

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

PRINTED: 01/19/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155848		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING		X3) DATE SURVEY COMPLETED 01/10/2022	
NAME OF PROVIDER OR SUPPLIER  ENMOTION RECOVERY CARE				STREET ADDRESS, CITY, STATE, ZIP COD 1000 E MAIN STREET DANVILLE, IN 46122			
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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: 01/10/22</p> <p>Facility Number: 013667 Provider Number: 155848 AIM Number: 300002429</p> <p>At this Emergency Preparedness survey, Enmotion Recovery Care 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 26 certified beds. At the time of the survey, the census was 6.</p> <p>Quality Review completed on 01/13/22</p>			E 0000	<p>Preparation or execution of this plan of correction does not constitute admission or agreement of provider of the truth of the facts alleged or set forth on the Statement of Deficiencies. The Plan of Correction is prepared and executed solely because it is required by the position of Federal and State Law. The Plan of Correction is submitted in order to respond to allegation of noncompliance cited during a Recertification and Life Safety Code Survey completed on January 10, 2022. Please accept this plan of correction as the provider's credible allegation of compliance.</p> <p>The provider respectfully requests a desk review with paper compliance to be considered in establishing that the provider is in substantial compliance.</p>		
K 0000  Bldg. 01	<p>A Life Safety Code Recertification Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.470(j).</p> <p>Survey Dates: 01/10/22</p> <p>Facility Number: 013667 Provider Number: 155848 AIM Number: 300002429</p>			K 0000	<p>Preparation or execution of this plan of correction does not constitute admission or agreement of provider of the truth of the facts alleged or set forth on the Statement of Deficiencies. The Plan of Correction is prepared and executed solely because it is required by the position of Federal</p>		

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

TITLE

(X6) DATE

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 0211 SS=E Bldg. 01	<p>At this Life Safety Code survey, Enmotion Recovery Care was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(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 facility is located on the second floor of a three-story building with a basement and was determined to be of Type I (332) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors and hard-wired smoke detectors in all resident sleeping rooms. The facility has a capacity of 26 and had a census of 6 at the time of this visit.</p> <p>All areas where residents have customary access were sprinklered. All areas providing facility services were sprinklered.</p> <p>Quality Review completed on 01/13/22</p> <p>NFPA 101 Means of Egress - General Means of Egress - General Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.11. 18.2.1, 19.2.1, 7.1.10.1 Based on observation and interview, the facility failed to ensure 1 of 4 means of egress were continuously maintained free of all obstructions</p>			K 0211	<p>and State Law. The Plan of Correction is submitted in order to respond to allegation of noncompliance cited during a Recertification and Life Safety Code Survey completed on January 10, 2022. Please accept this plan of correction as the provider's credible allegation of compliance.</p> <p>The provider respectfully requests a desk review with paper compliance to be considered in establishing that the provider is in substantial compliance.</p> <p><b>Corrective actions for those residents found to be affected by the alleged deficient</b></p>		01/10/2022

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	<p>or impediments to have full and instant use in the case of fire or other emergency. This deficient practice could affect over 4 residents, 2 staff and 1 visitor if needing to exit the facility.</p> <p>Findings include:</p> <p>Based on observations with the Engineering Supervisor and the unit Administrator on 01/10/22 at 2:41 p.m. during a tour of the EnMotion unit, a small three drawer dresser was immediately outside resident room #234W. This dresser contained contact isolation items for use with the resident but was not on wheels. Based on interview at the time of the observations, the Unit Administrator agreed the aforementioned small dresser was not on wheels and therefore was not allowed to be used as storage in the corridor. This small dresser was immediately removed from the corridor and placed in an unused room taking removing the deficiency prior to my exiting of the facility.</p> <p>3.1-19(b)</p>				<p><b>practice:</b> The three-drawer dresser was immediately removed from the corridor prior to the surveyors exit. <b>Identification of other residents having the potential to be affected by the same alleged deficient practice and corrective actions taken:</b> All other corridors on the enMotion unit were audited to ensure no other drawers or storage were in the corridor. <b>Measures put in place and systemic changes made to ensure the alleged deficient practice does not recur:</b> The Administrator or designee will monitor all corridors five times per week for one month, then once per week for two months, then every-other week for three months, to ensure the means of egress are continuously free of all obstructions or impediments. Any deficiencies in this practice will immediately be corrected until 100% compliance. <b>How the corrective measure will be monitored to ensure the alleged deficient practice does not recur:</b> The results of the audit observations will be reported, reviewed, and trended for compliance through the monthly QAPI committee for a minimum of 6 months.</p>		

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K 0511 SS=E Bldg. 01	<p><b>NFPA 101</b> 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 1 of 1 ice machine was 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. (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. (1) Bathrooms (2) Kitchens (3) Rooftops (4) Outdoors 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. Exception No. 2 to (4): In industrial establishments</p>			K 0511	<p>Corrective actions for those residents found to be affected by the alleged deficient practice: The ice machine was immediately plugged into a ground fault circuit interrupter (GFCI) outlet prior to the surveyors exit. Both outlets located by the ice machine are GFCI outlets. <b>Identification of other residents having the potential to be affected by the same alleged deficient practice and corrective actions taken:</b> All other residents have the potential to be affected. There are no other ice machines on the unit. <b>Measures put in place and systemic changes made to ensure the alleged deficient practice does not recur:</b> The Administrator or designee will monitor the ice machine to ensure it is plugged into a ground fault circuit interrupter (GFCI) once per week for six months. Any deficiencies in this practice will immediately be corrected until 100% compliance. <b>How the corrective measure</b></p>		01/10/2022

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	<p>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. 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 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. This deficient practice could affect as many as 3 residents, 2 staff, and 1 visitor.</p> <p>Findings include:</p> <p>Based on observations with the Engineering Supervisor and the unit Administrator on 01/10/22</p>				<p><b>will be monitored to ensure the alleged deficient practice does not recur:</b></p> <p>The results of the audit observations will be reported, reviewed, and trended for compliance through the monthly QAPI committee for a minimum of 6 months.</p>		

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	<p>at 2:40 p.m. during a tour of the EnMotion unit, there was an ice machine located in the corridor on the Pantry Hall. When asked if the ice machine was plugged into a GFCI protected outlet, the Engineering Supervisor stated that he was not sure and pulled the ice machine away from the wall. It was then noted that the ice machine was not plugged into a GFCI outlet. Based on an interview at the time of the observation, the Engineering Supervisor agreed that the ice machine was not plugged into a GFCI protected outlet and stated that he would have a work order written up to have the existing outlet changed to a GFCI outlet immediately. During the exit conference with the unit Administrator and the Engineering Supervisor at 3:15 p.m., no additional information or evidence could be provided contrary to this deficient finding.</p> <p>3.1-19(b)</p>						