

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155586	X2) MULTIPLE CONSTRUCTION A. BUILDING: -- B. WING: _____	X3) DATE SURVEY COMPLETED 10/24/2023
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NAME OF PROVIDER OR SUPPLIER LUTHERAN LIFE VILLAGES	STREET ADDRESS, CITY, STATE, ZIP COD 6701 S ANTHONY BLVD FORT WAYNE, IN 46816
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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
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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: 10/24/23</p> <p>Facility Number: 000283 Provider Number: 155586 AIM Number: 100275020</p> <p>At this Emergency Preparedness survey, Lutheran Life Villages 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 a capacity of 142 and had a census of 95 at the time of this survey.</p> <p>Quality Review completed on 10/31/23</p>	E 0000	<p>This Plan of Correction is prepared and executed because it is required by the provisions of the state and federal law and not because Lutheran Life Village Anthony Boulevard agrees with the allegations and citations listed in this statement of deficiencies. Lutheran Life Villages maintains that the alleged deficiency does not jeopardize the health and safety of the residents, nor does it constitute substandard quality of care or limit our capability to render adequate care. Please accept this plan of correction as our credible allegation of compliance. At this time we are respectfully requesting paper compliance.</p>	
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: 10/24/23</p> <p>Facility Number: 000283 Provider Number: 155586 AIM Number: 100275020</p>	K 0000	<p>This Plan of Correction is prepared and executed because it is required by the provisions of the state and federal law and not because Lutheran Life Village Anthony Boulevard agrees with the allegations and citations listed in this statement of deficiencies. Lutheran Life Villages maintains that the</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Shauna	Shafer	11/09/2023

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 0712 SS=C Bldg. 01	<p>At this Life Safety Code survey, Lutheran Life Villages 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>The Health and Rehabilitation building is a one story sprinklered building of Type I (332) construction. The building has a fire alarm system with smoke detection in the corridors, areas open to the corridors, and battery-operated smoke detector in the resident rooms. The facility has a capacity of 142 and had a census of 95 at the time of this survey.</p> <p>Quality Review completed on 10/31/23</p> <p>NFPA 101 Fire Drills Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 19.7.1.4 through 19.7.1.7 Based on record review and interview, the facility failed to ensure 12 of the last 12 fire drills include simulation of emergency fire conditions. LSC 19.7.1.4 stated fire drills in health care occupancies shall include the transmission of a fire alarm signal</p>	K 0712	<p>alleged deficiency does not jeopardize the health and safety of the residents, nor does it constitute substandard quality of care or limit our capability to render adequate care. Please accept this plan of correction as our credible allegation of compliance. At this time we are respectfully requesting paper compliance.</p> <p>1 Fire Drill Documentation Findings: Maintenance Director/Designee created a</p>	10/25/2023

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K 0761 SS=E Bldg. 01	<p>and simulation of emergency fire conditions. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on record review with the Maintenance Director and the Administrator on 10/24/23 at 10:33 a.m., the last 12 completed fire drill forms did not include simulation of emergency fire conditions such as location and type of simulated fire. Based on interview during records review, the Maintenance Director agreed the fire drill form did not include the type of fire or location of fire.</p> <p>The finding was reviewed with the Maintenance Director and the Administrator during the exit conference.</p> <p>3.1-19(b) 3.1.51(c)</p> <p>Based on observation, records review, and interview, the facility failed to ensure 4 of 7 smoke barrier door assemblies were reliably inspected and repaired as part of the facility maintenance program. This deficient practice could affect 80</p>	K 0761	<p>new fire drill form containing required information including transmission of a fire alarm signal and simulation of emergency fire conditions.</p> <p>2 Fire Drill Execution: Maintenance Director/Staff will begin utilizing new form immediately for all required fire drills.</p> <p>3 Training: Maintenance staff educated on 10.25.2023, regarding deficient practice and new form and usage.</p> <p>4 a name="_Hlk150435627">Maintenance Director/Designee will audit fire drills in relationship completion including transmission of a fire alarm signal and simulation of emergency fire conditions. The audit will be completed weekly for 12 weeks and monthly for 6 months, for a total of 9 months. The audit results will be reviewed with the QAA/QAPI committee on a monthly basis for the duration of the audit.</p> <p>Artifacts: Education / Signature. Revised Fire Drill Form. Audit Form.</p>	10/25/2023

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K 0920 SS=E Bldg. 01	<p>residents in five smoke compartments.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Director and the Administrator on 10/24/23 at 10:20 a.m., the 100, 200, 300, and 400 hall smoke barrier doors and door frames had five screw holes where the door coordinators were removed. Based on records review at 10:30 a.m., the inspection form for the smoke doors dated 01/27/23 indicated the doors passed inspection. Based on interview at the time of observation, the Maintenance Director agreed there were holes in the four smoke doors and frames and stated he was unsure when the door coordinators were removed.</p> <p>This finding was reviewed with the Maintenance Director and the Administrator during the exit conference.</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</p>		<p>2 Other Building Doors: Maintenance Director/Designee completed a review of the AB Health Center campus smoke barrier doors and frames on 10.23.2023 and did not identify any other holes in the smoke barrier doors and frames that required repairs.</p> <p>3 Training: Maintenance staff educated on 10.25.2023, regarding deficient practice.</p> <p>4 Quality: Maintenance Director/Designee will audit smoke barrier doors and frames for holes. The audit will be completed weekly for 12 weeks and monthly for 6 months, for a total of 9 months. The audit results will be reviewed with the QAA/QAPI committee on a monthly basis for the duration of the audit.</p> <p>Artifacts: Education / Signature. Photos of Completed Repairs – 4 Identified Halls. Audit Form.</p>	

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	<p>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> <p>Based on observation and interview, the facility failed to ensure 1 of 1 power strips were not used as a substitute for fixed wiring to provide power equipment with a high current draw. NFPA-70/2011, 400.8 state unless specifically permitted in 400.7 flexible cords and cables shall not be used for (1) as a substitute for fixed wiring. This deficient practice could affect up to 5 residents outside of the Neighborhood Coordinator office.</p> <p>Findings include:</p> <p>Based on observations with the Maintenance Director on 10/24/23 at 11:55 a.m., a refrigerator and microwave (high power draw equipment) were plugged into and supplied power by a power strip in the Neighborhood Coordinator office. Based on interview at the time of observation, the Maintenance Director acknowledged a power strip was supplying power to high power draw equipment.</p>	K 0920	<p>1 Electrical Equipment Findings: On 10.24.2023, Maintenance Director/Designee unplugged the refrigerator and microwave (high power draw equipment) in the Neighborhood Coordinator's office from the power strip and plugged these appliances directly into the wall.</p> <p>2 Other Electrical Equipment: Maintenance Director/Designee completed an audit of high power draw equipment in the AB Health Center on 10.23.2023 and did not identify any other high powered draw equipment powered by power strips.</p> <p>3 Training: Facility staff educated on 10.25.2023, regarding deficient practice.</p> <p>4 Quality: Maintenance</p>	10/25/2023
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	The finding was reviewed with the Maintenance Director and the Administrator during the exit conference. 3.1-19(b)		Director/Designee will audit high draw equipment/electrical outlets to determine high draw equipment are plugged directly into the walls electrical source. The audit will be completed weekly for 12 weeks and monthly for 6 months, for a total of 9 months. The audit results will be reviewed with the QAA/QAPI committee on a monthly basis for the duration of the audit. Artifacts: Education / Signature. Audit Form.		