

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155145	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>--</u> B. WING <u> </u>	(X3) DATE SURVEY COMPLETED 01/02/2024
NAME OF PROVIDER OR SUPPLIER WASHINGTON NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP COD 603 E NATIONAL HWY WASHINGTON, IN 47501		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PART II PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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: 01/02/24</p> <p>Facility Number: 000068 Provider Number: 155145 AIM Number: 100274980</p> <p>At this Emergency Preparedness survey, Washington Nursing 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 a capacity of 140 certified beds and had a census of 30 at the time of this visit.</p> <p>Quality Review completed on 01/09/24</p>	E 0000	<p>► CMS-2567 Plan of Correction be considered the <i>Letter of Credible Allegation of Compliance</i> and requests a desk review in lieu of a post-survey review on, or after 01/20/2024.</p>	
K 0000 Bldg. 01	<p>An investigation of Complaint Number IN00425144 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a).</p> <p>Complaint Number IN00425144 - A Federal/State deficiency related to the allegation was cited at K711.</p> <p>Survey Date: 01/02/24</p> <p>Facility Number: 000068</p>	K 0000	<p>► CMS-2567 Plan of Correction be considered the <i>Letter of Credible Allegation of Compliance</i> and requests a desk review in lieu of a post-survey review on, or after 01/20/2024.</p>	

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

TITLE

(X6) DATE

Deborah Wente

Administrator

01/15/2024

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.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155145	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	(X3) DATE SURVEY COMPLETED 01/02/2024
NAME OF PROVIDER OR SUPPLIER WASHINGTON NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP COD 603 E NATIONAL HWY WASHINGTON, IN 47501		
(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
K 0711 SS=F Bldg. 01	<p>Provider Number: 155145 AIM Number: 100274980</p> <p>At this Complaint survey, Washington Nursing 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 (000) construction and was fully sprinklered. The facility has a fire alarm system with hard wired smoke detectors in the corridors and spaces open to the corridors, plus battery operated smoke detectors in all resident sleeping rooms. The facility has a capacity of 140 and had a census of 30 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered and all areas providing facility services were sprinklered, except one detached wood framed shed with metal siding used for facility storage.</p> <p>Quality Review completed on 01/09/24</p> <p>NFPA 101 Evacuation and Relocation Plan Evacuation and Relocation Plan There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. Employees are periodically instructed and kept informed with their duties under the plan, and a copy of the plan is readily available with telephone operator or with security. The plan addresses the basic response required</p>			

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155145	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	(X3) DATE SURVEY COMPLETED 01/02/2024
NAME OF PROVIDER OR SUPPLIER WASHINGTON NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP COD 603 E NATIONAL HWY WASHINGTON, IN 47501		
(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>of staff per 18/19.7.2.1.2 and provides for all of the fire safety plan components per 18/19.2.2.</p> <p>18.7.1.1 through 18.7.1.3, 18.7.2.1.2, 18.7.2.2, 18.7.2.3, 19.7.1.1 through 19.7.1.3, 19.7.2.1.2, 19.7.2.2, 19.7.2.3</p> <p>Based on observation, record review, and interview; the facility failed to follow the facility's fire safety plan completely for the protection of 30 of 30 residents to accurately follow all life safety systems, plus a system addressing all items required by NFPA 101, 2012 edition, Section 19.7.2.2. LSC 19.7.2.2 requires a written health care occupancy fire safety plan that shall provide for the following:</p> <ul style="list-style-type: none"> (1) Use of alarms (2) Transmission of alarm to fire department (3) Emergency phone call to fire department (4) Response to alarms (5) Isolation of fire (6) Evacuation of immediate area (7) Evacuation of smoke compartment (8) Preparation of floors and building for evacuation (9) Extinguishment of fire <p>This deficient practice could affect all occupants in the event of an emergency.</p> <p>Findings include:</p> <p>Based on a interview on 01/02/24 between 9:15 a.m. and 11:30 a.m., with the Administrator and Maintenance Manager present, when asked about the fire in the facility, the Administrator said on 12/26/23 at 1:30 p.m. kitchen staff saw smoke/fire coming from the water heater in the dishwashing room and yelled to the Administrator and Maintenance Manager about the smoke. The Administrator said she immediately called the local fire department while the Maintenance</p>	K 0711	<p><i>*What corrective action(s) will be accomplished for those residents found to have been affected by the alleged deficient practice?</i></p> <p>It is the practice of this provider to ensure that federal participation requirements for nursing homes participating in Medicare &/or Medicaid programs are met in accordance with federal and state law. Washington Nursing Center will follow the 'Fire Emergency (Code Red) from the Emergency Preparedness Plan which includes RACE.</p> <p><i>*How will other residents having the potential to be affected by the same alleged deficient practice be identified and what corrective action(s) will be taken?</i></p> <p>Washington Nursing Center corrected the identified areas and educated staff in accordance with Life Safety Code, which includes RACE.</p> <p><i>*What measures will be put into place and what systemic changes will be made to ensure that the alleged deficient practice does not recur?</i></p> <p>Washington Nursing Center</p>	01/20/2024

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155145	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	(X3) DATE SURVEY COMPLETED 01/02/2024
NAME OF PROVIDER OR SUPPLIER WASHINGTON NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP COD 603 E NATIONAL HWY WASHINGTON, IN 47501		
(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>Manager used a fire extinguisher on the smoke/fire coming from the water heater. Based on review of the "Fire Emergency (Code Red)" from the Emergency Preparedness Plan with the Administrator and Maintenance Manager present, R.A.C.E. was included in the plan, however, it was not followed as written. It is stated in the plan "The staff member who discovers a fire or potential fire situation within the building immediately utilizes the R.A.C.E. Procedure: ALARM: Activate the building's fire alarm system by pulling the nearest manual pull station. Announce "CODE RED" and the fire location over the loudspeaker--repeat." Based on interview while reviewing the Fire Emergency plan, when asked, the Administrator said the fire alarm system was not activated either automatically or manually when the smoke/fire was discovered. She said she had called the local fire department already and did not want to upset the residents with the fire alarm going off.</p> <p>This finding was reviewed with the Administrator and Maintenance Manager during the exit conference.</p> <p>3.1-19(b)</p> <p>This federal tag relates to complaint number IN00425144.</p>		<p>corrected the identified areas and will ensure staff are extensively educated in following RACE and Life Safety Code protocol as outlined in Washington Nursing Center's Life Safety Code in the Emergency Preparedness Plan.</p> <p><i>*How will the corrective action(s) will be monitored to ensure the alleged deficient practice will not recur, i.e., what quality assurance program will be put into place?</i></p> <p>Progress toward the successful completion of this POC will be monitored using the <i>Washington Nursing Center K712-20210628 Audit Tool</i>. Progress will be monitored on Monday, Wednesday, and Friday (except holidays) for 1month, then weekly for 4 weeks, and semi-monthly for 4 months or until substantial compliance is met.</p> <p>Documentation of all activities associated with this POC will be noted on said audit tool. The Administrator and/or designee will review the audit tool(s) daily during Stand Up, in accordance with the proposed schedule AND monthly during QAPI Committee meetings. The Administrator, or designee will be responsible for monitoring this POC to ensure its successful completion.</p>	