

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155614	X2) MULTIPLE CONSTRUCTION A. BUILDING -- _____ B. WING _____	X3) DATE SURVEY COMPLETED 01/30/2018
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NAME OF PROVIDER OR SUPPLIER LINCOLN HILLS OF NEW ALBANY	STREET ADDRESS, CITY, STATE, ZIP CODE 326 COUNTRY CLUB DRIVE NEW ALBANY, IN 47150
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E 0000 Bldg. --	<p>An Emergency Preparedness Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.73.</p> <p>Survey Date: 01/30/18</p> <p>Facility Number: 000321 Provider Number: 155614 AIM Number: 100286130</p> <p>At this Emergency Preparedness survey, Lincoln Hills of New Albany was found in substantial compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73</p> <p>The facility has 156 certified beds, with a current census of 131.</p> <p>Quality Review completed on 02/02/18 - DA</p> <p>The requirement at 42 CFR, Subpart 483.475 is NOT MET as evidenced by:</p>	E 0000		
E 0039 SS=C Bldg. --	<p>Based on record review and interview, the facility failed to conduct exercises to test the emergency plan at least annually, including unannounced staff drills using the emergency procedures. The LTC facility must do all of the following: (i) participate in a full-scale exercise that is community-based or when a community-based exercise is not accessible, an individual,</p>	E 0039	Submission of this plan of correction does not constitute an admission by Lincoln Hills Healthcare Center or its management company that the allegations contained in the survey report is a true and accurate portrayal of the provision of nursing	03/01/2018

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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	<p>facility-based. If the LTC facility experiences an actual natural or man-made emergency that requires activation of the emergency plan, the LTC facility is exempt from engaging in a community-based or individual, facility-based full-scale exercise for 1 year following the onset of the actual event; (ii) conduct an additional exercise that may include, but is not limited to the following: (A) a second full-scale exercise that is community-based or individual, facility-based. (B) a tabletop exercise that includes a group discussion led by a facilitator, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan; (iii) analyze the LTC facility's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the LTC facility's emergency plan, as needed in accordance with 42 CFR 483.73(d)(2). This deficient practice could affect all residents in the facility.</p> <p>Findings include:</p> <p>Based on review of Disaster Emergency Preparedness Program on 01/30/18 between 1:45 p.m. and 3:00 p.m. with the Administrator and Maintenance Director present, documentation for a complete emergency preparedness program reviewed by the facility within the most recent twelve month period was not available for review. Based on interview at the time of record review, when asked, the Administrator and Maintenance Director indicated the facility has not conducted a community based disaster drill within the past twelve months.</p>		<p>care and other services in this facility. Nor does this submission constitute an agreement or admission of the survey allegations</p> <ol style="list-style-type: none"> No Residents were affected No Residents were affected A facility evacuation will be held to ensure the Emergency Policy/Procedures are followed and requirements are met. The Maintenance Director was in-serviced on the importance of ensuring the requirements of the Emergency Preparedness Plan and facility policies are followed. The Administrator will work with the Maintenance Director to schedule the evacuation drills annually and ensure they are completed in a timely manner by documenting each drill as required and maintaining the completed drills in the DEPP binder. CarDon will also be conducting local drills in April 2018 which will be in addition to our facility evacuation drill. <p>The DEPP manual will be brought to the QAPI meeting on a quarterly basis to ensure all areas are up to date and to review for any needed revisions to the policies/procedures on an on-going basis</p>		

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

PRINTED: 03/06/2018

FORM APPROVED

OMB NO. 0938-039

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K 0000 Bldg. 01	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.90(a).</p> <p>Survey Date: 01/30/18</p> <p>Facility Number: 000321 Provider Number: 155614 AIM Number: 100286130</p> <p>At this Life Safety Code survey, Lincoln Hills of New Albany 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 Type II (111) construction and fully sprinkled. The facility has a fire alarm system with hard wired smoke detectors in the corridors and spaces open to the corridors, plus battery operated smoke alarms in all resident sleeping rooms. The facility has a capacity of 156 and had a census of 131 at the time of this survey.</p> <p>All areas where residents have customary access were sprinkled and all areas providing facility services were sprinkled. The facility has a detached wooden storage garage and a wooden storage shed which were not sprinkled.</p> <p>Quality Review completed on 02/02/18 - DA</p>	K 0000		
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K 0741 SS=E Bldg. 01	<p>NFPA 101 Smoking Regulations Smoking Regulations Smoking regulations shall be adopted and shall include not less than the following provisions:</p> <p>(1) Smoking shall be prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area shall be posted with signs that read NO SMOKING or shall be posted with the international symbol for no smoking.</p> <p>(2) In health care occupancies where smoking is prohibited and signs are prominently placed at all major entrances, secondary signs with language that prohibits smoking shall not be required.</p> <p>(3) Smoking by patients classified as not responsible shall be prohibited.</p> <p>(4) The requirement of 18.7.4(3) shall not apply where the patient is under direct supervision.</p> <p>(5) Ashtrays of noncombustible material and safe design shall be provided in all areas where smoking is permitted.</p> <p>(6) Metal containers with self-closing cover devices into which ashtrays can be emptied shall be readily available to all areas where smoking is permitted.</p> <p>18.7.4, 19.7.4</p> <p>Based on observation and interview, the facility failed to ensure cigarette butts were properly disposed of at 1 of 1 areas where residents were allowed to smoke cigarettes. This deficient practice could affect up to 5 residents as well as staff while at the resident smoking area.</p> <p>Findings include:</p>	K 0741	<ol style="list-style-type: none"> 1. No Residents were affected 2. No Residents were affected 3. The trash can was emptied in the appropriate manner immediately. The staff were in-serviced on utilizing the appropriate container provided for the cigarette butts and the 	03/01/2018	

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K 0920 SS=E Bldg. 01	<p>Based on observation on 01/30/18 at 1:05 p.m. during a tour of the facility with the Maintenance Director, there was a large trash can full of trash with at least 100 cigarette butts mixed in located at the outside west wing resident smoking area. Based on interview at the time of observation, the Maintenance Director acknowledged the cigarette butts mixed with the paper trash in the large trash can.</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) 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</p>		<p>importance of. Related to the new owners of our facility (CarDon) and their smoking policy, once in place we will be moving toward becoming a Smoke Free Facility. The Maintenance Director and/or assistant will be monitoring this area at least twice daily to ensure the proper containers are being utilized on an on-going basis. The reviews will be documented on the Smoking Area Review Log. Any areas of concern will be addressed immediately and the Administrator will be informed.</p> <p>4. The Administrator will sign off on the Smoking Area Review Log weekly x4 weeks, then monthly x11 months to ensure compliance. The logs will be reviewed by the QAPI committee monthly and the frequency and duration of reviews adjusted as needed.</p>	

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	<p>(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 record review, observation, and interview; the facility failed to ensure power strips and multi plug adapters were not used as a substitute for fixed wiring in at least 22 of 93 resident rooms. 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, Article 400-8 requires, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice could affect over 25 residents, as well as staff and visitors.</p> <p>Findings include:</p> <p>Based on review of life safety preventative maintenance records on 01/30/18 between 9:30 a.m. and 11:45 a.m. with the Maintenance Director present, the facility provided a written record of monthly inspections of power strips in resident rooms. Based on interview at the time of record review, the Maintenance Director said many of the power strips have been upgraded to UL 1363 type power strips, however, there were still several power strips located throughout the facility which have not yet been replaced that do not meet the UL 1363 standard. Based on observation between 11:45 a.m. and 1:45 p.m. during a tour of the facility</p>	K 0920	<p>1. No Residents were affected</p> <p>2. No Residents were affected</p> <p>1. All medical equipment and refrigerators noted in the survey were immediately plugged into the appropriate wall outlet. The facility had purchased 40 UL 1363A power strips which were in the process of being installed and mounted to the wall during the survey. CarDon's Corporate Director of Facilities will be working with our Electrical Contractor which will be on site 2/23/18 and the remaining power strips will be removed as we add additional outlets in each resident room. The maintenance director and assistant will be in- serviced on the CarDon Electrical Policy. The Electrical Policy will be followed and has been submitted for your review. The Maintenance Director and/or assistant will complete weekly walk throughs to ensure all equipment is plugged into an appropriate outlet. Any areas of concern will be addressed immediately and the Administrator notified. Any areas of</p>	03/01/2018

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	<p>with the Maintenance Director, the following was noted:</p> <ul style="list-style-type: none"> a. Room E-4 had a refrigerator plugged into a power strip b. All 16 resident rooms in the G Hall had at least one or two power strips with various items, such as, TV's, cell phones, lamps, radios, and other items plugged into the power strips c. Room H-7 had a refrigerator plugged into a power strip d. Room H-10 had a nebulizer plugged into a power strip e. Room D-9 had a nebulizer plugged into a multi plug adapter f. Room D-8 had a nebulizer plugged into one power strip and a refrigerator plugged into another power strip g. Room A-13 had a refrigerator plugged into a power strip <p>Furthermore, the UL rating on the power strips mentioned did not meet the power strip requirements of UL 1363A or UL 60601-1 for medical equipment, or UL 1363 for resident care rooms.</p> <p>This was acknowledged by the Maintenance Director at the time of each observation.</p> <p>3.1-19(b)</p>		<p>concern/corrections will be documented on an audit form.</p> <p>2. The audit form will be reviewed by the QA committee monthly and the frequency and duration of the reviews adjusted as needed.</p>	