

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

PRINTED: 06/09/2022  
FORM APPROVED  
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>255185</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING <b>01 - MAIN BUILDING 01</b><br><br>B. WING _____                              |                            | (X3) DATE SURVEY<br>COMPLETED<br><br><b>05/10/2022</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>INDIANOLA REHABILITATION AND HEALTHCARE CENTER</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>401 HIGHWAY 82 WEST<br/>INDIANOLA, MS 38751</b>                              |                            |                                                        |
| (X4) ID<br>PREFIX<br>TAG                                                                  | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ID<br>PREFIX<br>TAG                                                        | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETION<br>DATE |                                                        |
| K 000                                                                                     | INITIAL COMMENTS<br><br>42 CFR 483.70(a)<br><br>This facility was surveyed under the Centers for Medicare Medicaid Services (CMS) COVID-19 Emergency Declaration Blanket 1135 Waivers for Health Care Provider. The facility must meet the applicable provisions of the 2012 (existing) Edition of the Life Safety Code (LSC) of the National Fire Protection Association (NFPA) ...                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | K 000                                                                      |                                                                                                                          |                            |                                                        |
| K 918<br>SS=F                                                                             | Electrical Systems - Essential Electric Syste<br>CFR(s): NFPA 101<br><br>Electrical Systems - Essential Electric System Maintenance and Testing<br>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.<br>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 program for periodically exercising the components is established according to manufacturer requirements. Written records of | K 918                                                                      |                                                                                                                          | 5/17/22                    |                                                        |

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

TITLE

(X6) DATE

Electronically Signed

06/07/2022

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days 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 disclosable 14 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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| NAME OF PROVIDER OR SUPPLIER<br><br><b>INDIANOLA REHABILITATION AND HEALTHCARE CENTER</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>401 HIGHWAY 82 WEST<br/>INDIANOLA, MS 38751</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                            |                                                        |
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| K 918                                                                                     | <p>Continued From page 1</p> <p>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.</p> <p>6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on the review of documentation, the facility failed to properly document records of testing the generator annually as directed by NFPA 99 sections 6.4.4.1.1.3 and 6.4.4.2. This deficient practice had potential of affecting the entire facility on the day of the survey.</p> <p>Findings Include:</p> <p>On 5/10/22 at 10:30 AM, observation and documentation review revealed that the facility failed to provide documentation showing the current 2022 annual testing of the generator in the facility.</p> <p>The finding was acknowledged by the Administrator and Maintenance Supervisor verified this observation during the exit interview on 5/10/22.</p> | K 918                                                                      | <p>K918</p> <p>1. On May 10, 2022, Taylor Power was contacted by the Administrator to schedule the annual load bank test for year 2022. On May 16, 2022, Taylor Power technician arrived and completed the annual load bank test.</p> <p>2. An audit of the Life Safety Compliance binder was completed by the Maintenance Director on May 17, 2022, to ensure all supporting documentation for monthly and annual load bank test for facility compliance. No issues identified.</p> <p>3. Maintenance Director was in-serviced 1:1 by the Administrator on May 13, 2022 to ensure that monthly and annual generator test and inspections are performed timely and documentation received to ensure the facility is in compliance.</p> <p>4. Maintenance Director will set a calendar reminder to self for annual inspections due dates. Maintenance Director will follow up with vendor weekly</p> |                            |                                                        |

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| K 918                                                                                     | Continued From page 2                                                                                                        | K 918                                                                      | <p>once inspection is scheduled with vendor to ensure the inspection is preformed timely and supporting documentation is received at facility level once inspection is complete. Findings will be reported to the Quality Assurance Committee for further interventions. The ADM is responsible for ongoing monitoring and overall compliance.</p> <p>Date of Compliance 5/17/2022</p> |                            |                                                        |