

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

PRINTED: 07/24/2023
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155072		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING		X3) DATE SURVEY COMPLETED 07/10/2023	
NAME OF PROVIDER OR SUPPLIER BEECH GROVE MEADOWS				STREET ADDRESS, CITY, STATE, ZIP COD 2002 ALBANY ST BEECH GROVE, IN 46107			
(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
K 0000 Bldg. 01	<p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 04/19/23 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a).</p> <p>Survey Date: 07/10/23</p> <p>Facility Number: 000029 Provider Number: 155072 AIM Number: 100275200</p> <p>At this PSR survey, Beech Grove Meadows 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 with a partial basement was determined to be of Type V (000) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and in all areas open to the corridor. The facility has battery operated smoke detectors in all resident sleeping rooms. The facility has a capacity of 133 and had a census of 74 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. The facility has one detached building providing facility storage services which is not sprinklered.</p> <p>Quality Review completed on 07/12/23</p>			K 0000			

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

TITLE

(X6) DATE

Tracie Oldham

Executive Director

07/20/2023

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 disclosable 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 0353 SS=F Bldg. 01	<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 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 Based on record review and interview, the facility failed to maintain automatic sprinkler systems in accordance with NFPA 25. LSC 9.7.5 requires all sprinkler systems shall be inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 2011 Edition, Section 4.1.4.1 states the property owner or designated representative shall correct or repair deficiencies or impairments that are found during the inspection, test and maintenance required by this standard. Corrections and repairs shall be performed by qualified maintenance personnel or a qualified contractor. NFPA 25, 4.3.1 requires records shall be made for all inspections, tests, and maintenance of the system components and shall be made available to the authority having jurisdiction upon request. This deficient practice could affect all residents, staff,</p>			K 0353	<p>K353-</p> <p>What corrective action(s) will be accomplished for those residents, staff and visitors found to have been affected by the deficient practice?</p> <p>The sprinkler system is not operating in accordance with NFPA 25. Contractor completed an obstruction investigation, replacing 40' of obstructed, added a second air maintenance device (AMD), and conducted a trip test will results. See letter from contractor indicating corrections were completed on all items on</p>		07/11/2023

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	<p>and visitors.</p> <p>Findings include:</p> <p>Based on review of the sprinkler system inspection contractor's "Form for Inspection, Testing and Maintenance of Dry Pipe Fire Sprinkler Systems" documentation dated 07/28/22 with the Senior Maintenance Supervisor and the Maintenance Director during record review from 8:50 a.m. to 1:15 p.m. on 04/19/23, deficiencies were noted during the quarterly inspection of the facility's dry sprinkler systems under Section II.B.3.1 and Section II.B.4.a.4 of the 07/28/22 inspection report. The "Deficiency Summary" section of the 07/28/22 inspection report stated the "(2) systems are sharing (1) air maintenance device (AMD). This needs to be corrected by adding a second AMD. This has been previously quoted to customer" in response to "Automatic air maintenance devices passed?" In addition, the "Deficiency Summary" section of the 07/28/22 inspection report stated, "Water was delivered on one system and was too clogged to deliver on the second system" in response to "Dry-pipe full flow trip test: Results comparable to previous tests?" The "General Comments" section of the 07/28/22 inspection report stated "3-Year trip test NOT completed and FAILED". Based on telephone interview with the sprinkler system inspection contractor at 1:00 p.m. on 04/19/23, the inspection contractor stated he provided the facility with a quote to conduct an obstruction investigation of the sprinkler system(s) on 08/11/22 but had not heard back from the facility on or after 08/11/22. The inspection contractor stated a subsequent 3-year trip test had not been performed on or after 07/28/22 and the sprinkler system(s) AMD repair or replacement had also not been conducted. The inspection contractor stated he would provide the</p>				<p>7/11/2023</p> <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <p>All residents, staff and visitors that are in the facility have the potential to be affected by this alleged deficient practice. No other areas were noted by the contractor needing correction.</p> <p>What measures will be put into place or what systemic changes make to ensure that the deficient practice does not recur?</p> <p>is scheduled to inspect the fire sprinkler system in accordance with NFPA 25 requirements. Additionally, the maintenance director will complete weekly and monthly tasks. See attached for list of sprinkler related tasks. Inspections and test records of the sprinkler system will be stored in our electronic preventive maintenance system.</p> <p>How be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</p> <p>1. The ED or will monitor for compliance, reporting monthly to the QA Committee.</p>		

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	<p>facility with an updated quote for any investigation or repairs needed. The Senior Maintenance Supervisor and the Maintenance Director provided "Purchase Agreement" documentation dated 04/19/23 from the inspection contractor and signed by the facility 04/19/23 to correct deficiencies noted during the 07/28/22 inspection following the telephone interview.</p> <p>Based on interview with the Executive Director and the Maintenance Director at 9:30 a.m. during the PSR revisit on 07/10/23, the 07/28/22 sprinkler system deficiencies have not yet been corrected.</p> <p>This finding was reviewed with the Executive Director and the Maintenance Director during the exit conference.</p> <p>This deficiency was recited on 04/19/23. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>3.1-19(b)</p>				<p>2. Weekly the Maintenance Director or will conduct the Dry Sprinkler Gauge check and upload logs in the TELS system. Any issues identified will be addressed promptly.</p> <p>3. Monthly the . director or will complete an In-House inspection and the main sprinkler valves. Logs for these tests will be completed and uploaded into the TELS system. Any issues identified will be addressed promptly.</p> <p>4. Every 3 months the . Director will have the fire sprinkler system certified/inspected and the reports uploaded into TELS. Any issues identified will be addressed promptly.</p> <p>5. Every 12 months a contractor will conduct testing and any maintenance needed the fire sprinkler system. The reports from the inspection will be uploaded into TELS. Any issues identified will be addressed promptly.</p> <p>6. The QA Committee will meet monthly to identify any trends or patterns and make recommendations to revise the plan of correction as indicated.</p> <p>The systemic changes were completed on 7/11/23 prior to</p>		

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					denial of payment date of 7/19/23.		