

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER <b>155156</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	(X3) DATE SURVEY COMPLETED <b>02/22/2019</b>
NAME OF PROVIDER OR SUPPLIER <b>APERION CARE ARBORS MICHIGAN CITY</b>		STREET ADDRESS, CITY, STATE, ZIP COD <b>1101 E COOLSPRING AVE</b> <b>MICHIGAN CITY, IN 46360</b>		
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K 0000  Bldg. 01	<p>An investigation of Complaint Number IN00287152 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.90(a).</p> <p>This was also done in conjunction with the Post Survey Revisit (PSR) to the December 13, 2018 Life Safety Code Survey.</p> <p>Complaint Number IN00287152 was substantiated.</p> <p>Survey Date: 02/22/19</p> <p>Facility Number: 000076 Provider Number: 155156 AIM Number: 100271060</p> <p>At this Complaint survey, Aperion Care Arbors Michigan City 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 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 is certified for 180 beds, however is set up for 164. The facility maintains 147 dual Medicare and Medicaid beds and 33 Medicare only beds. At the time of the survey, the census was 140.</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 0346 SS=F Bldg. 01	<p>All areas where the residents have customary access were sprinklered. All areas providing facility services were sprinklered.</p> <p>Quality Review completed on 02/25/19</p> <p><b>NFPA 101</b> Fire Alarm System - Out of Service Fire Alarm - Out of Service</p> <p>Where required fire alarm system is out of services for more than 4 hours in a 24-hour period, the authority having jurisdiction shall be notified, and the building shall be evacuated or an approved fire watch shall be provided for all parties left unprotected by the shutdown until the fire alarm system has been returned to service.</p> <p><b>9.6.1.6</b> Based on observation, record review and interview the facility failed follow their Fire Watch Policy indicating procedures to be followed in the event the fire alarm system has to be placed out of service for four hours or more in a twenty four hour period in accordance with LSC, Section 9.6.1.6 for the protection of 140 of 140 current residents. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>1. Based on observations with the Director of Nursing (DON) and the Maintenance Director on 02/22/19 from 11:45 a.m. to 2:16 p.m., facility staff were observed conducting a fire watch of the facility and the main fire alarm panel indicated a system trouble. Based on an interview with the Maintenance Director at the time of observation, the facility's sprinkler line rupture near the main entrance area causing numerous problems with the fire alarm panel and SafeCare had been out the</p>	K 0346	<p>It is the policy of this facility to conduct a Fire Watch when utilities are interrupted for 4 or more hours</p> <p>1. No residents were identified regarding this regulation</p> <p>Fire watch has been conducted every 15 minutes, 24 hours a day, 7 days per week and will continue until the Fire Panel is online and operational.</p> <p>Residents, staff and visitors have the potential to be affected by the alleged deficient practice.</p> <p>The facility utilized its staff for continuous fire watch until 2/26/19 when the Michigan City Fire Department was contracted to take over the continuous fire watch</p>	03/22/2019

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	<p>previous day 02/21/19 testing and attempting to repair the fire alarm system. Based on record review on 02/22/19 from 11:45 a.m. to 2:16 p.m., beginning 02/04/19 "Fire Watch Log Sheet(s)" were provided indicating a fire watch took place between 8:00 a.m. and 6:00 p.m., for the work week days only until 02/21/19. Based on an interview at the time of record review, when asked why the fire watch log sheets were not provided for evenings, nights and weekends from 02/04/19 to 02/21/19 the Maintenance Director stated a fire watch was only conducted when the Maintenance department was in the building. When asked if the fire alarm panel was functional in the main entrance area during the evenings, nights and weekends when the Maintenance department was not conducting a fire watch, the Maintenance Director replied "no". Based on record review on 02/22/19 the facility's "Fire Watch Policy" states the following; fire watch will be initiated immediately in the event the campus experiences any interruption in the fire alarm system, every 15 minutes there needs to be a fire watch walk, and it needs to encompass ever part of the building every 15 minutes. Based on interview at the time of record review, when asked why beginning on 02/21/19 the facility began conducting a 24 hour fire watch of the entire building, the Maintenance Director replied he was directed by the Interim Administrator to being a 24 hour fire watch throughout the entire building. Additionally, when asked to verify the current fire watch was being conducted on 02/22/19 between 12:00 p.m. and 1:55 p.m., the Maintenance Director stated the maintenance staff conducting the fire watch was at lunch and should be returning soon. At that time the DON assumed the duties of the fire watch until the maintenance staff returned from lunch. During the exit conference, the DON provided a list of facility staff that would be assigned the duties of a fire watch for the</p>			<p>until the fire panel is replaced and operational.</p> <p>The Maintenance Director and/or designee will bring Fire Watch binder to QA for review to ensure the fire watch is conducted per policy. The Administrator will verify the watch has been conducted every 15 minutes, 24 hours a day, 7 days a week until the fire panel is operational.</p> <p>Date of compliance: <b>2/22/19</b></p>

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K 0351 SS=E Bldg. 01	<p>weekend beginning 02/22/19 until Tuesday 02/26/19 when a Michigan City firefighter would assume the duties until the fire alarm system can be replaced.</p> <p>2. Based on record review with the DON and Maintenance Director on 02/22/19 from 11:45 a.m. to 2:26 p.m., the facility's "Fire Watch Policy" states "it must be the only job that the person is doing (no patient care, etc.)". Based on record review of the facility's fire watch log sheets, it was noted that several different staff members throughout the building were conducting a fire watch from 02/21/19 to 02/22/19 in addition to the Maintenance staff. When asked the job title of the staff member conducting a fire watch during the night shift on 02/21/18, the DON stated the individual was the hall nurse. When asked if the nurses' only duties were to conduct the fire watch, the DON stated "no" that she would be conducting her duties as a hall nurse during the period she was conducting a fire watch.</p> <p>3-1.19(b)</p> <p>NFPA 101 Sprinkler System - Installation Sprinkler System - Installation 2012 EXISTING Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers.</p>			

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	<p>In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems.</p> <p>19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1)</p> <p>Based on observation and interview, the facility failed to ensure the spray pattern for a sprinkler heads was not obstructed in 1 of 1 main entrance areas in accordance with 19.3.5.1. NFPA 13, 2010 edition, Section 8.5.5.1 states sprinklers shall be located so as to minimize obstructions to discharge as defined in 8.5.5.2 and 8.5.5.3 or additional sprinklers shall be provided to ensure adequate coverage of the hazard. Sections 8.5.5.2 and 8.5.5.3 do not permit continuous or noncontinuous obstructions less than or equal to 18 inches below the sprinkler deflector or in a horizontal plane more than 18 inches below the sprinkler deflector that prevent the spray pattern from fully developing. This deficient practice could affect residents, staff and visitors in the main entrance area.</p> <p>Findings include:</p> <p>Based on observation with the Director of Nursing and the Maintenance Director on 02/22/19 from 11:45 a.m. to 2:16 p.m., plastic was covering the ceiling and sprinkler head above the reception desk in the main entrance area. Based on an interview with the DON and the Maintenance Director at the time of observation, on 02/01/19 a sprinkler line near the main entrance ruptured causing drywall damage to the ceiling above the reception desk. The drywall was removed and plastic was installed. The</p>	K 0351	<p>This facility does ensure sprinkler protection throughout the facility for staff, resident and visitors.</p> <p>No residents were identified regarding this regulation</p> <p>The plastic covering the sprinkler head in the reception area was removed on 2/22/19</p> <p>Residents, staff and visitors have the potential to be affected by the alleged deficient practice.</p> <p>No other sprinkler heads were found obstructed by plastic during the removal of drywall in the effected areas of the ruptured sprinkler line.</p> <p>A facility wide audit was completed of sprinkler heads and no other sprinkler heads were found to be recessed or covered with plastic.</p> <p>The Maintenance Director and/or designee will bring monthly PM</p>	03/13/2019

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K 0372 SS=E Bldg. 01	<p>Maintenance Director confirmed the sprinkler head was obstructed by the plastic and mentioned tearing the plastic out from around the sprinkler head.</p> <p>3.1-19(b)</p> <p>NFPA 101</p> <p>Subdivision of Building Spaces - Smoke Barrie</p> <p>Subdivision of Building Spaces - Smoke Barrier Construction</p> <p>2012 EXISTING</p> <p>Smoke barriers shall be constructed to a 1/2-hour fire resistance rating per 8.5. Smoke barriers shall be permitted to terminate at an atrium wall. Smoke dampers are not required in duct penetrations in fully ducted HVAC systems where an approved sprinkler system is installed for smoke compartments adjacent to the smoke barrier.</p> <p>19.3.7.3, 8.6.7.1(1)</p> <p>Describe any mechanical smoke control system in REMARKS.</p> <p>Based on observation and interview, the facility failed to ensure the 1 of 1 ceiling smoke barrier was protected to maintain the smoke resistance of the smoke barrier. LSC Section 19.3.7.5 requires smoke barriers to be constructed in accordance with LSC Section 8.5 and shall have a minimum ½ hour fire resistive rating. This deficient practice could affect residents, staff and visitors in the main entrance area, the Admissions Office and the Business Office.</p>	K 0372	<p>audit of sprinklers to monthly QA. The results of these audits will be reviewed in Quality Assurance Meeting monthly for 6 months or until 100% compliance is achieved. The QA Committee will identify any trends or patterns and make recommendations to revise the plan of correction as indicated</p> <p>Date of compliance: 3/13/2019</p> <p>K 372</p> <p>This facility does have ceiling smoke barriers of half an hour minimum fire resistive rating. There were no residents cited regarding this regulation.</p> <p>The ceiling has been repaired. Residents, staff and visitors have the potential to be affected by the alleged deficient</p>	02/22/2019

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K 0511 SS=E Bldg. 01	<p>Findings include:</p> <p>Based on observations with the Director of Nursing (DON) and the Maintenance Director on 02/22/19 from 11:45 a.m. to 2:16 p.m., a portion of the ceiling in the main entrance area, the Admissions Office and the Business Office was covered in plastic. Based on an interview with the DON and the Maintenance Director at the time of observations, the sprinkler line in the main entrance area ruptured on 02/01/19 causing water damage to the ceiling drywall. The damaged drywall was removed and plastic was installed between the main entrance area and the attic area above, the Admissions Office and the attic area above and the Business Office and the attic area above. Based on an interview with the DON and the Maintenance Director, neither could confirm when the construction would begin to replace the ceiling drywall. Based on a phone conversation with the Corporate Director of Plant Services for Aperion during the interview process, he stated a general contractor had come to the facility about a week and half ago but had not provided a quote.</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 Based on observation, the facility failed to ensure 2 of 2 electrical junction boxes observed were</p>		K 0511	<p>practice.</p> <p>Outside contractors will be educated, prior to completing services on the building, about proper fire wall penetrations. The Maintenance Director/designee will inspect for penetrations prior to job completion.</p> <p>The Maintenance Director is responsible for compliance.</p> <p>An Environmental QAPI tool will be utilized monthly to monitor compliance with smoke barrier walls.</p> <p>The results of these audits will be reviewed in Quality Assurance Meeting monthly for 6 months or until 100% compliance is achieved. The QA Committee will identify any trends or patterns and make recommendations to revise the plan of correction as indicated</p> <p>5) Date of compliance: 2/22/2019</p>
			K 511 This facility does ensure electrical	02/22/2019

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	<p>maintained in a safe operating condition. 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, 2011 Edition, Article 314.28(3) (c) states junction boxes shall be provided with covers compatible with the box and suitable for the conditions of use. Where used, metal covers shall comply with the grounding requirements of 250.110. This deficient practice could affect residents, staff and visitors in the main entrance area.</p> <p>Findings include:</p> <p>Based on observation with the Director of Nursing (DON) and the Maintenance Director on 02/22/19 during a tour of the facility from 11:45 a.m. to 2:16 p.m., two electrical junction boxes without a cover and with exposed electrical wiring were noted at the ceiling in the main entrance area. Based on interview at the time of the observation, the Maintenance Director stated when the ceiling drywall was removed in the main entrance area the light fixtures were also removed and the electrical junction boxes for the light fixtures were not provided with a cover.</p> <p>3.1-19(b)</p> <p>Based on observation and interview, the facility failed to ensure 1 of 5 electrical receptacles in the Admissions Office and the 2 of 2 electrical receptacles in the Business Office were protected. NFPA 70, National Electric Code, 2011 Edition, Article 406.6 Receptacle Faceplates (Cover Plates), requires receptacle faceplates shall be installed so as to completely cover the opening and seat against the mounting surface. The Admissions and Business Offices are unoccupied this</p>			<p>boxes are maintained in a safe operating condition.</p> <p>There were no residents cited in regard to this regulation.</p> <p>The 2 electrical junction boxes found in the reception area have had the wires capped and covers put on and covers replaced on light fixtures on 2/22/19.</p> <p>The 2 receptacles in the Business Office and 1 in the Admissions office have had the cover plates replaced on them on 2/22/19.</p> <p>Residents, staff and visitors have the potential to be affected by the alleged deficient practice.</p> <p>Outside contractors will be educated, prior to completing services on the building, about proper covers for light fixtures and electrical boxes. The Maintenance Director/designee will inspect for covers prior to job completion.</p> <p>The Maintenance Director is responsible for compliance.</p> <p>The results of these audits will be reviewed in Quality Assurance Meeting monthly for 6 months or until 100% compliance is achieved. The QA Committee will identify any trends or patterns and make recommendations to revise the plan of correction as indicated</p> <p>5) Date of compliance: 2/22/2019</p>

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	<p>deficient practice could affect any number of staff and residents since both offices were accessible.</p> <p>Findings include:</p> <p>Based on observation with the DON and the Maintenance Director on 02/22/19 during a tour of the facility from 11:45 a.m. to 2:16 p.m., two of the wall mounted electrical receptacles in the Business Office and one wall mounted electrical receptacle in the Admissions Office were missing cover plates. Based on interview at the time of the observations, the DON and the Maintenance Director stated when the sprinkler line ruptured it caused water damage to both the Business Office and the Admissions Office. The cover plates had been removed and had not been replaced. .</p> <p>3.1-19(b)</p>			