

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155388	X2) MULTIPLE CONSTRUCTION A. BUILDING -- _____ B. WING _____	X3) DATE SURVEY COMPLETED 04/20/2023
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NAME OF PROVIDER OR SUPPLIER CORE OF BEDFORD	STREET ADDRESS, CITY, STATE, ZIP CODE 514 E 16TH ST BEDFORD, IN 47421
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E 0000 Bldg. --	<p>A Emergency Preparedness Recertification and State Licensure Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73.</p> <p>Survey Date: 04/20/23</p> <p>Facility Number: 000370 Provider Number: 155388 AIM Number: 100290790</p> <p>At this Emergency Preparedness survey, Core of Bedford was found not in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR Subpart 483.73.</p> <p>The facility has 37 certified beds. At the time of the survey, the census was 34.</p> <p>Quality Review completed on 04/24/23</p> <p>The requirement at 42 CFR, Subpart 483.73 is NOT MET as evidenced by</p>	E 0000		
E 0041 SS=F Bldg. --	<p>482.15(e), 483.73(e), 485.625(e) Hospital CAH and LTC Emergency Power §482.15(e) Condition for Participation: (e) Emergency and standby power systems. The hospital must implement emergency and standby power systems based on the emergency plan set forth in paragraph (a) of this section and in the policies and procedures plan set forth in paragraphs (b)(1) (i) and (ii) of this section.</p> <p>§483.73(e), §485.625(e)</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Susan Jordan	HFA	04/28/2023

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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	<p>(e) Emergency and standby power systems. The [LTC facility and the CAH] must implement emergency and standby power systems based on the emergency plan set forth in paragraph (a) of this section.</p> <p>§482.15(e)(1), §483.73(e)(1), §485.625(e)(1) Emergency generator location. The generator must be located in accordance with the location requirements found in the Health Care Facilities Code (NFPA 99 and Tentative Interim Amendments TIA 12-2, TIA 12-3, TIA 12-4, TIA 12-5, and TIA 12-6), Life Safety Code (NFPA 101 and Tentative Interim Amendments TIA 12-1, TIA 12-2, TIA 12-3, and TIA 12-4), and NFPA 110, when a new structure is built or when an existing structure or building is renovated.</p> <p>482.15(e)(2), §483.73(e)(2), §485.625(e)(2) Emergency generator inspection and testing. The [hospital, CAH and LTC facility] must implement the emergency power system inspection, testing, and [maintenance] requirements found in the Health Care Facilities Code, NFPA 110, and Life Safety Code.</p> <p>482.15(e)(3), §483.73(e)(3), §485.625(e)(3) Emergency generator fuel. [Hospitals, CAHs and LTC facilities] that maintain an onsite fuel source to power emergency generators must have a plan for how it will keep emergency power systems operational during the emergency, unless it evacuates.</p> <p>*[For hospitals at §482.15(h), LTC at §483.73(g), and CAHs §485.625(g):] The standards incorporated by reference in this section are approved for incorporation by</p>			

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	<p>reference by the Director of the Office of the Federal Register in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. You may obtain the material from the sources listed below. You may inspect a copy at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html. If any changes in this edition of the Code are incorporated by reference, CMS will publish a document in the Federal Register to announce the changes.</p> <p>(1) National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02169, www.nfpa.org, 1.617.770.3000.</p> <p>(i) NFPA 99, Health Care Facilities Code, 2012 edition, issued August 11, 2011.</p> <p>(ii) Technical interim amendment (TIA) 12-2 to NFPA 99, issued August 11, 2011.</p> <p>(iii) TIA 12-3 to NFPA 99, issued August 9, 2012.</p> <p>(iv) TIA 12-4 to NFPA 99, issued March 7, 2013.</p> <p>(v) TIA 12-5 to NFPA 99, issued August 1, 2013.</p> <p>(vi) TIA 12-6 to NFPA 99, issued March 3, 2014.</p> <p>(vii) NFPA 101, Life Safety Code, 2012 edition, issued August 11, 2011.</p> <p>(viii) TIA 12-1 to NFPA 101, issued August 11, 2011.</p> <p>(ix) TIA 12-2 to NFPA 101, issued October 30, 2012.</p> <p>(x) TIA 12-3 to NFPA 101, issued October</p>			

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K 0000 Bldg. 01	<p>22, 2013. (xi) TIA 12-4 to NFPA 101, issued October 22, 2013. (xiii) NFPA 110, Standard for Emergency and Standby Power Systems, 2010 edition, including TIAs to chapter 7, issued August 6, 2009..</p> <p>Based on record review and interview, the facility failed to implement the emergency power system inspection, testing, and maintenance requirements found in the Health Care Facilities Code, NFPA 110, and Life Safety Code in accordance with 42 CFR 483.73(e)(2). This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on record review with the Administrator on 04/20/23 from 10:35 a.m. to 12:52 p.m, documentation for monthly generator load testing for seven of the last 12 months was not available for review. Based on an interview at the time of record review, the Administrator stated she had been in the position since October and confirmed that no further load testing documentation for October, November, December 2022 and January, February, March, April 2023 was available for review.</p> <p>This finding was reviewed with the Administrator at the exit conference.</p> <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>	E 0041	<p>It is the policy of the facility to implement the emergency power system inspection, testing and maintenance found in health care facilities.</p> <p>Potential to affect all occupants: No occupants were affected by this alleged practice.</p> <p>systemic change: Maintenance director inserviced and a new log has been created to do monthly generator load test. (see attachment 1)</p> <p>Quality measure: Administrator will audit monthly for 6 months and ongoing</p>	05/25/2023	
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K 0300 SS=F Bldg. 01	<p>Survey Date: 04/20/23</p> <p>Facility Number: 000370 Provider Number: 155388 AIM Number: 100290790</p> <p>At this Life Safety Code survey, Core of Bedford 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 III (211) 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 37 and had a census of 34 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered and all areas providing facility services were sprinklered, except one detached shed used for facility storage.</p> <p>Quality Review completed on 04/24/23</p> <p>NFPA 101 Protection - Other Protection - Other List in the REMARKS section any LSC Section 18.3 and 19.3 Protection requirements that are not addressed by the provided K-tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation,</p>			

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	<p>should be included on Form CMS-2567.</p> <p>1. Based on observation and interview; the facility failed to ensure all battery-operated smoke alarms in resident rooms were maintained. NFPA 101 in 4.6.12.3 states existing life safety features obvious to the public, if not required by the Code, shall be maintained. NFPA 72, National Fire Alarm and Signaling Code, 2010 Edition, Section 29.10 states fire-warning equipment shall be maintained and tested in accordance with the manufacturer's published instructions and per the requirements of Chapter 14. Section 14.2.1.1.1 Inspection, testing, and maintenance programs shall satisfy the requirements of this Code and conform to the equipment manufacturer's published instructions. Section 14.4.8.1 states unless otherwise recommended by the manufacturer's published instructions, single- and multiple-station smoke alarms shall be replaced when they fail to respond to operability tests but shall not remain in service longer than 10 years from the date of manufacture. This deficient practice could affect all residents, staff, and visitors.</p> <p>Findings include:</p> <p>Based on observation during a tour of the facility from 12:52 p.m. to 1:38 p.m. with Administrator and Maintenance Director on 04/20/23, the battery-operated smoke detectors mounted in resident rooms #7 and #16 were inspected. The smoke detectors were manufactured on June 18, 2012, and were more than 10 years old. Based on interview at the time of the above-mentioned observations, the Maintenance Director stated he was unaware of the manufactured date of the single action smoke alarms and would check every battery-operated smoke alarms in the 18 resident rooms for manufacture date and replace if necessary.</p>	K 0300	<p>It is the policy of the facility to ensure all battery-operated smoke alarm in residents' room are maintained and documented for the preventative Maintenance.</p> <p>affected areas: Room #7 and Room #16. All other areas were found to be affected.</p> <p>potential to affect all residents, staff, and visitors: No residents, staff or visitors were affected by the alleged deficient practice.</p> <p>systemic changes: Maintenance director has been in-serviced and a new log has been created to do monthly smoke detector monitoring (See attachment 2A) Facility has purchased New smoke detectors for all the required areas by the NFPA code. they will be installed once arrived at the facility. Maintenance director will document the expiration date of each smoke detector monthly and ensure that it is replaced before expiration date (see attachment 2B)</p> <p>Quality assurance: Administrator will audit monthly for 6 months and ongoing.</p>	05/25/2023

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	<p>2. Based on record review, interview and observation, the facility failed to ensure documentation for the preventative maintenance of battery-operated smoke alarms in the facility was complete. NFPA 101 in 4.6.12.3 states existing life safety features obvious to the public, if not required by the Code, shall be maintained. NFPA 72, 29.10 Maintenance and Tests. Fire-warning equipment shall be maintained and tested in accordance with the manufacturer's published instructions and per the requirements of Chapter 14. NFPA 72, 14.2.1.1.1 Inspection, testing, and maintenance programs shall satisfy the requirements of this Code and conform to the equipment manufacturer's published instructions. This deficient practice could affect all residents, staff, and visitors.</p> <p>Findings include:</p> <p>Based on review of the Non-System Battery Operated Smoke Alarm Inspection reports on 04/20/23 at 11:31 a.m., battery operated smoke alarm testing on a monthly basis was last documented December 2022. Based on interview at the time of review, the Administrator confirmed the testing of battery-operated smoke detectors in the facility were not documented since December 2022. Based on observations between 12:52 p.m. and 1:38 p.m. during a tour of the facility with the Administrator and Maintenance Director, battery operated smoke alarms were observed in all resident sleeping rooms.</p> <p>These findings were reviewed with the Administrator at the exit conference.</p> <p>3.1-19(c)</p>			

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K 0324 SS=D Bldg. 01	<p>NFPA 101 Cooking Facilities Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless: * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or * cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4. Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor. 18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2 Based on record review and interview, the facility failed to ensure 1 of 1 kitchen range hood exhaust system was maintained in proper working order. NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, 2011 Edition, Section 7.8.2.1(8) requires rooftop terminations to be arranged with or provided with a hinged upblast fan supplied with flexible weatherproof electrical cable and service hold-open retainer to permit inspection and cleaning that is listed for commercial cooking equipment. This deficient practice was not in a resident area but could affect kitchen staff.</p> <p>Findings include:</p>	K 0324	<p>It is the policy of the facility to ensure kitchen range hood exhaust system is maintained in proper working order.</p> <p>Potential to affect the Kitchen: Kitchen was not affected.</p> <p>systemic change: Facility has contacted Citation fire and safety and they have ordered the hinge to get it replaced. (see attachment 5)</p> <p>Quality assurance: Maintenance</p>	05/25/2023	

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K 0712 SS=C Bldg. 01	<p>Based on record review on 04/20/23 between 10:35 a.m. and 12:52 p.m., the semiannual kitchen range hood report dated 10/09/22 stated "Fan Unhinged". Based on interview at the time of record review, the Administrator stated she was unaware of the issue with the kitchen range hood exhaust system and would check to see if it had been corrected.</p> <p>This finding was reviewed with the Administrator during the exit conference.</p> <p>3.1-19(b)</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</p> <p>Based on record review and interview, the facility failed to conduct quarterly fire drills on unexpected days and at unexpected times under varying conditions. This deficient practice could affect all residents, staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on records review and interview with the Administrator on 04/20/23 between 10:35 a.m. and</p>	K 0712	<p>director and Administrator will monitor reports monthly for 6 months and ongoing.</p> <p>It is the policy of the facility to conduct quarterly fire drills on unexpected days and at unexpected times under varying conditions.</p> <p>Affected Resident: None were identified.</p> <p>Potential to affect all residents,</p>	05/25/2023

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K 0918 SS=F Bldg. 01	<p>12:52 p.m., 6 of 12 quarterly fire drills were conducted near the end of the month, around the 30th day of the month. These conditions do not allow fire drills to be conducted at unexpected and unpredictable days.</p> <p>This finding was acknowledged by the Administrator at the time of discovery and again at the exit conference with the Administrator present.</p> <p>3.1-19(b) 3.1-51(c)</p> <p>NFPA 101 Electrical Systems - Essential Electric Syste Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a</p>		<p>staff and visitors in the facility</p> <p>systemic changes: Maintenance director has been in serviced on fire drill schedule (see attachment 3)</p> <p>Quality assurance: Administrator will monitor fire drill schedule monthly for 6 months and ongoing.</p>		

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	<p>program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)</p> <p>1. Based on record review and interview, the facility failed to maintain a complete written record of monthly generator load testing for seven of the last 12 months. Chapter 6.4.4.1.1.4(a) of 2012 NFPA 99 requires monthly testing of the generator serving the emergency electrical system to be in accordance with NFPA 110, the Standard for Emergency and Standby Powers Systems, Chapter 8. NFPA 110 8.4.2 requires diesel generator sets in service to be exercised at least once monthly, for a minimum of 30 minutes. Chapter 6.4.4.2 of NFPA 99 requires a written record of inspection, performance, exercising period, and repairs for the generator to be regularly maintained and available for inspection by the authority having jurisdiction. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on record review with the Administrator on 04/20/23 from 10:35 a.m. to 12:52 p.m., documentation for monthly generator load testing for seven of the last 12 months was not available for review. Based on an interview at the time of record review, the Administrator stated she had been in the position since October and confirmed that no further load testing documentation for</p>	K 0918	<p>It the policy of the facility to ensure written record of weekly inspections for the generator maintenance.</p> <p>Affected residents: none identified.</p> <p>Potential for affect all residents, staff and visitors: None were affected by this alleged practice.</p> <p>Systemic changes: Maintenance director will be in-serviced on the new weekly generator inspection log. (see attachment 4)</p> <p>Quality assurance: Administrator will monitor monthly for 6 months and ongoing.</p>	05/25/2023

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	<p>October, November, December 2022 and January, February, March, April 2023 was available for review.</p> <p>2. Based on record review and interview, the facility failed to ensure a written record of weekly inspections for the generator was maintained for 7 of 52 weeks. NFPA 99, 6.4.4.1.3 requires onsite generators shall be maintained in accordance with NFPA 110, Standard for Emergency and Standby Power Systems. NFPA 110, 8.4.1 requires an Emergency Power Supply System (EPSS) including all appurtenant components, shall be inspected weekly and exercised monthly. NFPA 99, 6.4.4.2 requires a written record of inspection, performance, exercising period, and repairs for the generator to be regularly maintained and available for inspection by the authority having jurisdiction. This deficient practice could affect all residents, staff, and visitors.</p> <p>Findings include:</p> <p>Based on record review with the Administrator on 04/20/23 at 11:41 a.m., documentation of eight weeks of weekly generator testing was not available for review. The weeks of 07/18/22, 07/25/22, 08/01/22, 08/08/22, 02/27/23, 03/06/23 and 03/13/23 was not available for review. Based on an interview at the time of record review, the Administrator confirmed the aforementioned weeks of documented weekly generator testing was not available for review at the time of the survey.</p> <p>These findings were reviewed with the Administrator at the exit conference.</p> <p>3.1-19(b)</p>			