

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155490	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	(X3) DATE SURVEY COMPLETED 12/26/2019
NAME OF PROVIDER OR SUPPLIER AMBASSADOR HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP COD 705 E MAIN ST CENTERVILLE, IN 47330		
(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
K 0000 Bldg. 01	<p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 11/06/19 & 11/07/19 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.90(a).</p> <p>Survey Date: 12/26/19</p> <p>Facility Number: 000456 Provider Number: 155490 AIM Number: 100288750</p> <p>At this PSR survey, Ambassador Healthcare 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 two story facility with a partial basement consists of four attached buildings. Building 01 is a one story building consisting of Rooms 101 through 120 and Rooms 1 through 8 in the two story section of the west wing which has a partial basement. Building 02 is a one story building consisting of rooms RH1 through RH18. Building 03 consists of Rooms 121 through 135 and is a one story building with a partial basement. Building ID is a one story building consisting of Rooms 201 through 220 and Rooms 302 through 313. Each building is fully sprinklered and was determined to be of Type V(111) construction and was surveyed as one building. The facility has a fire alarm system with smoke detection in the corridor, in spaces open to the corridor and on all</p>	K 0000		

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 0920 SS=E Bldg. 01	<p>levels except the partial basement in the west wing of Building 01. The facility has battery operated smoke detectors in all resident sleeping rooms. The facility has a capacity of 137 and had a census of 116 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.</p> <p>Quality Review completed on 01/02/20</p> <p>NFPA 101 Electrical Equipment - Power Cords and Extents 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 (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>			

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	<p>Based on observation and interview, the facility failed to ensure 1 of 1 extension cords including power strips were not used as a substitute for fixed wiring. LSC 19.5.1 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, 2011 Edition. NFPA 70, Article 400.8 requires that, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. LSC Section 4.5.7 states any building service equipment or safeguard provided for life safety shall be designed, installed and approved in accordance with all applicable NFPA standards. NFPA 99, Standard for Health Care Facilities, 2012 edition, defines patient care areas as any portion of a health care facility wherein patients are intended to be examined or treated. Patient care vicinity is defined as a space, within a location intended for the examination and treatment of patients, extending 6 ft (1.8 m) beyond the normal location of the bed, chair, table, treadmill, or other device that supports the patient during examination and treatment. A patient care vicinity extends vertically to 7 ft 6 in. (2.3 m) above the floor. NFPA 99, Section 10.4.2.3 states household or office appliances not commonly equipped with grounding conductors in their power cords shall be permitted provided they are not located within the patient care vicinity. This deficient practice could affect over 10 residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on observations with the Maintenance Supervisor at 11:58 a.m. on 12/26/19, an oxygen concentrator, a lamp, a fan and a cell phone charging cable were plugged into a power strip on the floor within six inches of the resident bed nearest the corridor door in Room 113. The UL</p>	K 0920	<p>K 920 ELECTRICAL EQUIPMENT – POWER CORDS AND EXTENSION CORDS</p> <p>I. Power strip was removed from Room 113. Oxygen concentrator was plugged directly into wall outlet. Cell phone charger and fan were rearranged to resident's satisfaction and plugged directly into wall outlet.</p> <p>II. All residents from North were identified as having the potential to be affected.</p> <p>III. Corrective action has included the removal of the power strip in Room 113. An additional wall plug was installed in Room 113 to eliminate the need for a power strip. Education was provided to both the resident and the resident representative in regard to life safety regulation regarding the use of power strips for PCREE and NON-PCREE. An inspection of all new power strips will be conducted by the Administrator, Maintenance Supervisor or Designee to ensure compliance. Any power strips found to be out of compliance will be removed or relocated to a suitable area.</p> <p>IV. Periodic checks of resident rooms will continue with the addition of daily checks of Room 113 for ensured compliance</p>	01/09/2020

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	<p>listing of the power strip was 60601-1. Based on interview at the time of the observations, the Maintenance Supervisor agreed a power strip was being used in the patient care vicinity for PCREE and non-PCREE and as a substitute for fixed wiring at the aforementioned location.</p> <p>This deficiency was cited on 11/07/19. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>3.1-19(b)</p>		<p>with life safety regulations. Results of these audits will be discussed at facility Quality Assurance Performance Improvement Meeting and frequency and duration of reviews will be adjusted as needed.</p> <p>Completion Date: January 9, 2020</p>	