRINTED: 05/23/2024
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155522		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING _____		X3) DATE SURVEY COMPLETED 05/09/2024	
NAME OF PROVIDER OR SUPPLIER ELWOOD HEALTH AND LIVING				STREET ADDRESS, CITY, STATE, ZIP COD 2300 PARKVIEW LN ELWOOD, IN 46036			
(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 Annual Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73.</p> <p>Survey Date: 05/09/24</p> <p>Facility Number: 000372 Provider Number: 155522 AIM Number: 100289060</p> <p>At this Emergency Preparedness survey, Elwood Health and Living 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 92 certified beds. At the time of the survey, the census was 61.</p> <p>Quality Review completed on 05/15/24</p>			E 0000	Submission of this plan of correction shall not constitute or be construed as an admission by Elwood Health and Living that the allegations in the survey report are accurate or reflect accurately the provisions of care and services to the residents at Elwood Health and Living. The facility requests the following plan of correction be considered its allegation of compliance.		
K 0000 Bldg. 01	<p>An annual 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: 05/09/24</p> <p>Facility Number: 000372 Provider Number: 155522 AIM Number: 100289060</p> <p>At this Life Safety Code survey, Elwood Health and Living was found not in compliance with</p>			K 0000	Submission of this plan of correction shall not constitute or be construed as an admission by Elwood Health and Living that the allegations in the survey report are accurate or reflect accurately the provisions of care and services to the residents at Elwood Health and Living. The facility requests the following plan of correction be considered its allegation of compliance.		

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

TITLE

(X6) DATE

Penny R Broshar

Administrator

05/22/2024

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 0331 SS=E 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 sprinkled. 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 sleeping rooms. The healthcare portion of the facility has a capacity of 92 and had a census of 61 at the time of this visit.</p> <p>All areas where residents have customary access were sprinkled and all areas providing facility services were sprinkled except for one garage used for storage and a shed.</p> <p>Quality Review completed on 05/15/24</p> <p>NFPA 101 Interior Wall and Ceiling Finish Interior Wall and Ceiling Finish 2012 EXISTING Interior wall and ceiling finishes, including exposed interior surfaces of buildings such as fixed or movable walls, partitions, columns, and have a flame spread rating of Class A or Class B. The reduction in class of interior finish for a sprinkler system as prescribed in 10.2.8.1 is permitted. 10.2, 19.3.3.1, 19.3.3.2 Indicate flame spread rating(s).</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 linen closet mechanical area was provided with a complete interior finish with a</p>			K 0331	What corrective action(s) will be accomplished for those		05/29/2024

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	<p>flame spread rating of Class A or Class B for a sprinklered facility. LSC 3.3.90.4 defines interior wall finish as the interior finish of columns, fixed or movable walls, and fixed or movable partitions. A.3.3.90.2 states interior finish is not intended to apply to surfaces within spaces such as those that are concealed or inaccessible. This deficient practice could affect 3 staff.</p> <p>Findings include:</p> <p>Based on observations and interview during a tour of the facility with the Maintenance Supervisor and Floating Maintenance Professional on 05/09/24 between 11:45 a.m. and 1:45 p.m., the 300 Hall Linen Closet had a large hole in the wall near where a water holding tank had been removed. The wooden wall studs were exposed, and no flame spread classification of Class A or B for the aforementioned exposed wooden wall studs was available for review.</p> <p>This finding was acknowledged by the Maintenance Supervisor and Floating Maintenance Professional at the time of discovery and again at the exit conference with the Maintenance Supervisor and Floating Maintenance Professional and Administrator all present.</p> <p>3.1-19(b)</p>				<p>residents found to have been affected by the deficient practice.</p> <p>Repair was completed to linen closet mechanical area by adding dry wall and plaster. (Photo #1 & 2) No residents could have been affected by this deficient practice, however, 3 staff members could have been.</p> <p>Due to repairs being completed and photos attached to show proof, we are asking for paper compliance.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken.</p> <p>All residents and staff could have been affected by this deficient practice. Repairs were completed to the linen closet mechanical area by adding dry wall and plaster. (Photo 1 & 2) Due to repairs being completed and photos attached to show proof, we are asking for paper compliance.</p> <p>What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur?</p> <p>An audit has been created to inspect areas before and after construction is completed to</p>		

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K 0920 SS=E	NFPA 101 Electrical Equipment - Power Cords and		<p>ensure all areas are compliance with life safety code. (Form LS1) The Maintenance Director or designee will complete this audit with each project to ensure compliance. Due to repairs being completed and photos attached to show proof, we are asking for paper compliance.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur ie, what quality assurance program will be put into place? An audit has been created to inspect areas before and after construction is completed to ensure all areas are compliance with life safety code. The Maintenance Director or designee will complete this audit with each project to ensure compliance. All results from this audit will be discuss in Quarterly QAPI meetings. Audit will continue for one quarter or until 100% compliance is reached. Once 100% compliance is achieved, QAPI committee will review for need to continue audit. Due to repairs being completed and photos attached to show proof, we are asking for paper compliance.</p>		

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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 1. Based on observation and interview, the facility failed to ensure 1 of 1 power strips in the DON Office 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 2 staff.</p> <p>Findings include:</p> <p>Based on observations and interview during a tour of the facility with the Maintenance</p>			K 0920	<p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.</p> <p>The microwave in the DON's office was plugged into a powerstrip that was dangling and not affixed to the wall. This deficient practice was corrected during the survey. The microwave was moved from on top of the mini fridge in the DON's office to a table and plugged</p>		05/29/2024

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	<p>Supervisor (MS) and Floating Maintenance Professional on 05/09/24 between 11:45 a.m. and 1:45 p.m., in the DON Office a power strip was being used to power a microwave oven (high power draw equipment). The MS moved the microwave during the survey.</p> <p>This finding was acknowledged by the Maintenance Supervisor and Floating Maintenance Professional at the time of discovery and again at the exit conference with the Maintenance Supervisor and Floating Maintenance Professional and Administrator all present.</p> <p>2. Based on observation and interview, the facility failed to ensure 1 of 1 flexible cord were installed properly and used in a safe manor. NFPA 99, Section 10.2.4.2 states adapters and extension cords meeting the requirements of 10.2.4.2.1 through 10.2.4.2.3 shall be permitted. Section 10.2.4.2.3 states the cabling shall comply with 10.2.3. Section 10.2.3.5.1 states cord strain relief shall be provided at the attachment of the power cord to the appliance so that mechanical stress, either pull, twist, or bend, is not transmitted to internal connections. This deficient practice could affect 2 staff in the Director of Nursing Office.</p> <p>Findings include:</p> <p>Based on observations and interview during a tour of the facility with the Maintenance Supervisor and Floating Maintenance Professional on 05/09/24 between 11:45 a.m. and 1:45 p.m., in the DON Office a power strip was being used to power a microwave oven which was dangling from the wall, not affixed, or lying flat.</p>				<p>directly into an outlet. (Photos 3&4). No residents could have been affected by this deficient practice, however, 2 staff members could have been. Due to repairs being completed and photos attached to show proof, we are asking for paper compliance.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken.</p> <p>All resident's and staff could have the potential to be affected by this deficient practice. The microwave in the DON's office was plugged into a powerstrip that was dangling and not affixed to the wall. This deficient practice was corrected during the survey. The microwave was moved from on top of the mini fridge in the DON's office to a table and plugged directly into an outlet. (Photos 3&4).</p> <p>Due to repairs being completed and photos attached to show proof, we are asking for paper compliance.</p> <p>What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur?</p> <p>An audit has been created (LS2) and will be completed monthly by</p>		

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	<p>This finding was acknowledged by the Maintenance Supervisor and Floating Maintenance Professional at the time of discovery and again at the exit conference with the Maintenance Supervisor and Floating Maintenance Professional and Administrator all present.</p> <p>3.1-19(b)</p>		<p>the Maintenance Supervisor or designee to check to see if a 1363 or 1363A is present, if a high amp item is plugged into powerstrip, if the strip is laying flat or affixed to the wall and what corrective actions were taken. This audit will continue for one quarter or until 100% compliance has been reached. Education will be provided to all staff at the May All Staff inservice for correct process and procedure to use powerstrips in a nursing home.</p> <p>Due to repairs being completed and photos attached to show proof, we are asking for paper compliance.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur ie, what quality assurance program will be put into place? An audit has been created (LS2) and will be completed monthly by the Maintenance Supervisor or designee to check to see if a 1363 or 1363A is present, if a high amp item is plugged into powerstrip, if the strip is laying flat or affixed to the wall and what corrective actions were taken. This audit will continue for one quarter or until 100% compliance has been reached. Education will be provided to all staff at the May All Staff inservice for correct process and procedure to use powerstrips in a nursing home. All findings</p>		

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					from the audit will be discussed in Quarterly QAPI meetings. QAPI committee will review findings and determine if audit needs to be continued past one quarter. Due to repairs being completed and photos attached to show proof, we are asking for paper compliance.		