

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

PRINTED: 10/10/2024
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155383		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING		X3) DATE SURVEY COMPLETED 09/26/2024	
NAME OF PROVIDER OR SUPPLIER WASHINGTON HEALTHCARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 8201 W WASHINGTON ST INDIANAPOLIS, IN 46231			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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
K 0000 Bldg. 01	<p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 07/29/24 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a).</p> <p>Survey Date: 09/26/24</p> <p>Facility Number: 000393 Provider Number: 155383 AIM Number: 100289340</p> <p>At this PSR survey, Washington Healthcare Center was found not in compliance with 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 fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and in all areas open to the corridor. The facility has battery operated smoke detectors in all resident sleeping rooms. The facility has a capacity of 94 and had a census of 58 at the time of this visit.</p> <p>All areas where residents have customary access were sprinklered. The facility has one detached building for storage of supplies which was not sprinklered.</p> <p>Quality Review completed on 09/26/24</p>			K 0000			

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

TITLE

(X6) DATE

Keira Gilmore

Executive Director

10/04/2024

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 0353 SS=F Bldg. 01	<p>NFPA 101 Sprinkler System - Maintenance and Testing</p> <p>Based on record review and interview, the facility failed to ensure 8 of over 100 sprinkler heads in the facility which were corroded were replaced in accordance with NFPA 25. NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 2011 Edition, Section 5.2.1.1.1 states sprinklers shall not show signs of leakage; shall be free of corrosion, foreign materials, paint, and physical damage; and shall be installed in the correct orientation (e.g., up-right, pendent, or sidewall). Furthermore, at 5.2.1.1.2 any sprinkler that shows signs of any of the following shall be replaced:</p> <ul style="list-style-type: none"> (1) Leakage (2) Corrosion (3) Physical Damage (4) Loss of fluid in the glass bulb heat responsive element (5) Loading (6) Painting unless painted by the sprinkler manufacturer. <p>In lieu of replacing sprinklers that are loaded with dust, it is permitted to clean sprinklers with compressed air or by a vacuum provided that the equipment does not touch the sprinkler.</p> <p>This deficient practice could affect over 2 kitchen staff and visitors.</p> <p>Findings include:</p> <p>Based on review of the sprinkler system inspection contractor's "Form for Inspection, Testing and Maintenance of Dry Pipe Fire Sprinkler Systems" documentation dated 04/01/24 with the Maintenance Supervisor during record review from 9:35 a.m. to 12:50 p.m. on 07/29/24, eight sprinklers installed in the kitchen were</p>			K 0353	<p>The creation and submission of this plan of correction 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>Facility is requesting paper compliance/ desk review.</p> <p>What corrective action(s) will be taken for those residents found to have been affected by the deficient practice?</p> <p>Spare sprinkler cabinets have been raised to allow for prompt access and without issue. 21 spare sprinkler heads have been ordered and have been replaced. Hole in the boiler room and vending room has been repaired</p> <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <p>All residents have the potential to be affected by the alleged deficient practice. Room assessment will take place to ensure no additional sprinkler heads are rusted. Heads will be replaced as needed. Maintenance director inspected all ceilings to ensure in good repair.</p> <p>What measures will be put into place or what systemic changes will you make to</p>		09/30/2024

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K 0914 SS=E Bldg. 01	<p>corroded and need to be replaced. Based on interview at the time of record review, the Maintenance Supervisor stated the kitchen sprinkler heads were not replaced on or after 04/01/24. The Maintenance Supervisor stated the facility hired a different sprinkler system inspection contractor to perform the sprinkler replacements. The sprinkler system inspection contractor provided a letter to the facility dated 07/29/24 at the time of the survey which stated the contractor "has received approval and will be replacing a total of 21 dry sprinkler heads throughout the building in the kitchen, mechanical room, shower room, utility and the front porch area. The sprinkler heads have been ordered and we are currently awaiting their arrival".</p> <p>Based on interview during the PSR entrance conference at 9:50 a.m. on 09/26/24, the Maintenance Supervisor stated replacement sprinklers have been ordered and stated none of the sprinklers which failed 04/01/24 inspection have been replaced.</p> <p>These findings were reviewed with the Maintenance Supervisor during the exit conference.</p> <p>This deficiency was cited on 07/29/24. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>3.1-19(b)</p>			K 0914	<p>ensure that deficient practice does not recur?</p> <p>Checks will be conducted to ensure that all sprinkler heads are in good working order. Ceilings will be inspected to ensure in good repair.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place?</p> <p>To ensure compliance, the Maintenance Director /Designee will complete weekly audits x 4 weeks and monthly thereafter for 6 months Results of the audit will be presented to the QAPI committee. If 100% is not achieved an action plan will be implemented.</p> <p>Date of Compliance: 9/30/2024</p>		09/30/2024
	<p>NFPA 101 Electrical Systems - Maintenance and Testing</p> <p>Based on record review and interview, the facility failed to ensure nonhospital-grade electrical receptacles that failed annual testing in 10 of over</p>				<p>The creation and submission of this plan of correction does not constitute an admission by this</p>		

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	<p>40 resident rooms were replaced with hospital-grade receptacles. NFPA 70, The National Electrical Code, 2011 Edition, at Article 517.18(B) states each patient bed location shall be provided with a minimum of four receptacles. They shall be permitted to be of the single, duplex, or quadruplex type, or any combination of the three. All receptacles, whether four or more, shall be listed "hospital grade" and so identified. It is not intended that there be a total, immediate replacement of existing non-hospital grade receptacles. It is intended, however, that non-hospital grade receptacles be replaced with hospital grade receptacles upon modification of use, renovation, or as existing receptacles need replacement. This deficient practice could affect over 10 residents.</p> <p>Findings include:</p> <p>Based on review of "Receptacle Testing" documentation dated May 2024 with the Maintenance Supervisor during record review from 9:35 a.m. to 12:50 p.m. on 07/29/24, select electrical receptacles in outlet boxes in ten resident sleeping rooms failed annual inspection and testing. Each of the receptacles which failed annual inspection and testing were listed as failing due to "Ground Retention > 4 ounces". The select receptacle outlet boxes in resident sleeping rooms identified in the May 2024 testing as failing were located in:</p> <ul style="list-style-type: none"> a. Room 101, outlet box #3. b. Room 103, outlet box #2. c. Room 108, outlet box #2. d. Room 203, outlet box #2. e. Room 208, outlet box #4. f. Room 301, outlet box #3. g. Room 302, outlet box #2. h. Room 309, outlet box #1 and outlet box #2. 				<p>provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation.</p> <p>Facility is requesting paper compliance/desk review.</p> <p>What corrective action(s) will be taken for those residents found to have been affected by the deficient practice?</p> <p>Replacements will be made to hospital grade receptacles. Receptacles have been ordered and replaced for the following room – Room 101, outlet box#3, Room 103, outlet box #2, Room 108, outlet box #2, Room 203 outlet box #2, Room 208 outlet box #4, Room 301 outlet box #3, Room 302, outlet box #2, Room 309 outlet box #1 and box #2, Room 310 outlet box #3, and Room 313 outlet box #1.</p> <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <p>All residents have the potential to be affected by the alleged deficient practice. Outlet testing will be conducted to ensure outlet are hospital grade receptacles.</p> <p>What measures will be put into place or what systemic changes will you make to ensure that deficient practice does not recur?</p> <p>Regular outlet testing will take place to ensure outlets are</p>		

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	<p>i. Room 310, outlet box # 3. j. Room 313, outlet box #1. Based on interview at the time of record review, the Maintenance Supervisor stated non-hospital grade electrical receptacles are currently installed in resident sleeping rooms and stated the receptacles which failed May 2024 testing have not yet been replaced.</p> <p>Based on interview during the PSR entrance conference at 9:50 a.m. on 09/26/24, the Maintenance Supervisor stated replacement hospital-grade receptacles had been on order and were just received and also stated none of the receptacles which failed May 2024 testing and needed to be replaced have been replaced.</p> <p>These findings were reviewed with the Maintenance Supervisor during the exit conference.</p> <p>This deficiency was cited on 07/29/24. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>3.1-19(b)</p>				<p>hospital grade receptacles by Maintenance Director How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place? To ensure compliance, the Maintenance Director /Designee will complete weekly audits x 4 weeks and monthly thereafter for 6 months Results of the audit will be presented to the QAPI committee. If 100% is not achieved an action plan will be implemented.</p> <p>Date of Compliance: 9/30/2024</p>		