

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

PRINTED: 06/07/2023  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155797		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING		X3) DATE SURVEY COMPLETED 05/16/2023	
NAME OF PROVIDER OR SUPPLIER  ASPEN PLACE HEALTH CAMPUS				STREET ADDRESS, CITY, STATE, ZIP CODE 2320 N MONTGOMERY ROAD GREENSBURG, IN 47240			
(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
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: 05/16/23</p> <p>Facility Number: 012854 Provider Number: 155797 AIM Number: 201104690</p> <p>At this Emergency Preparedness survey, Aspen Place 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 64 certified beds. At the time of the survey, the census was 61.</p> <p>Quality Review completed on 05/17/23</p>			E 0000	<p>May 31, 2023</p> <p>Submission of this Plan of Correction does not indicate an admission by Aspen Place Health Campus that the findings and allegations contained herein are accurate and true representations of the quality of care and services provided to the residents of Aspen Place Health Campus. This facility recognized it's obligation to provide legally and medically necessary care and services to its residents in an economic and efficient manner. The facility hereby maintains it is in substantial compliance with the requirements of participation for comprehensive health care facilities (for Title 18/19 programs). To this end, this 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. We respectfully request paper review for this plan of correction.</p> <p>If you need any information or paperwork, please do not hesitate to contact us at (812) 527-2222.</p> <p>Sincerely,</p>		

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

TITLE

(X6) DATE

Kellee Couch

Executive Director

06/01/2023

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 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 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: 05/16/23</p> <p>Facility Number: 012854 Provider Number: 155797 AIM Number: 201104690</p> <p>At this Life Safety Code survey, Aspen Place 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.</p> <p>This one story facility was determined to be of Type V (111) construction and 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 healthcare portion of the facility has a capacity of 64 and had a census of 61 at the time of this visit.</p> <p>All areas where residents have customary access were sprinklered and all areas providing facility services were sprinklered.</p> <p>Quality Review completed on 05/17/23</p>			K 0000	<p>Kellee Couch, Executive Director</p> <p>May 31, 2023</p> <p>Submission of this Plan of Correction does not indicate an admission by Aspen Place Health Campus that the findings and allegations contained herein are accurate and true representations of the quality of care and services provided to the residents of Aspen Place Health Campus. This facility recognized it's obligation to provide legally and medically necessary care and services to its residents in an economic and efficient manner. The facility hereby maintains it is in substantial compliance with the requirements of participation for comprehensive health care facilities (for Title 18/19 programs). To this end, this 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. We respectfully request paper review for this plan of correction.</p> <p>If you need any information or paperwork, please do not hesitate to contact us at (812) 527-2222.</p>		

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K 0271 SS=E Bldg. 01	<p>NFPA 101 Discharge from Exits Discharge from Exits Exit discharge is arranged in accordance with 7.7, provides a level walking surface meeting the provisions of 7.1.7 with respect to changes in elevation and shall be maintained free of obstructions. Additionally, the exit discharge shall be a hard packed all-weather travel surface. 18.2.7, 19.2.7 Based on observation and interview, the facility failed to ensure 1 of over 4 exit discharges had a level walking surface, were free of obstructions, and constructed of hard packed all-weather travel surface in accordance with CMS Survey and Certification Letter 05-38. This deficient practice could affect 12 residents and staff on the 300 hall.</p> <p>Findings include:</p> <p>Based on observations and interview with the Director of Plant Operations and Facilities Support Representative on 05/16/23 between 11:45 a.m. and 1:45 p.m., the exit discharge from the 300 Hall exit door, near RR 313, had a large crack in the concrete and was uneven and the rise in separation created a trip hazard. The Director of Plant Operations acknowledged that the walkway was in need of repair to have a complete level walking surface that was free of trip hazards leading to the common way.</p> <p>This finding was acknowledged by the Director of Plant Operations at the time of discovery and again by the Director of Plant Operations and</p>			K 0271	<p>Sincerely, Kellee Couch, Executive Director</p> <p>The Director of Plant Operations ground down the uneven the cracked uneven concrete so that both sides of the crack were level with each other. He then filled the crack with a self-leveling concrete crack filler. The Director of Plant Operations was educated by the Executive Director on K 271 – Discharge from Exits. Exit discharge is arranged in accordance with 7.7, provides a level walking surface meeting the provisions of 7.1.7 with respect to changes in elevation and shall be maintained free of obstructions. Additionally, the exit discharge shall be a hard packed all weather travel surface. 18.2.7, 19.2.7 The Director of Plant Operations will inspect exit discharge for uneven concrete 1 x week for 1 month and 1 x a month for 3</p>		05/24/2023

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K 0920 SS=D Bldg. 01	Facilities Support Representative at the exit conference.  3.1-19(b)  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 used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used		months. Results of these inspections will be presented by Executive Director to the QA committee for further recommendations and continue until the Quality Assurance Team determines substantial compliance has been achieved. The deficient practice could affect 12 residents and staff on the 300 hall. Exhibit A- Discharge from exit audit Exhibit B- Photos and other documentation		

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	<p>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 resident rooms did not used multi-plug adaptors as a substitute for fixed wiring. LSC 9.1.2 requires electrical wiring and equipment shall be in accordance with NFPA 70, National Electrical Code. NFPA 70, 2011 Edition, Article 400.8 requires that, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice affects 1 resident.</p> <p>Findings include:</p> <p>Based on observations and interview with the Director of Plant Operations and Facilities Support Representative on 05/16/23 between 11:45 a.m. and 1:45 p.m., Resident Room #216 contained a multi-plug adaptor powering electronic equipment. Based on interview at the time of observation, the Director of Plant Operations agreed a mulita-plug adaptor was in use in room 213.</p> <p>This finding was acknowledged by the Director of Plant Operations at the time of discovery and again by the Director of Plant Operations and Facilities Support Representative at the exit conference.</p> <p>3.1-19(b)</p>			K 0920	<p>The Director of Plant Operations removed and disposed of the multi-plug adaptor from room 216 and installed a hard wired hospital grade quad outlet in place of the hard wired duplex outlet. The Director of Plant Operations was educated by the Executive Director on K 920 – Electrical Equipment – Power Cords and Extension Cords.</p> <p>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 used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used</p>		05/16/2023

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			temporarily are removed immediately upon completion of the purpose for which it was installed and meet 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). The Director of Plant Operations will inspect for the use of multi-plug adaptors 1 x week for 1 month and 1 x a month for 3 months. Results of these inspections will be presented by Executive Director to the QA committee for further recommendations and continue until the Quality Assurance Team determines substantial compliance has been achieved. The deficient practice could affect 1 resident. Exhibit A – Electrical Equipment – Power & Extension cord audit Exhibit B – Photos and other documentation.		