

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

PRINTED: 08/24/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155404	X2) MULTIPLE CONSTRUCTION A. BUILDING -- _____ B. WING _____	X3) DATE SURVEY COMPLETED 08/04/2022
--	---	--	---

NAME OF PROVIDER OR SUPPLIER ESSEX NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP COD 301 W ESSEX ST LEBANON, IN 46052
---	---

(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
--------------------	--	---------------	---	----------------------

E 0000 Bldg. --	An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73. Survey Date: 08/04/22 Facility Number: 000291 Provider Number: 155404 AIM Number: 100286710 At this Emergency Preparedness survey, Essex Nursing and Rehabilitation Center was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73 The facility has 38 certified beds. At the time of the survey, the census was 23. Quality Review completed on 08/05/22	E 0000		
K 0000 Bldg. 01	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). Survey Date: 08/04/22 Facility Number: 000291 Provider Number: 155404 AIM Number: 100286710 At this Life Safety Code survey, Essex Nursing	K 0000		

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

TITLE

(X6) DATE

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: 155404	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 08/04/2022
--	---	--	---

NAME OF PROVIDER OR SUPPLIER ESSEX NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP COD 301 W ESSEX ST LEBANON, IN 46052
---	---

(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
K 0321 SS=E Bldg. 01	<p>and Rehabilitation 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 II (222) construction and was fully sprinklered. The facility has a fire alarm system with hard wired smoke detection in the corridors and spaces open to the corridors. Resident rooms are equipped with battery powered smoke detectors. The building is partially protected by a 30-kW natural gas-powered emergency generator. The facility has a capacity of 38 and had a census of 23 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. The facility has four detached equipment storage buildings located behind the facility which were not sprinklered.</p> <p>Quality Review completed on 08/05/22</p> <p>NFPA 101 Hazardous Areas - Enclosure Hazardous Areas - Enclosure Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4 hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1 or 19.3.5.9. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155404	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 08/04/2022
--	---	--	---

NAME OF PROVIDER OR SUPPLIER ESSEX NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 301 W ESSEX ST LEBANON, IN 46052
---	--

(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>nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door.</p> <p>Describe the floor and zone locations of hazardous areas that are deficient in REMARKS. 19.3.2.1, 19.3.5.9</p> <p>Area Automatic Sprinkler Separation N/A</p> <p>a. Boiler and Fuel-Fired Heater Rooms b. Laundries (larger than 100 square feet) c. Repair, Maintenance, and Paint Shops d. Soiled Linen Rooms (exceeding 64 gallons) e. Trash Collection Rooms (exceeding 64 gallons) f. Combustible Storage Rooms/Spaces (over 50 square feet) g. Laboratories (if classified as Severe Hazard - see K322)</p> <p>Based on observation and interview, the facility failed to ensure the corridor door to 1 of 5 hazardous areas, such as combustible storage rooms over 50 square feet, soiled linen rooms, and boiler rooms, was provided with self-closing device which would cause the door to automatically close and latch into the door frame. This deficient practice could affect as many as 13 residents, 4 staff and 2 visitors.</p> <p>Findings include:</p> <p>Based on observations made during a tour of the facility on 08/04/22 at 11:30 a.m. with the Maintenance Director, the room identified as Resident room #3 had been converted to a storage room. The room contained twelve boxes of miscellaneous personal protective equipment that included: gloves, gowns, masks, and COVID-19</p>	K 0321	<p>Room #3 had overflow Personal Protective Equipment temporarily stored in there.</p> <p>This alleged deficient practice affects visitors, staff, and residents due to the room not having a self-closing device. Room #3 was cleared of all excess boxes of Personal Protective Equipment, thus removing the hazard.</p> <p>The maintenance person was inserviced on 8/9/2022 regarding the proper storage of combustible materials.</p> <p>To ensure compliance, the maintenance person will check empty resident rooms weekly for six months to ensure that they are not being used for combustible</p>	08/09/2022

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155404	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 08/04/2022
--	---	--	---

NAME OF PROVIDER OR SUPPLIER ESSEX NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 301 W ESSEX ST LEBANON, IN 46052
---	--

(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
K 0355 SS=E Bldg. 01	<p>tests all in cardboard boxes. This storage created a hazardous room that measured approximately 160 square feet in size. Furthermore, the corridor door to the room did not have a self-closing device attached to it. Based on an interview at the time of the observation, the Maintenance Director stated that the addition of the storage to the room did in fact create a hazardous environment, and that he would have the storage therein moved to one of the outside storage buildings as soon as he was able to do so. During the exit conference with the facility Administrator and the Maintenance Director on 08/04/22 at 12:30 p.m., no additional information or evidence could be provided contrary to this deficient finding.</p> <p>3.1-19(b)</p> <p>NFPA 101 Portable Fire Extinguishers Portable Fire Extinguishers Portable fire extinguishers are selected, installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers. 18.3.5.12, 19.3.5.12, NFPA 10 Based on observation and interview, the facility failed to inspect 1 of 12 portable fire extinguishers each month. NFPA 10, Standard for Portable Fire Extinguishers, Section 7.2.1.2 states fire extinguishers shall be inspected either manually or by means of an electronic device / system at a minimum of 30-day intervals. Section 7.2.2 states periodic inspection or electronic monitoring of fire extinguishers shall include a check of at least the following items: (1) Location in designated place (2) No obstruction to access or visibility (3) Pressure gauge reading or indicator in the operable range or position</p>	K 0355	<p>overflow storage. Findings will be documented on the Empty Room Check Audit and results will be shared monthly with the facility's QAPI committee for further recommendations.</p> <p>Inspection of 1 portable fire extinguisher was conducted and recorded . The alleged deficient practice affects visitors, staff, and residents. An inspection of the fire extinguisher was conducted and recorded. The maintenance person was inserviced on 8/9/2022 regarding the necessity for an inspection of all fire extinguishers to be completed monthly and recorded on the fire extinguisher tag.</p>	08/09/2022

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155404	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 08/04/2022
--	---	--	---

NAME OF PROVIDER OR SUPPLIER ESSEX NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 301 W ESSEX ST LEBANON, IN 46052
---	--

(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>(4) Fullness determined by weighing or hefting for self-expelling-type extinguishers, cartridge-operated extinguishers, and pump tanks</p> <p>(5) Condition of tires, wheels, carriage, hose, and nozzle for wheeled extinguishers</p> <p>(6) Indicator for nonrechargeable extinguishers using push-to-test pressure indicators.</p> <p>Section 7.2.4.1 states personnel making manual inspections shall keep records of all fire extinguishers inspected, including those found to require corrective action. Section 7.2.4.3 requires where at least monthly manual inspections are conducted, the date the manual inspection was performed and the initials of the person performing the inspection shall be recorded.</p> <p>Section 7.2.4.4 requires where manual inspections are conducted, records for manual inspections shall be kept on a tag or label attached to the fire extinguisher, on an inspection checklist maintained on file, or by an electronic method.</p> <p>Section 7.2.4.5 requires records shall be kept to demonstrate that at least the last 12 monthly inspections have been performed. This deficient practice could affect up to 12 residents, 4 staff and 2 visitors.</p> <p>Findings include:</p> <p>Based on observations made during a tour of the facility on 08/04/22 at 11:21 a.m. with the Maintenance Director, the monthly inspection tag on the fire extinguisher located near the East or Main entry / exit door lacked documentation of a monthly inspection for July of 2022. Based on an interview at the time of the observation, the Maintenance Director stated that he must have forgotten to document the monthly inspection for that particular portable fire extinguisher and then completed a visual inspection and signed that tag at that time. This deficiency was removed prior to</p>		<p>Maintenance will inspect the fire extinguishers monthly unless such an inspection is conducted by the vendor.</p> <p>To ensure compliance, the maintenance person will inspect all fire extinguishers every month and ongoing unless an inspection is performed by the vendor.</p> <p>Finding will be documented on the Fire Extinguisher Audit and results will be shared monthly with the facility's QAPI committee for further recommendations.</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155404	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 08/04/2022
--	---	--	---

NAME OF PROVIDER OR SUPPLIER ESSEX NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 301 W ESSEX ST LEBANON, IN 46052
---	--

(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
K 0920 SS=E Bldg. 01	<p>the completion of the tour and my departure from the facility.</p> <p>3.1-19(b)</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 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 Based on observation and interview, the facility failed to ensure 1 of 1 Laundry room did not use flexible cords as a substitute for fixed wiring. LSC 9.1.2 requires electrical wiring and equipment shall be in accordance with NFPA 70, National Electrical Code. NFPA 70, 2011 Edition, Article 400.8 requires that, unless specifically permitted,</p>	K 0920	<p>Extension cord used in facility laundry room for small AM/FM radio was removed. The alleged deficient practice affects 4 staff members. Extension cord was removed. The maintenance person</p>	08/09/2022

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155404	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 08/04/2022
--	---	--	---

NAME OF PROVIDER OR SUPPLIER ESSEX NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 301 W ESSEX ST LEBANON, IN 46052
---	--

(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>flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice affects as many as 4 staff.</p> <p>Findings include:</p> <p>Based on observations made during a tour of the facility on 08/04/22 at 11:21 a.m. with the Maintenance Director, an extension cord was being in the facility laundry room. There was a small portable A.M. / F.M. radio plugged into the extension cord. Based on interview at the time of the observation, the Maintenance Director acknowledged the use of the extension cord and stated that he would have to do another in-service on the usage of power strips and extension cords for staff in the near future. During the exit conference with the facility Administrator and the Maintenance Director on 08/04/22 at 12:30 p.m., no additional information or evidence could be provided contrary to this deficient finding.</p> <p>3.1-19(b)</p>		<p>inserviced laundry staff on 8/9/2022 regarding proper use of extension cords. Maintenance will inspect laundry room monthly for extension cord use.</p>	