

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

PRINTED: 03/14/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155477		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING _____		X3) DATE SURVEY COMPLETED 02/28/2024	
NAME OF PROVIDER OR SUPPLIER LANE HOUSE, THE				STREET ADDRESS, CITY, STATE, ZIP COD 1000 LANE AVE CRAWFORDSVILLE, IN 47933			
(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: 02/28/24</p> <p>Facility Number: 000462 Provider Number: 155477 AIM Number: 100275380</p> <p>At this Emergency Preparedness survey, The Lane House 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 60 certified beds. At the time of the survey, the census was 43.</p> <p>Quality Review completed on 02/29/24</p>			E 0000	<p>The submission of this POC does not indicate an admission by The Lane house that the findings and allegations contained herein are accurate and true representations of the quality of care and services provided to the residents of The Lane House. This facility recognized its obligation to provide legally and medically necessary care and services to its residents in an economic and efficient manner. The facility hereby maintains it is in substantial compliance with the requirements of participation for comprehensive health care facilities (for Title 18/19 programs).</p> <p>To this end, this plan of correction shall serve as the credible allegation of compliance with all state and federal requirements governing the management of this facility. It is thus submitted as a matter of statue only.</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 and State Licensure Survey was conducted by the Indiana Department of Health in accordance with 42 CFR</p>			K 0000	<p>The submission of this POC does not indicate an admission by The Lane house that the findings and</p>		

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

TITLE

(X6) DATE

Gloria McGowen

Executive Director

03/13/2024

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=F Bldg. 01	<p>483.90(a).</p> <p>Survey Date: 02/28/24</p> <p>Facility Number: 000462 Provider Number: 155477 AIM Number: 100275380</p> <p>At this Life Safety Code survey, Lane House 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 with two partial basements was determined to be of Type II (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection on all levels in the corridors and in all areas open to the corridor. The facility has battery operated smoke detectors installed in all resident sleeping rooms. The facility has a capacity of 60 and had a census of 43 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. The facility has two detached buildings: one providing facility storage and one which is used as an oxygen storage and transfilling building, which were not sprinklered.</p> <p>Quality Review completed on 02/29/24</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</p>				<p>allegations contained herein are accurate and true representations of the quality of care and services provided to the residents of The Lane House. This facility recognized its obligation to provide legally and medically necessary care and services to its residents in an economic and efficient manner. The facility hereby maintains it is in substantial compliance with the requirements of participation for comprehensive health care facilities (for Title 18/19 programs).</p> <p>To this end, this plan of correction shall serve as the credible allegation of compliance with all state and federal requirements governing the management of this facility. It is thus submitted as a matter of statute only.</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>		

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	<p>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>c) Water system supply source</p> <p>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 Based on observation and interview, the facility failed to ensure 2 of 2 sprinkler system gauges were replaced every 5 years or documented as tested every 5 years by comparison with a calibrated gauge. NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 2011 Edition, Section 5.3.2.1 states gauges shall be replaced every 5 years or tested every 5 years by comparison with a calibrated gauge. Gauges not accurate to within 3 percent of the full scale shall be recalibrated or replaced. This deficient practice could affect all residents, staff, and visitors in the facility.</p> <p>Findings include:</p> <p>Based on observations with the Maintenance Director on 02/28/24 during a tour of the facility at 12:16 p.m., the facility has supervised dry sprinkler systems and had a total of two water pressure gauges. The manufacture date printed on the inside of the gauges was listed as 2015 but the vendor had written 2020 in marker on the face of</p>			K 0353	<p>1 One of the identified sprinkler system gauges was replaced immediately. The other sprinkler system gauge has been ordered and will be installed when arrives.</p> <p>2 No residents had negative outcomes from the alleged deficient practice. Residents and facility could be affected therefore one gauge was replaced immediately and the other gauge ordered and will be installed upon arrival.</p> <p>3 ED has educated Maintenance Director on policy and procedure for maintenance of sprinkler system gauges.</p> <p>4 Maintenance Director will validate manufacture date on sprinkler system gauges 3 times monthly x 2 months, then 2 times monthly x 2 months, then 1 time monthly x 2 months.</p>		03/27/2024

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K 0511 SS=E Bldg. 01	<p>the gauge. No recalibration date information was affixed to the sprinkler system gauges. Based on interview at the time of the observations, the Maintenance Director stated he did not believe sprinkler system gauges had been recalibrated within the most recent five-year period and acknowledged documentation of sprinkler system gauge replacement or recalibration was not available for review for each of the two sprinkler system gauges which were both more than five years old.</p> <p>This finding was reviewed with the Administrator at the exit conference on 02/28/24.</p> <p>3.1-19(b)</p> <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. 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 wet locations were provided with ground fault circuit interrupter (GFCI) protection against electric shock. LSC 19.5.1.1 requires utilities to 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</p>			K 0511	<p>5 Audits will be presented to QAPI monthly x 6 months. QAPI will determine the need for further audits</p>		03/27/2024
	<p>1 No residents had negative outcomes. 2 Other residents have the potential to be affected therefore the facility the GFCI immediately. 3 ED has educated Maintenance Director on policy and procedure for use of GFCI by date of compliance 4 Maintenance Director will validate GFCI receptacles 3 times monthly x 2 months, then 2 times monthly x 2 months, then 1 time</p>						

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	<p>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</p> <p>(2) Kitchens</p> <p>(3) Rooftops</p> <p>(4) Outdoors</p> <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</p>				<p>monthly x 2 months.</p> <p>5 Audits will be presented to QAPI monthly x 6 months. QAPI will determine the need for further audits</p>		

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	<p>facilities</p> <p>(8) Garages, service bays, and similar areas where electrical diagnostic equipment, electrical hand tools, or portable lighting equipment are to be used.</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 all staff working in the kitchen.</p> <p>Findings include:</p> <p>Based on observations with the Maintenance Director on 02/28/24 during a tour of the facility at 2:16 p.m., the electric receptacle behind the ice machine located in the facility kitchen was not plugged into a GFCI protected outlet. When looking behind the ice machine, it was clear that both the electric line and the water line were well within six feet of each other. Based on an interview at the time of the observation, the Maintenance Director acknowledged the electric receptacle was not GFCI protected adding that he had an outlet on his desk that was GFCI protected and that he would install it as soon as possible.</p> <p>This finding was reviewed with the Administrator at the exit conference on 02/28/24.</p> <p>3.1-19(b)</p>						