

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155762	X2) MULTIPLE CONSTRUCTION A. BUILDING -- _____ B. WING _____	X3) DATE SURVEY COMPLETED 11/20/2023
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NAME OF PROVIDER OR SUPPLIER FOREST PARK HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP COD 2401 SOUTH L ST RICHMOND, IN 47374
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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: 11/20/23</p> <p>Facility Number: 011387 Provider Number: 155762 AIM Number: 200853180</p> <p>At this Emergency Preparedness survey, Forest Park Health Campus 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 70 certified beds. At the time of the survey the census was 57.</p> <p>Quality Review completed on 11/27/23</p>	E 0000		
K 0000 Bldg. 01	<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> <p>Survey Date: 11/20/23</p> <p>Facility Number: 011387 Provider Number: 155762 AIM Number: 200853180</p> <p>At this Life Safety Code survey, Forest Park Health Campus was found not in compliance with</p>	K 0000	Preparation or execution of this plan of correction does not constitute admission or agreement of provider of the truth of the facts alleged or conclusions set forth on the Statement of Deficiencies. The Plan of Correction is prepared and executed solely because it is required it is required by the position of Federal and State Law. The Plan of Correction is submitted in order to respond to the allegation of noncompliance	

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.

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K 0222 SS=E Bldg. 01	<p>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 facility was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, all areas open to the corridor and hard-wired detectors in all resident sleeping rooms. The facility has a capacity of 70 and had a census of 57 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. All areas providing facility services were sprinklered.</p> <p>Quality Review completed on 11/27/23</p> <p>NFPA 101 Egress Doors Egress Doors</p> <p>Doors in a required means of egress shall not be equipped with a latch or a lock that requires the use of a tool or key from the egress side unless using one of the following special locking arrangements: CLINICAL NEEDS OR SECURITY THREAT LOCKING</p> <p>Where special locking arrangements for the clinical security needs of the patient are used, only one locking device shall be permitted on each door and provisions shall be made for the rapid removal of occupants by: remote control of locks; keying of all locks or keys carried by staff at all times; or other such reliable means available to the staff at all times.</p>		<p>cited during the survey visit with exit on November 20th, 2023.</p> <p>Upon completion and submittal of this plan with corresponding documentation and exhibits as to completion we respectfully request desk review.</p>	

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	<p>18.2.2.2.5.1, 18.2.2.2.6, 19.2.2.2.5.1, 19.2.2.2.6 SPECIAL NEEDS LOCKING ARRANGEMENTS Where special locking arrangements for the safety needs of the patient are used, all of the Clinical or Security Locking requirements are being met. In addition, the locks must be electrical locks that fail safely so as to release upon loss of power to the device; the building is protected by a supervised automatic sprinkler system and the locked space is protected by a complete smoke detection system (or is constantly monitored at an attended location within the locked space); and both the sprinkler and detection systems are arranged to unlock the doors upon activation.</p> <p>18.2.2.2.5.2, 19.2.2.2.5.2, TIA 12-4 DELAYED-EGRESS LOCKING ARRANGEMENTS Approved, listed delayed-egress locking systems installed in accordance with 7.2.1.6.1 shall be permitted on door assemblies serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system or an approved, supervised automatic sprinkler system.</p> <p>18.2.2.2.4, 19.2.2.2.4 ACCESS-CONTROLLED EGRESS LOCKING ARRANGEMENTS Access-Controlled Egress Door assemblies installed in accordance with 7.2.1.6.2 shall be permitted.</p> <p>18.2.2.2.4, 19.2.2.2.4 ELEVATOR LOBBY EXIT ACCESS LOCKING ARRANGEMENTS Elevator lobby exit access door locking in accordance with 7.2.1.6.3 shall be permitted</p>			

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	<p>on door assemblies in buildings protected throughout by an approved, supervised automatic fire detection system and an approved, supervised automatic sprinkler system.</p> <p>18.2.2.2.4, 19.2.2.2.4</p> <p>Based on observation and Interview, the facility failed to ensure 1 of 1 delayed egress locking arrangements near the Salon was installed in accordance with LSC 7.2.1.6.1(3) which states an irreversible process shall release the lock in the direction of egress within 15 seconds, or 30 seconds where approved by the authority having jurisdiction, upon application of a force to the release device required in 7.2.1.5.10 under all of the following conditions:</p> <p>(a) The force shall not be required to exceed 15 lbf (67 N).</p> <p>(b) The force shall not be required to be continuously applied for more than 3 seconds.</p> <p>(c) The initiation of the release process shall activate an audible signal in the vicinity of the door opening.</p> <p>(d) Once the lock has been released by the application of force to the releasing device, relocking shall be by manual means only. This deficient practice could affect 15 residents near the Salon.</p> <p>Findings include:</p> <p>Based on observation and interview with the Director of Plant Operations and Facility Management Support Personnel on 11/20/23 during a facility tour between 12:30 p.m. and 2:45 p.m., the exit door, marked an exit near the Salon was equipped with a 15 second delayed egress. When the exit doors were tested the irreversible process to release the lock was not initiated. Based upon interview, the door is unlocked</p>	K 0222	<p>Preparation or execution of this plan of correction does not constitute admission or agreement of provider of the truth of the facts alleged or conclusions set forth on the Statement of Deficiencies. The Plan of Correction is prepared and executed solely because it is required it is required by the position of Federal and State Law. The Plan of Correction is submitted in order to respond to the allegation of noncompliance cited during the survey visit with exit on November 20th, 2023.</p> <p>Upon completion and submittal of this plan with corresponding documentation and exhibits as to completion we respectfully request desk review.</p> <p><b>K222 – Egress Doors.</b></p> <p><b>Immediate Intervention</b> The signage indicating delayed egress has been removed and access code for exit after hours has been posted to satisfy deficiency K222 this practice could affect 15 residents. <b>Exhibit A – Photo</b> <b>Exhibit B - Photo</b></p>	12/08/2023
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	<p>during daily business hours and locks overnight. The delayed egress locking mechanism did not appear to be regularly tested since when the regularly scheduled door checks occur, the aforementioned door is unlocked.</p> <p>This finding was acknowledged by the Director of Plant Operations and Facility Management Support Personnel at the time discovery and again at the exit conference with the Director of Plant Operations and Facility Management Support Personnel present.</p> <p>3.1-19(b)</p>		<p><b>Compliance Date</b> <b>12-1-23</b></p> <p>The Director of plant operations was educated by regional support on egress doors NFPA101 stating that doors in a required means of egress is in accordance with delayed egress locking arrangements or Access controlled egress locking arrangement. This is in accordance with 7.2.1.6.2, 18.2.2.2.4, 19.2.2.2.4</p> <p><b>Exhibit C – Inservice Documentation</b></p> <p>The Director of plant operations will complete a visual inspection on the building for locking devices once a week x3 months then monthly x 3 months.</p> <p><b>Exhibit D – Audit tool</b></p> <p>Executive Director will present results of visual inspection thru the QAPI committee for further recommendations and will continue until QAPI team determines substantial compliance has been achieved.</p> <p>Audit tool for locking devices checked devicessignature</p>	

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K 0511 SS=E Bldg. 01	<p>NFPA 101 Utilities - Gas and Electric Utilities - Gas and Electric Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life. 18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2 Based on observation and interview, the facility failed to ensure all electrical panels in the corridors were secured from non-authorized personnel. NFPA 70, 2011 edition states 230.62 Energized parts of service equipment shall be enclosed as specified in 230.62(A) or guarded as specified in 230.62(B). (A) Enclosed. Energized parts shall be enclosed so that they will not be exposed to accidental contact or shall be guarded as in 230.62(B). (B) Guarded. Energized parts that are not enclosed shall be installed on a switchboard, panelboard, or control board and guarded in accordance with 110.18 and 110.27. Where energized parts are guarded as provided in 110.27(A)(1) and (A)(2), a means for locking or sealing doors providing access to energized parts shall be provided. This deficient practice could affect 15 residents and staff on the 100 Hall.</p> <p>Findings include:</p> <p>Based on observation and interview with the Director of Plant Operations and Facility Management Support Personnel on 11/20/23</p>	K 0511	<p>Preparation or execution of this plan of correction does not constitute admission or agreement of provider of the truth of the facts alleged or conclusions set forth on the Statement of Deficiencies. The Plan of Correction is prepared and executed solely because it is required it is required by the position of Federal and State Law. The Plan of Correction is submitted in order to respond to the allegation of noncompliance cited during the survey visit with exit on November 20th, 2023.</p> <p>Upon completion and submittal of this plan with corresponding documentation and exhibits as to completion we respectfully request desk review.</p> <p><b>K 511 Utilities – Gas and Electric</b></p>	12/08/2023

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	<p>during a facility tour between 12:30 p.m. and 2:45 p.m., the electrical panel in the corridor near RR # 103 was unlocked when tested. Based on interview at the time of observation, the Director of Plant Operations stated the electrical panel was recently unlocked a few days ago. The Director of Plant Operations locked the panel during the survey.</p> <p>This finding was acknowledged by the Director of Plant Operations and Facility Management Support Personnel at the time discovery and again at the exit conference with the Director of Plant Operations and Facility Management Support Personnel present.</p> <p>3.1-19(b)</p>		<p><b>Immediate Intervention</b></p> <p>Electrical panel discovered unlocked was immediately locked as to secure from unauthorized personnel to meet deficiency K511 this could affect 15 residents in the 100 hall.</p> <p><b>Compliance date</b> <b>11-20-23</b></p> <p>Director of plant Operations was educated by the regional support on K511 NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life. NFPA 70 2011 states 230.62 Energized parts of service equipment shall be enclosed as specified in 230.62(A) or guarded as specified in 230.62 (B) 18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2.</p> <p><b>Exhibit C – Inservice Documentation</b></p> <p>Director of plant Operations will verify boxes are secured weekly X3months then followed monthly X3.</p> <p><b>Exhibit E – Audit tool</b></p> <p>Executive Director will present results of inspection thru the QAPI committee for further recommendations and will continue until QAPI team determines substantial compliance has been achieved.</p>	

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

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