

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155455	X2) MULTIPLE CONSTRUCTION A. BUILDING -- _____ B. WING _____	X3) DATE SURVEY COMPLETED 01/13/2025
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NAME OF PROVIDER OR SUPPLIER WESLEYAN HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP COD 729 WEST 35TH ST MARION, IN 46953
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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: 01/13/25</p> <p>Facility Number: 000557 Provider Number: 155455 AIM Number: 100291240</p> <p>At this Emergency Preparedness survey, Wesleyan Health Care Center was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73. The facility has a capacity of 169 and had a census of 92 at the time of this survey.</p> <p>Quality Review completed on 01/21/25</p>	E 0000	This plan of correction is the center's credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.	
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: 01/13/25</p> <p>Facility Number: 000557 Provider Number: 155455 AIM Number: 100291240</p> <p>At this Life Safety Code survey, Wesleyan Health Care Center was found not in compliance with Requirements for Participation in</p>	K 0000	This plan of correction is the center's credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Debra Smith	DCS	02/02/2025

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 0271 SS=E Bldg. 01	<p>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 detectors in the corridors, spaces open to the corridors and in the resident rooms. The facility has a capacity of 169 and had a census of 92 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. The facility had two detached garages providing facility services including the maintenance supplies, lawn care equipment and paint that were not sprinklered.</p> <p>Quality Review completed on 01/21/25</p> <p>NFPA 101 Discharge from Exits</p> <p>Based on observation and interview, the facility failed to ensure 1 of over 4 exit discharges had a level walking surface, were free of obstructions, and constructed of hard packed all-weather travel surface in accordance with CMS Survey and Certification Letter 05-38. This deficient practice could affect 12 residents using the exit in an emergency.</p> <p>Findings include:</p> <p>Based on observations during a tour of the facility with the Director of Plant Operations (DOPO) and Corporate Director of Property (CDOP) on 01/13/25 between 12:15 p.m. and 2:45 p.m., the exit</p>	K 0271	<p>No residents were identified to be affected by the alleged deficient practice due to the nature of the survey.</p> <p>Residents that reside on Fireside Unit have the potential to be affected by the alleged deficient practice.</p> <p>The snow was removed from the egress.</p> <p>The Maintenance Director/Designee will audit the egress daily Monday – Friday and on weekends dependent of increment weather using a log to</p>	02/07/2025

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K 0351 SS=E Bldg. 01	<p>discharge for the exit near resident room # 80 was covered in snow from a recent storm. Based on interview at the time of observation, the DOPO stated that the facility contracts with a company for snow removal and that the aforementioned section was missed.</p> <p>This finding was acknowledged by the DOPO, ED and CDOP at the time of discovery and again at the exit conference with all present.</p> <p>3.1-19(b)</p> <p>NFPA 101 Sprinkler System - Installation</p> <p>Based on observation and interview, the facility failed to ensure the spray pattern for sprinkler heads were not obstructed in the Freezer 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 up to 3 staff.</p> <p>Findings include:</p> <p>Based on observations during a tour of the facility with the Director of Plant Operations (DOPO) and Corporate Director of Property (CDOP) on 01/13/25 between 12:15 p.m. and 2:45 p.m., the Freezer in the kitchen had storage stacked within</p>	K 0351	<p>ensure clear paths for the egress X8 weeks, then 3 X weekly for 8 weeks, then weekly for 8 weeks. QA will follow for a minimum of 6 months or until substantial compliance is achieved.</p> <p>No residents were identified to be affected by the alleged deficient practice due to the nature of the survey. Staff that work in the kitchen have the potential to be affected by the alleged deficient practice. The item was removed at the time of identification. Education provided to Maintenance Director and Dietary Supervisor have been educated on the 18-inch rule, NFPA 13,2010 EDITION Section 8.5.5.2 and Section 8.5.5.3. Dietary staff has been educated on the 18 inch rule on Jan 13th 2025.</p> <p>An audit of the sprinklers in the kitchen will be completed daily using an audit tool X 8 weeks, then 3 X weekly X 8 weeks, the monthly to continue for a minimum of 6 months. QA will review</p>	02/07/2025

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K 0511 SS=E Bldg. 01	<p>18 inches of the ceiling and was obstructing the sprinkler head. Based on interview at the time of observation, the DOPO acknowledged the aforementioned sprinkler head was obstructed.</p> <p>This finding was acknowledged by the DOPO, ED and CDOP at the time of discovery and again at the exit conference with all present.</p> <p>3.1-19(b)</p> <p>NFPA 101 Utilities - Gas and Electric</p> <p>Based on observation and interview, the facility failed to ensure 1 of over 10 wet locations were provided with ground fault circuit interrupter (GFCI) protection against electric shock. 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, NEC 2011 Edition at 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.</p> <p>(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.</p> <p>(1) Bathrooms (2) Kitchens (3) Rooftops (4) Outdoors</p> <p>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,</p>	K 0511	<p>compliance for a minimum of 6 months or until substantial compliance is achieved.</p> <p>No residents were identified to be affected by the alleged deficient practice due to the nature of the survey.</p> <p>Residents that sit in the lounge on the unit and staff have the potential to be affected by the alleged deficient practice.</p> <p>The maintenance director changed the outlet for the fish tank to a protected GCFI outlet.</p> <p>An audit of the GCFI outlets near water will be completed weekly X8 weeks, then monthly thereafter for a minimum of 6 months. QA will follow for a minimum of 6 months or until substantial compliance is achieved.</p>	02/07/2025

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	<p>deicing, or pipeline and vessel heating equipment shall be permitted to be installed in accordance with 426.28 or 427.22, as applicable.</p> <p>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.</p> <p>(5) Sinks - where receptacles are installed within 1.8 m (6 ft.) of the outside edge of the sink.</p> <p>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 GFCI protection.</p> <p>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</p> <p>210.8(B)(1), GFCI protection shall not be required.</p> <p>(6) Indoor wet locations</p> <p>(7) Locker rooms with associated showering facilities</p> <p>(8) Garages, service bays, and similar areas where electrical diagnostic equipment, electrical hand tools.</p> <p>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.</p> <p>This deficient practice could affect staff and up to 4 residents while at near the fish tank.</p>			

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K 0921 SS=F Bldg. 01	<p>Findings include:</p> <p>Based on observations during a tour of the facility with the Director of Plant Operations (DOPO) and Corporate Director of Property (CDOP) on 01/13/25 between 12:15 p.m. and 2:45 p.m., the large fish tank in the common area was connected to an electric receptacle which was being used to power the fish tank. The fish tank was located within 3 feet of the electric receptacle and not provided with ground fault circuit interruption (GFCI). The DOPO at the time of observation stated he did not believe the receptacle was on a GFCI circuit and that the tank previously was on the other side of the room where there was a GFCI receptacle and that when they moved the tank no one considered the need for GFCI protection for the tank.</p> <p>This finding was acknowledged by the DOPO, ED and CDOP at the time of discovery and again at the exit conference with all present.</p> <p>3.1-19(b)</p> <p>NFPA 101 Electrical Equipment - Testing and Maintenanc</p> <p>Based on records review, observation, and interview, the facility failed to conduct the required maintenance and maintain complete documentation of inspections for Patient Care Related Electrical Equipment (PCREE). NFPA 99 2012 edition, sections 10.3 and 10.5 states the physical integrity, resistance, leakage current, and touch current tests for fixed and portable PCREE is performed as required in 10.3. Testing intervals are established with policies and protocols. All PCREE used in patient care rooms is tested in accordance with 10.3.5.4 or 10.3.6 before being put</p>	K 0921	<p>No residents were identified to be affected by the alleged deficient practice due to the nature of the survey.</p> <p>Residents that reside in the facility have the potential to be affected by the alleged deficient practice. An outside contractor has been scheduled to perform the initial testing of the electrical equipment on 2/4/25.</p> <p>The HFA and Maintenance</p>	02/07/2025

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	<p>into service and after any repair or modification. Any system consisting of several electrical appliances demonstrates compliance with NFPA 99 as a complete system. Service manuals, instructions, and procedures provided by the manufacturer include information as required by 10.5.3.1.1 and are considered in the development of a program for electrical equipment maintenance. Electrical equipment instructions and maintenance manuals are readily available, and safety labels and condensed operating instructions on the appliance are legible. A record of electrical equipment tests, repairs, and modifications is maintained for a period of time to demonstrate compliance in accordance with the facility's policy. Personnel responsible for the testing, maintenance and use of electrical appliances receive continuous training. This deficient practice affects all residents.</p> <p>The findings include:</p> <p>Based on records review, interview and facility tour with the Director of Plant Operations (DOPO), Executive Director (ED) and Corporate Director of Property (CDOP) on 01/13/25 between 9:45 a.m. and 12:15 p.m., no documentation was available for review for the testing of the PCREE in use throughout the facility, as required by section 10.5.6.2 of NFPA 99, Health Care Facilities Code. Observation during the building tour revealed that the facility provided electric beds for all residents. The ED stated that PCREE such as nebulizers, oxygen concentrators, vital signs monitors, and other electrical medical equipment was present and in use at the facility.</p> <p>Both the DOPO and CDOP stated that the facility was not aware that the PCREE was required to be tested.</p>		<p>Director have been educated on the importance of PCREE and its testing requirements in accordance with NFPA 99 on Jan 27th 2025</p> <p>Moving forward all testing will be completed on new electrical equipment by TLC construction when received in the facility. Testing will be completed on all equipment at least annually. A log will be maintained of the testing.</p> <p>QA will follow and review for a minimum of 6 months or until substantial compliance is achieved.</p>	

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

PRINTED: 02/07/2025
FORM APPROVED
OMB NO. 0938-039

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