

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

PRINTED: 12/02/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155843		X2) MULTIPLE CONSTRUCTION A. BUILDING      -- B. WING            _____		X3) DATE SURVEY COMPLETED 10/25/2022	
NAME OF PROVIDER OR SUPPLIER  SPRINGS OF RICHMOND, THE				STREET ADDRESS, CITY, STATE, ZIP CODE 400 INDUSTRIES ROAD 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: 10/25/22</p> <p>Facility Number: 013635 Provider Number: 155853 AIM Number: 300026664</p> <p>At this Emergency Preparedness survey, The Springs of Richmond 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 58.</p> <p>Quality Review completed on 10/27/22</p>			E 0000	<p>The submission of this plan of correction does not indicate an admission the the findings and and allegations contained herein are accurate true representation of the living environment provided to the residents of The springs of Richmond. The facility hereby maintains it is in substantial compliance with the requirements of participation for skilled health care facilities. To this end, the plan of correction shall serve as the credible allegation of compliance with all state and federal requirements governing the management of this facility. It is thus submitted as a matter of statute only. The facility respectfully requests from the department a desk review for substantial compliance.</p>		
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: 10/25/22</p> <p>Facility Number: 013635 Provider Number: 155853 AIM Number: 300026664</p>			K 0000	<p>The submission of this plan of correction does not indicate an admission the the findings and and allegations contained herein are accurate true representation of the living environment provided to the residents of The springs of Richmond. The facility hereby maintains it is in substantial compliance with the requirements of participation for skilled health</p>		

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

TITLE

(X6) DATE

Marilyn Alberson

Executive Director

11/08/2022

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 0321 SS=E Bldg. 01	<p>At this Life Safety Code survey, The Springs of Richmond was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.90(a), Life Safety from Fire and the 2000 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 (111) construction and was fully sprinkled. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors, and hard-wired smoke detectors in all resident sleeping rooms. The facility has a capacity of 70 and had a census of 58 at the time of this visit.</p> <p>All areas where residents have customary access were sprinkled and all areas providing facility services were sprinkled.</p> <p>Quality Review completed on 10/27/22</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 nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of</p>				<p>care facilities. To this end, the plan of correction shall serve as the credible allegation of compliance with all state and federal requirements governing the management of this facility. It is thus submitted as a matter of statute only. The facility respectfully requests from the department a desk review for substantial compliance.</p>		

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	<p>the door. 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 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) Based on observation and interview, the facility failed to ensure 2 of over 10 hazardous area doors, such as storage rooms, were provided with properly working self-closing devices. This deficient practice could affect more than 25 residents, as well as staff and visitors.</p> <p>Findings include:</p> <p>Based on observations during a tour of the facility with the Director of Plant Operations and Facilities Management Support on 10/25/22 between 1:15 p.m. and 3:50 p.m., the following was noted:</p> <p>a. The SPA Room greater than 50 square feet contained several combustible items, including over 70 cardboard boxes. The corridor door to this room did not self-close and latch into the door frame when tested.</p> <p>b. 1 of 2 corridor doors leading out of the Administrative Office Suite Area was not provided with a self-closing device. The corridor</p>			K 0321	<p>Added an approved door closer to the Spa room and the administrative office suite and verified its operation. The director of plant operations was educated by regional support on NFPA 101- hazardous areas as regards to the corridor door to this room requiring a self-closing device in accordance to 8.7.1 or 19.3.5.9, 19.3.2.1 <b>Exhibit A – Inservice Documentation</b></p> <p>The director of plant operations will visually inspect all doors that exit unto common corridor weekly x 3 months then monthly x3. <b>Exhibit B – Audit tool</b></p> <p>Executive Director will present</p>		11/25/2022

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K 0324 SS=E Bldg. 01	<p>door to the Community Services office (which serves as an entrance into the Administrative Office Suite Area containing offices with paper, cardboard and other combustible office equipment) was not equipped with a self-closing device. Neither the corridor door nor the door leading into the common area from the Community Services office had a self-closing device, leaving the corridor exposed to the entire Administrative Office Suite area.</p> <p>This finding was reviewed with the Director of Plant Operations at the time of discovery and again at the exit conference with the Director of Plant Operations, Facilities Management Support and Executive Director present.</p> <p>3.1-19(b)</p> <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</p>				results of visual inspection thru the QAPI committee for further recommendations and will continue until QAPI team determines substantial compliance has been achieved.		

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	<p>enclosed as hazardous areas, but shall not be open to the corridor.</p> <p>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</p> <p>Based on observation and interview, the facility failed to ensure staff had access to the shutoff switch for 1 of 1 cook tops in the therapy area. LSC 19.3.2.5.4 states within a smoke compartment, residential or commercial cooking equipment that is used to prepare meals for 30 or fewer persons shall be permitted, provided that the cooking facility complies with all of the following conditions:</p> <p>(1) The space containing the cooking equipment is not a sleeping room.</p> <p>(2) The space containing the cooking equipment shall be separated from the corridor by partitions complying with 19.3.6.2 through 19.3.6.5.</p> <p>(3) The requirements of 19.3.2.5.3(1) through (10) and (13) are met.</p> <p>19.3.2.5.3(9) states A switch meeting all of the following is provided:</p> <p>(a) A locked switch, or a switch located in a restricted location, is provided within the cooking facility that deactivates the cooktop or range.</p> <p>(b) The switch is used to deactivate the cooktop or range whenever the kitchen is not under staff supervision.</p> <p>This deficient practice could affect 6 residents in the therapy area.</p> <p>Findings include:</p> <p>Based on observations during a tour of the facility with the Director of Plant Operations and Facilities Management Support on 10/25/22 between 1:15 p.m. and 3:50 p.m., there was a cooktop range in the therapy area that was separated from the corridor, but staff were unable to deactivate the cooktop from power. Based on interview at the</p>			K 0324	<p>Cooktop was deactivated at main breaker in locked electrical room and a shut off switch will be added to ensure deactivation of cooktop when not in use.</p> <p>The director of plant operations was educated by Regional Support on NFPA 101 Cooking facilities as regards maintaining power disconnect when not in use in accordance to LSC 19.3.6.2 through 19.3.6.5, and 19.3.2.5.3(9).</p> <p><b>Exhibit A – Inservice Documentation</b></p> <p>The director of plant operations will visually inspect for proper cooktop usage weekly X12 weeks</p> <p><b>Exhibit C – 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>		11/25/2022

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K 0351 SS=E Bldg. 01	<p>time of observation, the Director of Plant Operations was unable to locate a shut off for the range, stating that he believed it was in the utility box outside the Therapy Area. When asked if staff were able to deactivate the cooktop range and knew where the breaker was, the Director of Plant Operations was unsure and it was unclear if therapy staff had access to the breaker box.</p> <p>This finding was reviewed with the Director of Plant Operations at the time of discovery and again at the exit conference with the Director of Plant Operations, Facilities Management Support and Executive Director present.</p> <p>3.1-19(b)</p> <p>NFPA 101 Sprinkler System - Installation Spinkler System - Installation 2012 EXISTING Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers. In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems. 19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4,</p>						

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K 0353 SS=F Bldg. 01	<p>19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1) Based on observation and interview, the facility failed to maintain the ceiling construction in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. NFPA 13, 2010 edition, Section 6.2.7.1 states plates, escutcheons, or other devices used to cover the annular space around a sprinkler shall be metallic, or shall be listed for use around a sprinkler. This deficient practice could affect staff and up to 15 residents and staff.</p> <p>Findings include:</p> <p>Based on observations during a tour of the facility with the Director of Plant Operations and Facilities Management Support on 10/25/22 between 1:15 p.m. and 3:50 p.m., 2 of 12 Sprinkler Head in the Therapy Area was missing an escutcheon and did not completely cover the hole around the sprinkler. Based on interview at the time of observation, the Director of Plant Operations agreed the aforementioned areas were missing or escutcheons stating that he just never thinks to look up there.</p> <p>This finding was reviewed with the Director of Plant Operations at the time of discovery and again at the exit conference with the Director of Plant Operations, Facilities Management Support and Executive Director present.</p> <p>3.1-19(b)</p> <p>NFPA 101 Sprinkler System - Maintenance and Testing Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the</p>			K 0351	<p><b>Sprinkler System – Installation</b></p> <p><b>Immediate Intervention</b> An outside contractor was called to replace the missing escutcheons on the two sprinkler heads to satisfy this deficiency The director of plant operations was educated by regional support on NFPA 101 Sprinkler installation as regards to maintaining the ceiling construction of sprinkler installation in accordance with NFPA 13 2010 edition, Section 6.2.7.1</p> <p><b>Exhibit A – Inservice Documentation</b> The director of plant operations will visually inspect sprinkler escutcheons for proper placement weekly x 12 weeks and monthly x 3</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>		11/25/2022

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	<p>Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available.</p> <p>a) Date sprinkler system last checked</p> <p>b) Who provided system test</p> <p>c) Water system supply source</p> <p>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 sprinkler systems were provided with spare sprinklers, a spare sprinkler cabinet and a sprinkler wrench on the premises. NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 2011 Edition, Section 5.4.1.4 states a supply of spare sprinklers (never fewer than six) shall be maintained on the premises so that any sprinklers that have been operated or damaged in any way can be promptly replaced. The sprinklers shall correspond to the types and temperature ratings of the sprinklers on the property. The sprinklers shall be kept in a cabinet located where the temperature in which they are subjected will at no time exceed 100 degrees Fahrenheit. A special sprinkler wrench shall be provided and kept in the cabinet to be used in the removal and installation of sprinklers. This deficient practice could affect all residents and staff in the facility.</p> <p>Findings include:</p> <p>Based on observations during a tour of the facility with the Director of Plant Operations and Facilities</p>			K 0353	<p><b>Sprinkler System – Maintenance and Testing</b></p> <p><b>Immediate intervention</b> Additional sprinkler heads were placed into cabinet or removed from sprinkler box to ensure all spares are securely placed inside of protective box.</p> <p><b>Exhibit E</b></p> <p>The director of plant operations was educated by regional support on NFPA 101 maintenance and testing, with proper protective storage of all types of sprinkler heads are to be maintained in a secure location and readily available for use. In accordance with NFPA 25 2011 edition section 5.4.1.4.</p> <p><b>Exhibit A – Inservice Documentation</b></p> <p>The director of Plant operations</p>		11/25/2022

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K 0920 SS=E Bldg. 01	<p>Management Support on 10/25/22 between 1:15 p.m. and 3:50 p.m., there was 6 spare sprinkler cabinets in the riser room that included spare sprinklers; 6 of which were not in their own protected slot, being stored on top of the sprinkler box. Furthermore, inside the 6 cabinets some sprinkler heads were stored loose in the cabinet and not secured in holders. Based on interview at the time of the observation, the Director of Plant Operations agreed the spare sprinkler cabinet had spare sprinklers not in protected slots.</p> <p>This finding was reviewed with the Director of Plant Operations at the time of discovery and again at the exit conference with the Director of Plant Operations, Facilities Management Support and Executive Director present.</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</p>				<p>will visually inspect spare sprinkler head inventory and protective status weekly x 12 then monthly x 3.</p> <p><b>Exhibit F – Audit tool</b> 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>		

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	<p>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 flexible cords were not used as a substitute for fixed wiring. NFPA-70/2011, 400.8 state unless specifically permitted in 400.7 flexible cords and cables shall not be used for (1) as a substitute for fixed wiring. This deficient practice could affect up to 3 staff and 5 residents and visitors in the main entrance.</p> <p>Findings include:</p> <p>Based on observations during a tour of the facility with the Director of Plant Operations and Facilities Management Support on 10/25/22 between 1:15 p.m. and 3:50 p.m., in the entrance lobby area, a piano was being powered by an extension cord what was plugged into a wall outlet. Based on interview at the time of observation, the Director of Plant Operations acknowledged an extension cord was in use as described above and stated he had not noticed it before because it was under a rubber carpet guard.</p> <p>This finding was reviewed with the Director of Plant Operations at the time of discovery and again at the exit conference with the Director of Plant Operations, Facilities Management Support and Executive Director present.</p> <p>3.1-19(b)</p>			K 0920	<p><b>K920</b></p> <p><b>Electrical equipment – Power cords and extension cords</b></p> <p><b>Immediate intervention</b></p> <p>The extension cord that was being used for the piano was removed to satisfy deficiency</p> <p><b>Exhibit G</b></p> <p>The Director of plant operations was educated by regional support on K920 NFPA 101 10.2.3.6, NFPA 70/2011, 400.8, 400.7. as pertains to flexible cords and cables should not be used as a substitute for fixed wiring.</p> <p><b>Exhibit A – Inservice Documentation</b></p> <p>The director of plant operations and the Executive director will visually verify non approved cables are not in use once per week x 3 months followed by once per month x 3.</p> <p><b>Exhibit H – Audit tool</b></p> <p>Executive Director will present results of inspection thru the QAPI committee for further recommendations and will</p>		11/25/2022

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

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FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155843		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING		X3) DATE SURVEY COMPLETED 10/25/2022	
NAME OF PROVIDER OR SUPPLIER  SPRINGS OF RICHMOND, THE				STREET ADDRESS, CITY, STATE, ZIP COD 400 INDUSTRIES ROAD RICHMOND, IN 47374			
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					continue until QAPI team determines substantial compliance has been achieved.		