

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

PRINTED: 01/31/2025

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155816		X2) MULTIPLE CONSTRUCTION A. BUILDING      -- B. WING            _____		X3) DATE SURVEY COMPLETED 01/15/2025	
NAME OF PROVIDER OR SUPPLIER  ARLINGTON PLACE HEALTH CAMPUS				STREET ADDRESS, CITY, STATE, ZIP COD 1635 N ARLINGTON AVE INDIANAPOLIS, IN 46218			
(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. --	<p>An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73.</p> <p>Survey Date: 01/15/25</p> <p>Facility Number: 013005 Provider Number: 155816 AIM Number: 201256400</p> <p>At this Emergency Preparedness survey, Arlington 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 84 certified beds. At the time of the survey, the census was 63.</p> <p>Quality Review completed on 01/17/25</p>			E 0000	<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 January 17th, 2025</p> <p>Please accept this Plan of Correction as the provider's credible allegation of compliance as of January 20th 2025</p>		
K 0000  Bldg. 01	<p>A Life Safety Code Preoccupancy survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a). The portion of the facility which was surveyed was the: conversion of a wing of rooms (230, 231, 232 and 233) in the 200 Wing into a dialysis den operated by Synchrony Dialysis. The dialysis den has a total of 6 patient bays. Comprehensive care residents have customary access to the dialysis den.</p> <p>Survey Date: 01/15/25</p>			K 0000	<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</p>		

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

TITLE

(X6) DATE

Shawn Dent

HFA

01/28/2025

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 0781 SS=E Bldg. 01	<p>Facility Number: 013005 Provider Number: 155816 AIM Number: 201256400</p> <p>At this Life Safety Code Preoccupancy Survey, Arlington Place Health Campus was found not in compliance with Requirements for Participation 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 with 410 IAC 16.2-3.1-19, Environment and Physical Standards of the Indiana Health Facilities Rules for Comprehensive care facilities.</p> <p>This one story facility was determined to be of Type V (111) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, in all areas open to the corridors with hard wired smoke detectors in all resident rooms. The facility has a capacity of 84 and had a census of 63 at the time of this visit.</p> <p>All areas where residents have customary access were sprinklered. All areas providing facility services were sprinklered.</p> <p>Quality Review completed on 01/17/25</p> <p>NFPA 101 Portable Space Heaters</p> <p>Based on record review, observation and interview; the facility failure to ensure 1 of 1 portable space heaters were not used in the facility. This deficient practice could affect up to 6 residents, staff and visitors.</p>			K 0781	<p>the allegation of noncompliance cited during the survey visit with exit on January 17th, 2025</p> <p>Please accept this Plan of Correction as the provider's credible allegation of compliance as of January 20th 2025</p> <p><b>K781 - Portable Space Heaters</b></p> <p><b>Immediate Intervention</b></p> <p>Portable space heaters were</p>		01/20/2025

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	<p>Findings include:</p> <p>Based on observations with the Administrator for Synchrony Dialysis during a tour of the dialysis den from 10:40 a.m. to 11:00 a.m. on 01/15/25, an operating electric portable space heater was in use in the entrance lobby for Synchrony Dialysis. The lobby was open to the reception area/nurse's station for the dialysis den which was open to the six dialysis bays. Manufacturer's documentation affixed to the portable space heater did not state the operating temperature achieved by the portable space heater. Based on interview at the time of the observations, the Administrator agreed a portable space heater was in use in the dialysis den lobby. Based on review of Arlington Place Health Campus' "Portable Heaters Policy Life Safety" documentation dated 04/27/18 with the Director of Plant Operations (DPO) at 11:30 a.m. on 01/15/25, portable space heaters whose heating element does not exceed 212 degrees Fahrenheit are permitted in non-patient care or non-patient treatment areas in healthcare occupancies.</p> <p>These findings were reviewed with the DPO during the exit conference.</p> <p>3.1-19(b)</p>				<p>removed from the location and the building to satisfy the requirement. This deficient practice could have affected up to 6 residents, staff and visitors.</p> <p><b>Compliance Date</b></p> <p><b>1/20/25</b></p> <p>The Director of the Dialysis unit was educated by Regional Plant Operations support on the policy for space heaters and in accordance with NFPA 101 18.7.8, 19.7.8</p> <p><b>Exhibit A - Inservice</b></p> <p>The Director of Dialysis will complete a visual inspection of the area for Space heaters and remove them from the campus. This is to be completed weekly x 3 months.</p> <p><b>Exhibit B – Audit tool</b></p> <p>Results of these reviews will be presented by the Executive Director to the QAPI committee for further recommendations and continue until the Quality Assurance Team determines substantial compliance has been achieved.</p>		