

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155822	X2) MULTIPLE CONSTRUCTION A. BUILDING -- _____ B. WING _____	X3) DATE SURVEY COMPLETED 06/08/2023
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NAME OF PROVIDER OR SUPPLIER CEDAR CREEK HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 18275 BURR STREET LOWELL, IN 46356
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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: 06/08/23</p> <p>Facility Number: 013144 Provider Number: 155822 AIM Number: 201246060</p> <p>At this Emergency Preparedness survey, Cedar Creek Health Campus 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 58 certified beds. At the time of the survey, the census was 53</p> <p>Quality Review completed on 06/09/23</p>	E 0000		
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: 06/08/23</p> <p>Facility Number: 013144 Provider Number: 155822 AIM Number: 201246060</p> <p>At this Life Safety Code survey, Cedar Creek Health Campus was not found in compliance with</p>	K 0000	This plan of correction is submitted by Cedar Creek Health Campus in order to the alleged deficiency sited during the Annual Survey which was conducted on 06/08/2023. Preparation or execution of this plan of correction does not constitute admission or agreement by provider of the truth of the facts alleged or conclusions set forth on the statement of deficiency. Please accept this plan of correction as the credible	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Judy Plantinga

Executive Director

06/20/2023

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 0920 SS=E Bldg. 01	<p>Requirements for Participation in Medicare, 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 one story facility was determined to be of Type V (111) construction and fully sprinklered. The facility has a fire alarm system with hard wired smoke detection in corridors, in spaces open to the corridor and in resident rooms. The building is fully protected by a 150 kW natural gas powered generator. The facility has the capacity for 58 and a census of 53.</p> <p>All areas with customary resident access and providing facility services were sprinklered.</p> <p>Quality Review completed on 06/09/23</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 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</p>		allegation of compliance ="" p="">		

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	<p>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 2 of 3 power cords were not daisy-chained and used as a substitute for fixed wiring. 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. Article 400.8 (1) prohibits daisy chains, because the first extension cord (or power strip) is now acting as a substitute for the fixed wiring of a structure. This deficient practice could affect approximately 3 staff and 15 residents of Davis Drive.</p> <p>Findings include:</p> <p>Based on observations during a tour of the facility with the Director of Plant Operations and Regional Facilities Manager between 11:16 a.m. and 12:23 p.m. on 06/08/23, a power strip located in the Medical Records Office of "Davis Drive" was powering two other power strips that was used to power a computer and monitor. Based on interview at the time of observation, the Director of Plant Operations agreed power strips were daisy chained and removed the power strip at observation.</p> <p>Findings were discussed with the Director of Plant Operations and Regional Facilities Manager at exit conference.</p>	K 0920	<ol style="list-style-type: none"> 1. No ill effects for potential residents/staff were noted. 2. At the time of the tour the power strip was removed from the office immediately 06/08/2023. 3. Plant Ops did provide education to all staff on the correct use of power strips. 4. Plant Ops will audit all offices 3x a week for three weeks then twice a week for three weeks until compliance of 100% . Plant Ops will bring audit sheets to monthly QAPI. 	06/09/2023

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

PRINTED: 06/22/2023
FORM APPROVED
OMB NO. 0938-039

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	3.1-19(b)				