

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155650	X2) MULTIPLE CONSTRUCTION A. BUILDING -- _____ B. WING _____	X3) DATE SURVEY COMPLETED 08/08/2022
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NAME OF PROVIDER OR SUPPLIER LINCOLNSHIRE HEALTH & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP COD 8380 VIRGINIA ST MERRILLVILLE, IN 46410
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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: 08/08/22</p> <p>Facility Number: 000577 Provider Number: 155650 AIM Number: 100266950</p> <p>At this Emergency Preparedness survey, Lincolnshire Health and Rehabilitation Center, 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 100 certified beds. At the time of the survey, the census was 74.</p> <p>Quality Review completed on 08/10/22</p>	E 0000	Please accept the following as the facility's plan of correction. This plan of correction does not constitute an admission of guilt or liability by the facility and is submitted only in response to the regulatory requirement. The facility respectfully ask for paper compliance.	
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 483.90(a).</p> <p>Survey Date: 08/08/22</p> <p>Facility Number: 000577 Provider Number: 155650 AIM Number: 100266950</p> <p>At this Life Safety Code survey, Lincolnshire</p>	K 0000	Please accept the following as the facility's plan of correction. This plan of correction does not constitute an admission of guilt or liability by the facility and is submitted only in response to the regulatory requirement. The facility respectfully ask for paper compliance.	

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 0351 SS=E Bldg. 01	<p>Health and Rehabilitation Center 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 hard wired smoke detection in corridors, in spaces open to the corridors and in resident rooms. The facility has a capacity of 100 and had a census of 74 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. All areas providing facility services were sprinklered, except for one detached storage shed.</p> <p>Quality Review completed on 08/10/22</p> <p>NFPA 101 Sprinkler System - Installation Spinkler 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. In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms</p>			

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	<p>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. 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) Based on observation and interview, the facility failed to maintain the ceiling construction in 1 of 1 Dining Room in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. NFPA 13, 2010 edition, Section 6.2.7.1 states plates, escutcheons, or other devices used to cover the annular space around a sprinkler shall be metallic, or shall be listed for use around a sprinkler. This deficient practice could affect staff and at least 20 residents in the Dining Room.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Director on 08/08/22 at 12:22 p.m., a sprinkler head in the dining room by the doors to the kitchen had a missing escutcheon. Based on interview at the time of observation, the Maintenance Director confirmed the escutcheon was missing and had one on his desk to replace it.</p> <p>This finding was reviewed with the Administrator and Maintenance Director at the exit conference.</p> <p>3.1-19(b)</p>	K 0351	<p>What corrective action will be accomplished for those residents found to have been affected by the deficient practice? <i>The Facility replaced missing escutcheon ring in dining room by double doors to the kitchen.</i></p> <p>How will the facility identify other residents having the potential to be affected by the same deficient practice? <i>The deficient practice has the potential to affect all staff, residents, and visitors in the dining room if sprinkler head did not function as designed.</i></p> <p>What measures will the facility take or what systems will the facility alter to ensure that the problem will be corrected and will not recur? <i>The Maintenance Director was in-serviced on inspecting sprinkler heads. A random weekly audit of sprinkler heads will be conducted for 3 months.</i></p> <p>How will the corrective action be monitored to ensure the practice will not recur, i.e., what quality</p>	08/19/2022

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K 0918 SS=C Bldg. 01	<p>NFPA 101 Electrical Systems - Essential Electric Syste Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits.</p>		assurance program will be put into place? <i>Copy of audit will be reviewed at safety committee meetings monthly for 3 months. Any deficient practice will be corrected upon occurrence.</i>	

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	<p>Minimizing the possibility of damage of the emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)</p> <p>Based on record review and interview, the facility failed to document the transfer time to the alternate power source on the monthly load tests for 12 of the past 12 months to ensure the alternate power supply was capable of supplying service within 10 seconds. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on record review on 08/08/22 at 11:15 a.m. with the Maintenance Director, the generator checklist sheets were reviewed over the past year and lacked the transfer time from normal power to emergency power. Based on interview at the time of record review, the Maintenance Director stated he does not record the transfer time on the generator checklist monthly when the load test is conducted, and will start immediately.</p> <p>This finding was reviewed with the Administrator and Maintenance Director at the time of exit.</p> <p>3.1-19(b)</p>	K 0918	<p>What corrective action will be accomplished for those residents found to have been affected by the deficient practice? <i>The Facility started logging transfer time for emergency generator.</i></p> <p>How will the facility identify other residents having the potential to be affected by the same deficient practice? <i>The deficient practice has the potential to affect all staff, residents, and visitors in the event the generator failed to transfer in a power outage.</i></p> <p>What measures will the facility take or what systems will the facility alter to ensure that the problem will be corrected and will not recur? <i>The Maintenance Director was in-serviced on logging transfer times. A monthly audit of generator logs will be conducted by property manager to ensure compliance.</i></p> <p>How will the corrective action be monitored to ensure the practice will not recur, i.e., what quality assurance program will be put into place? <i>Copy of audit will be reviewed at safety committee</i></p>	08/19/2022

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K 0920 SS=E Bldg. 01	<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) assembles 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 Based on observation and interview, the facility failed to ensure 1 of 1 B Wing nurse station did not use flexible cords as a substitute for fixed wiring. LSC 9.1.2 requires electrical wiring and equipment shall be in accordance with NFPA 70,</p>	K 0920	<p><i>meetings monthly for 3 months. Any deficient practice will be corrected upon occurrence.</i></p> <p>What corrective action will be accomplished for those residents found to have been affected by the deficient practice? The extension cord was</p>	08/19/2022

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	<p>National Electrical Code. NFPA 70, 2011 Edition, 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. This deficient practice could affect at least 8 residents, and staff near the B Wing nurse station.</p> <p>Findings include:</p> <p>Based on observation made with the Corporate Operations personnel and Maintenance Director on 08/08/22 during a tour of the facility at 12:13 p.m. a power strip was in use in the B Wing nurse's station with a microwave plugged into it. Based on interview at the time of observation, the Corporate Operations personnel confirmed the power strip usage as a substitute for fixed wiring in B Wing nurse's station.</p> <p>This finding was reviewed with the Administrator and Maintenance Director at the exit conference.</p> <p>3.1-19(b)</p>		<p><i>immediately removed from the b wing nurse station.</i></p> <p>How will the facility identify other residents having the potential to be affected by the same deficient practice? <i>The deficient practice has the potential to affect all staff, residents, and visitors in b wing in the event the extension cord malfunctioned and caused a fire.</i></p> <p>What measures will the facility take or what systems will the facility alter to ensure that the problem will be corrected and will not recur? <i>All staff was in-serviced on not using extension cords. A weekly random audit of all areas will be conducted by maintenance department to ensure compliance.</i></p> <p>How will the corrective action be monitored to ensure the practice will not recur, i.e., what quality assurance program will be put into place? <i>Copy of audit will be reviewed at safety committee meetings monthly for 3 months. Any deficient practice will be corrected upon occurrence.</i></p>	