

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 10/27/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  JEWEL PLACE	STREET ADDRESS, CITY, STATE, ZIP COD 607 VIRGINIA AVE MADISON, IN 47250
---	---

(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
R 0000  Bldg. 00	<p>This visit was for a State Residential Licensure Survey.</p> <p>Survey date: October 27, 2022</p> <p>Facility number: 004352</p> <p>Residential Census: 26</p> <p>This State Residential Finding is cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed on October 31, 2022.</p>	R 0000	<p><i>Submission of this response and Plan of Correction is NOT a legal admission that a deficiency exists or, that this Statement of Deficiencies was correctly cited, and is also NOT to be construed as an admission against interest by the residence, or any employees, agents, or other individuals who drafted or may be discussed in the response or Plan of Correction. In addition, preparation and submission of this Plan of Correction does NOT constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency.</i></p>	
R 0092  Bldg. 00	<p>410 IAC 16.2-5-1.3(i)(1-2) Administration and Management - Noncompliance</p> <p>(i) The facility must maintain a written fire and disaster preparedness plan to assure continuity of care of residents in cases of emergency as follows:</p> <p>(1) Fire exit drills in facilities shall include the transmission of a fire alarm signal and simulation of emergency fire conditions, except that the movement of nonambulatory residents to safe areas or to the exterior of the building is not required. Drills shall be conducted quarterly on each shift to familiarize all facility personnel with signals and emergency action required under varied</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Cassie Trueblood	Executive Director	11/13/2022

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 10/27/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  JEWEL PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 607 VIRGINIA AVE MADISON, IN 47250
---	--

(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
	<p>conditions. At least twelve (12) drills shall be held every year. When drills are conducted between 9 p.m. and 6 a.m., a coded announcement may be used instead of audible alarms.</p> <p>(2) At least every six (6) months, a facility shall attempt to hold the fire and disaster drill in conjunction with the local fire department. A record of all training and drills shall be documented with the names and signatures of the personnel present.</p> <p>Based on record review and interview, the facility failed to ensure fire drills were conducted as required by sounding the fire alarm once per quarter on each shift. This deficient practice had the potential to affect 28 of 28 residents living in the facility.</p> <p>Findings include:</p> <p>The review on 10/27/22 at 10:30 a.m., of the monthly Fire Drill reports indicated the following concerns:</p> <p>-For the months of October 2021 through September of 2022, lacked documentation of a fire drill for third shift during the months of November, December, January, February, March, April, May, June, or August.</p> <p>-For second shift, fire drills were only conducted during the months of October, April, July, August, and September.</p> <p>-There were no second shift drills between November and March.</p> <p>-The October, November, December, January, March, April, May, June, July, August, and September drills indicated the alarm operating</p>	R 0092	<p><b>R 092 Administration and Management – Noncompliance</b></p> <p>1. Executive Director (ED) conducted a fire drill on 11/9/2022 with no concerns identified. 2. An audit of 2022 fire drill logs were completed on 11/9/2022 by ED with no additional fire drills omitted.</p> <p>3. The ED was re-trained by Regional Director of Care Services (RDCS) on 11/9/2022 regarding fire drill regulation requirement (Attachment 1). The maintenance director (MD) was re-trained by ED on 11/9/2022 regarding fire drill regulation requirement (Attachment 2).</p> <p>4. The Executive Director is responsible for sustained compliance. The Executive Director or designee will audit the fire drill log monthly for 3 months to ensure fire drills are completed per regulatory requirement. The audits will be discussed at</p>	11/12/2022

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 10/27/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  JEWEL PLACE	STREET ADDRESS, CITY, STATE, ZIP COD 607 VIRGINIA AVE MADISON, IN 47250
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<p>system was not activated. The July and September drills indicated the drills were conducted as verbal drills.</p> <p>During an interview on 10/27/22 at 11:45 a.m., the Maintenance Director indicated he knew the fire drills were to be done on other shifts. He was not sure if he had conducted drills on third shift. He tried to cover them, but he probably got more of the first and second shift than he did the other shifts. He should have an equal amount. He needed to try to run over time wise and catch the third shift in the evenings. He had come in a couple times on third shift, but most of the time he tried to catch first and second shift. He had lacked on the second shift. He did a verbal drill with each individual working. He had not been conducting actual drills, just verbal drills. It had been a while since he had done a full drill. He rarely sounded the alarm. He did not go and physically pull the alarm or send it off. He wasn't sure why he hadn't done it. They hadn't ran a live drill since they came out of COVID.</p> <p>During an interview on 10/27/22 at 11:50 a.m., the ED (Executive Director) indicated the way they were supposed to do fire drills was to call the company and state they were going to be alarming the system, but it was a drill. She indicated to the Maintenance Director that this was the information he should be writing down on his Drill logs and he should be documenting the actual time he was pulling the alarm and conducting the drill. If he was just writing 1st through 3rd shift, they did not know what time he conducted the drill.</p> <p>During an interview on 10/27/22 at 12:59 p.m., the ED indicated they should be conducting audible fire drills once per quarter per shift for a total of 12</p>		<p>monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on 3 consecutive months of compliance. Monitoring will be on-going.</p> <p>5. Completion date: 11/12/2022</p>	

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

PRINTED: 11/29/2022  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 10/27/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  JEWEL PLACE	STREET ADDRESS, CITY, STATE, ZIP COD 607 VIRGINIA AVE MADISON, IN 47250
---	---

(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
	<p>drills per year. There should be four drills on nights, four on evenings, and four on days. Nights were the only ones that didn't have to be audible. They should be sounding the alarm on the other drills and they should be coming in to conduct drills on third shift.</p> <p>The Maintenance Technician Job description, which was signed as received by the Maintenance Director on 6/25/21, indicated the Maintenance Technician Essential Functions and Responsibilities included, but were not limited to, "Provides consistent documentation of compliance to life safety and regulatory requirements... e.g. ... Fire Drills..."</p> <p>The Maintenance Director's general orientation record, completed on 6/25/21, indicated the Maintenance Director was educated on fire safety and fire drills.</p> <p>The Maintenance Technician Orientation Record form, dated 6/21/21, indicated the Maintenance Director was educated on the fire alarm system.</p>			