STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155783	A. BUILDING -- B. WING	11/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
GREENLEAF HEALTH CAMPUS	1201 E BEARDSLEY AVE ELKHART, IN 46514

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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: 11/13/23 Facility Number: 002661 Provider Number: 155783 AIM Number: 201056540 At this Emergency Preparedness survey, Greenleaf Health Campus was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73 The facility has 60 certified beds. At the time of the survey, the census was 56. Quality Review completed on 11/15/23	E 0000	Preparation or execution of this plan of correction by Greenleaf Health Center does not constitute admission or agreement with the truth of the facts alleged in the statement of deficiencies. The Plan of Correction is prepared and executed solely because it is required by the position of the Federal and State Law. The Plan of Correction is submitted to respond to the allegation of noncompliance cited during the Annual Life Safety Code with Emergency Preparedness Survey on 11/13/23. Please accept this Plan of Correction as the provider's credible allegation of compliance. With this, we the provider respectfully request a desk review with paper compliance to be considered in establishing that the provider is in substantial compliance.	
K 0000 Bldg. 02	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: 11/13/23 Facility Number: 002661 Provider Number: 155783	K 0000	Preparation or execution of this plan of correction by Greenleaf Health Center does not constitute admission or agreement with the truth of the facts alleged in the statement of deficiencies. The Plan of Correction is prepared and executed solely because it is required by the position of the	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Brittney Plantinga	ED	01/05/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155783	A. BUILDING 02 B. WING	11/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
GREENLEAF HEALTH CAMPUS	1201 E BEARDSLEY AVE ELKHART, IN 46514

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	AIM Number: 201056540 At this Life Safety Code survey, Greenleaf Health Campus 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. This one story facility was determined to be of Type V (111) construction and was fully sprinklered. The building was constructed in 2010, is adjacent to an assisted living unit and separated by a Fire Wall with a two-hour Fire Resistive Rating. The facility has a fire alarm system with smoke detection in corridors, in areas open to the corridors and hard wired smoke detectors in the resident rooms. The facility is partially protected by a 150 kW Natural Gas Generator. The facility has a capacity of 60 beds and had a census of 56 at the time of this survey. All areas where the residents have customary access were sprinklered. The facility had an unsprinklered garage providing storage of maintenance supplies. Quality Review completed on 11/15/23		Federal and State Law. The Plan of Correction is submitted to respond to the allegation of noncompliance cited during the Annual Life Safety Code with Emergency Preparedness Survey on 11/13/23. Please accept this Plan of Correction as the provider's credible allegation of compliance. With this, we the provider respectfully request a desk review with paper compliance to be considered in establishing that the provider is in substantial compliance.	
K 0353 SS=F Bldg. 02	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,			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155783	A. BUILDING 02 B. WING	11/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
GREENLEAF HEALTH CAMPUS	1201 E BEARDSLEY AVE ELKHART, IN 46514

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source _____ 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 observation, records review, and interview the facility failed to maintain 1 of 1 sprinkler system in accordance with LSC 19.3.5.3., NFPA 25, 2011 Edition at 14.3, and at 5.2.1. This deficient practice could affect all occupants. Findings include: A.) NFPA 25 Section 14.3.3, states if an obstruction investigation indicates the presence of sufficient material to obstruct pipe or sprinklers, a complete flushing program shall be conducted by qualified personnel. Based on record review with the Maintenance Director on 11/13/23 at 10:55 a.m., the facility failed to maintain the sprinkler system due to the internal sprinkler pipe inspection dated 01/17/22 which stated, "found rust and scaling at the bottom of each section." There were quotes for a flush of the system dated 09/28/23, but no documentation of a completed flush or a scheduled flush was available for review. Based on interview at the time of record review, the Maintenance Director stated the sprinkler vendor informed the facility a flush of the system was recommended, but before a flush was conducted some leaky pipes had to be replaced which was completed beginning of 2023. The Maintenance Director also stated, he is	K 0353	K-353 NFPA 25 section 14.3.3 1. There were no residents or staff that were affected by the alleged statement of deficiencies related to the maintenance and testing of the automatic sprinkler and standpipe systems being inspected, tested, and records maintained. 2. There were quotes for the flush of the system with recommendations that there were pipes that needed to be replaced before a flush could be scheduled. The leaky pipes were replaced by contracted qualified individuals to assure proper installation in beginning of 2023, 3. A new quote for the flush of the sprinkler system has been obtained from contracted qualified individuals and will be scheduled in the next 90 days with **A-1 Systems Integration LLC**. A request for a temporary waiver will be made. 4. Documentation of the sprinkler	05/30/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155783	A. BUILDING 02 B. WING	11/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
GREENLEAF HEALTH CAMPUS	1201 E BEARDSLEY AVE ELKHART, IN 46514

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	waiting on approval for the flush and will schedule the flush once it is approved. B.) NFPA 25 section 5.2.1.1.2 states any sprinkler that shows signs of any of the following shall be replaced: (1) Leakage (2) Corrosion (3) Physical Damage (4) Loss of fluid in the glass bulb heat responsive element (5) Loading (6) Painting unless painted by the sprinkler manufacturer. Based on observation with the Maintenance Director on 11/13/22 at 12:29 p.m., the four sprinkler heads around the cooktop in the kitchen were loaded with dirt and grease. Based on interview at the time of observation, the Maintenance Director confirmed four sprinkler heads in the kitchen were loaded with dirt and grease The findings were reviewed with the Administrator and Maintenance Director during the exit conference. 3.1-19(b)		system maintenance will by maintained by the Director of Plant Operations with information being brought to Quality Assurance Meeting monthly until date of compliance and flush has been completed. 5. Completion of the flush in the next 90 days. K-353 NFPA 25 section 5.2.1.1.2 1 There were no residents or staff affected by the four sprinkler heads in the kitchen around the cooktop which were observed as having dirt and grease on them. 2 All residents and staff have the potential to be affected. The Director of Plant Operations cleaned the four sprinkler heads on 11/14/23 and 11/30/23. Safe Care called to come and assess sprinkler heads for corrosion on 1/3/24 with no findings. 3 The Director of Plant Operations and or designee will check kitchen sprinkler heads weekly x4 weeks and bring any findings to Quality Assurance monthly meeting x 3 months. 4 Kitchen sprinkler heads will be checked monthly after that and cleaned as needed by the Director of Plant Operations and or their designee and a record of completion maintained. 5 Completed 1/3/24	