STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	155519	A. BUILDING -- B. WING	01/31/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
GENTLECARE OF VINCENNES	1202 S 16TH ST VINCENNES, IN 47591

(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. --	An Emergency Preparedness Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.73. Survey Date: 01/31/19 Facility Number: 000357 Provider Number: 155519 AIM Number: 100291370 At this Emergency Preparedness survey, Gentlecare of Vincennes was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73 The facility has 60 certified beds. At the time of the survey, the census was 36. Quality Review completed on 02/01/19	E 0000		
K 0000 Bldg. 01	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). Survey Date: 01/31/19 Facility Number: 000357 Provider Number: 155519 AIM Number: 100291370 At this Life Safety Code survey, Gentle Care of Vincennes was found in substantial compliance	K 0000	**K0000** This plan of correction is submitted to serve as an allegation of compliance. Preparation and/or execution of this plan of correction does not constitute an admission or agreement by the provider of the allegations or conclusions set forth in the statement of deficiencies. We reserve the right to contest the findings or allegations as part of any proceedings and submit these	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155519	A. BUILDING 01 B. WING	01/31/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
GENTLECARE OF VINCENNES	1202 S 16TH ST VINCENNES, IN 47591

(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
	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. This one story facility with a basement was determined to be of Type V (000) construction and was fully sprinklered. The facility has a fire alarm system with hard wired smoke detectors in the corridors, spaces open to the corridors, plus battery powered smoke detectors in all resident sleeping rooms, which were also addressable to the fire alarm system via a wireless system. The facility has a capacity of 60 and had a census of 36 at the time of this survey. All areas where residents have customary access were sprinklered and all areas providing facility services were sprinklered, except two detached wood sheds used for facility storage. Quality Review completed on 02/01/19		responses pursuant to our regulatory obligations. We have attached copies of our revised policies & procedures, in-services and copies of our monitoring tools for your review. We will provide attendance logs and any other documentation you may require. We respectfully request a desk review and request that our plan of correction be considered our allegation of compliance effective March 2, 2019.	
K 0511 SS=C Bldg. 01	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 and interview, the facility failed to ensure 12 of 34 resident room bathrooms, wet locations, were provided with ground fault circuit interrupter (GFCI) protection against electric shock. NFPA 70, NEC 2011 Edition at	K 0511	**K511** **A) CORRECTIVE ACTIONS FOR RESIDENTS FOUND TO HAVE BEEN AFFECTED:**	03/02/2019

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155519	A. BUILDING 01 B. WING	01/31/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
GENTLECARE OF VINCENNES	1202 S 16TH ST VINCENNES, IN 47591

(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
	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 location. Informational Note: See 215.9 for ground-fault circuit interrupter protection for personnel on feeders. (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. (1) Bathrooms (2) Kitchens (3) Rooftops (4) Outdoors 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. 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. (5) Sinks - where receptacles are installed within 1.8 m (6 ft.) of the outside edge of the sink. 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		Current Residents were not affected by this practice, per ISDH findings. **B) IDENTIFICATION OF RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED:** The Administrator identified residents with bathrooms lacking a ground fault circuit interrupter (GFCI) Receptacle as having the potential to be affected. The Maintenance Supervisor purchased 12 ground fault circuit interrupter (GFCI) receptacles (Exhibit A) and installed them in the 12 affected resident bathrooms. **C) MEASURES AND SYSTEMIC CHANGES TO ENSURE PRACTICE DOES NOT RECUR:** The facility created the Resident Bathroom GFCI Receptacle Log (Exhibit B). The Maintenance Supervisor will utilize the log to verify the presence of ground fault circuit interrupter (GFCI) receptacles in resident bathrooms and test the (GFCI) receptacles monthly to ensure they are functioning properly. The Maintenance Supervisor will be in-serviced (Exhibit C1-C2) on the Resident Bathroom GFCI log and the above corrections completed by March 2, 2019 to ensure the	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	155519	A. BUILDING 01 B. WING	01/31/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
GENTLECARE OF VINCENNES	1202 S 16TH ST VINCENNES, IN 47591

(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
	GFCI protection. 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 210.8(B)(1), GFCI protection shall not be required. (6) Indoor wet locations (7) Locker rooms with associated showering facilities (8) Garages, service bays, and similar areas where electrical diagnostic equipment, electrical hand tools. 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 up to 17 residents. Findings include: Based on observations on 01/31/19 between 12:00 p.m. and 1:00 p.m. during a tour of the facility with the Maintenance Supervisor, the following was noted: a. The following resident room bathrooms had electric receptacles within one foot of their sinks without GFCI protection; 2, 3, 4, 9, 10, 32, and 33. This was confirmed when tested with a GFCI testing device. b. The following resident room bathrooms had electric receptacles within one foot of their sinks and had GFCI receptacles; 7, 15, 16, and 17. When tested with a GFCI testing device the receptacles did not trip. The GFCI tester revealed the receptacles were incorrectly wired. This was acknowledged by the Maintenance Supervisor at the time of each observation.		practice does not recur. **D) CORRECTIVE ACTIONS MONITORED:** The Administrator and Maintenance Supervisor will utilize the “Quarterly Assurance and Performance Improvement” (QAPI) form (Exhibit D) to monitor the presence and effectiveness of Ground Fault Circuit Interrupter (GFCI) receptacles in resident bathrooms. All monitoring will be monthly and on-going, with the results reported to the Continuous Quality Improvement Committee (CQI). The role of the CQI Committee (per facility Policy and Procedure) is to establish and conduct an extensive and objective program of assessment, reporting and monitoring in order to assure provision of optimal services in regard to resident care, satisfaction and quality of life. The Committee is responsible for identifying and monitoring areas that require prevention and corrective actions. The Committee also assists in the development and initiation of plans of correction related to identified problems. CQI evaluates the results of the plans as well. The CQI Committee meets monthly with the findings, reported to the quarterly Quality Assurance Committee.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155519	A. BUILDING 01 B. WING	01/31/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
GENTLECARE OF VINCENNES	1202 S 16TH ST VINCENNES, IN 47591

(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
	3.1-19(b)			
K 0914 SS=C Bldg. 01	NFPA 101 Electrical Systems - Maintenance and Testing Electrical Systems - Maintenance and Testing Hospital-grade receptacles at patient bed locations and where deep sedation or general anesthesia is administered, are tested after initial installation, replacement or servicing. Additional testing is performed at intervals defined by documented performance data. Receptacles not listed as hospital-grade at these locations are tested at intervals not exceeding 12 months. Line isolation monitors (LIM), if installed, are tested at intervals of less than or equal to 1 month by actuating the LIM test switch per 6.3.2.6.3.6, which activates both visual and audible alarm. For LIM circuits with automated self-testing, this manual test is performed at intervals less than or equal to 12 months. LIM circuits are tested per 6.3.3.3.2 after any repair or renovation to the electric distribution system. Records are maintained of required tests and associated repairs or modifications, containing date, room or area tested, and results. 6.3.4 (NFPA 99) Based on observation, record review and interview, the facility failed to ensure all nonhospital-grade electrical receptacles in 34 of 34 resident room locations were tested at least annually. NFPA 99, Health Care Facilities Code 2012 Edition, Section 6.3.4.1.3 states receptacles not listed as hospital-grade, at patient bed locations and in locations where deep sedation or general anesthesia is administered, shall be tested	K 0914	**K914** **A) CORRECTIVE ACTIONS FOR RESIDENTS FOUND TO HAVE BEEN AFFECTED**: Current residents were not affected by this practice, per ISDH findings.	03/02/2019

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	155519	A. BUILDING 01 B. WING	01/31/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
GENTLECARE OF VINCENNES	1202 S 16TH ST VINCENNES, IN 47591

(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
	at intervals not exceeding 12 months. Additionally, Section 6.3.3.2, Receptacle Testing in Patient Care Rooms requires the physical integrity of each receptacle shall be confirmed by visual inspection. The continuity of the grounding circuit in each electrical receptacle shall be verified. Correct polarity of the hot and neutral connections in each electrical receptacle shall be confirmed; and retention force of the grounding blade of each electrical receptacle (except locking-type receptacles) shall be not less than 115 grams (4 ounces). This deficient practice could affect all residents. Findings include: Based on record review on 01/31/19 between 9:45 a.m. and 12:00 p.m. with the Maintenance Supervisor present, there was no record of an annual test for each resident room electrical receptacle that was not a hospital-grade receptacle. Based on interview at the time of record review, the Maintenance Supervisor said all of the electrical receptacles in resident rooms were not hospital-grade receptacles as far as he knew. He further said there was no record or documentation to show that annual testing per NFPA 99, Receptacle Testing requirements was met. Based on observations between 12:00 p.m. and 1:00 p.m. during a tour of the facility with the Maintenance Supervisor, there were roughly four electrical receptacles in each of the resident rooms. 3.1-19(b)		**B) IDENTIFICATION OF RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED:** Per ISDH findings "This deficient practice could affect all residents". To correct the practice the facility purchased a receptacle tension tester (Exhibit E) to begin testing all non-hospital grade receptacles in patient care rooms. **C) MEASURE AND SYSTEMIC CHANGES TO ENSURE PRACTICE DOES NOT RECUR:** The facility created the "Annual Patient Care Room Receptacle Testing Log" (Exhibit F1-F3). The Maintenance Supervisor will utilize the log to verify the following. The physical integrity of each receptacle (visual inspection), the continuity of the grounding circuit of each receptacle verified, the correct polarity of the hot and neutral connections of each receptacle confirmed and retention force of the grounding blade of each receptacle is not less than 115 grams (4 ounces). Patient Care Room receptacles tested will be given a pass/fail based on the above criteria. The Maintenance Supervisor will be in-serviced (Exhibit G1-G4) on the "Annual Patient Care Room Receptacle Testing Log (Exhibit F1-F3) and all Patient Care Room receptables	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	155519	A. BUILDING 01 B. WING	01/31/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
GENTLECARE OF VINCENNES	1202 S 16TH ST VINCENNES, IN 47591

(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
			will be tested by March 2, 2019. **D) CORRECTIVE ACTIONS MONITORED:** The Administrator and Maintenance Supervisor will utilize the “Quality Assurance and Performance Improvement” (QAPI) form (Exhibit H) to monitor annual receptacle testing and associated repairs and modifications to patient care room receptacles. All monitoring will be monthly and on-going, with the results reported to the Continuous Quality Improvement Committee (CQI). The role of the CQI Committee (per facility Policy and Procedure) is to establish and conduct an extensive and objective program of assessment, reporting and monitoring in order to assure provision of optimal services in regard to resident care, satisfaction and quality of life. The Committee is responsible for identifying and monitoring areas that require prevention and corrective actions. The Committee also assists in the development and initiation of plans of correction related to identified problems. CQI evaluates the results of the plans as well. The CQI Committee meets monthly with the findings, reported to the quarterly Quality Assurance Committee.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155519	A. BUILDING 01 B. WING	01/31/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
GENTLECARE OF VINCENNES	1202 S 16TH ST VINCENNES, IN 47591

(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