

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

PRINTED: 09/12/2023
FORM APPROVED
OMB NO. 0938-039

| | | | | | | | |
|---|---|---|--|--|--|--|----------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155829 | | X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING | | X3) DATE SURVEY COMPLETED 08/21/2023 | |
| NAME OF PROVIDER OR SUPPLIER SPRINGS AT LAFAYETTE, THE | | | | STREET ADDRESS, CITY, STATE, ZIP COD 2402 SOUTH STREET LAFAYETTE, IN 47904 | | | |
| (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: 08/21/23</p> <p>Facility Number: 013499 Provider Number: 155829 AIM Number: 201285490</p> <p>At this Emergency Preparedness survey, The Springs at Lafayette 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 59.</p> <p>Quality Review completed on 08/23/23</p> | | | E 0000 | | | |
| 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: 08/21/23</p> <p>Facility Number: 013499 Provider Number: 155829 AIM Number: 201285490</p> <p>At this Life Safety Code survey, The Springs at Lafayette was found not in compliance with</p> | | | K 0000 | | | |

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

TITLE

(X6) DATE

Jeff Weaver

Executive Director

09/01/2023

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 0753 SS=E Bldg. 01 | <p>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 sprinklered. The facility has a fire alarm system with smoke detection in the corridors, all areas open to the corridors, and all resident rooms with hard wired smoke detectors. The facility has a capacity of 70 and had a census of 59 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 08/23/23</p> <p>NFPA 101 Combustible Decorations Combustible Decorations Combustible decorations shall be prohibited unless one of the following is met:</p> <ul style="list-style-type: none"> o Flame retardant or treated with approved fire-retardant coating that is listed and labeled for product. o Decorations meet NFPA 701. o Decorations exhibit heat release less than 100 kilowatts in accordance with NFPA 289. o Decorations, such as photographs, paintings and other art are attached to the walls, ceilings and non-fire-rated doors in accordance with 18.7.5.6(4) or 19.7.5.6(4). o The decorations in existing occupancies are in such limited quantities that a hazard of fire development or spread is not present. | | | | | | |

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| | <p>19.7.5.6</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 receiving dock was maintained in accordance with 19.7.5.6. LSC 19.7.5.6 prohibits combustible decorations unless an exception was met. This deficient practice could affect as many as 6 staff in the receiving dock area.</p> <p>Findings include:</p> <p>Based on an observations made with the Director of Plant Operations (D.P.O.) and the Facilities Maintenance Support Director (M.S.D.) on 08/21/23 at 1:15 p.m., there was an open case (24 containers) of 6-Hour chafer fuel sitting on a small shelf immediately outside the Dietary Managers office. Four of the chafer fuel containers had the containers tops off and the wicks exposed. Based on interview at the time of observation, the M.S.D. acknowledged the chafer fuel container and stated that staff training would be done to prevent this from happening again and removed the chafer fuel from the receiving dock area.</p> <p>This finding was reviewed with the facility Administrator, the D.P.O. and the M.S.D. at the exit conference held on 08/21/23 at 2:20 p.m.</p> <p>3.1-19(b)</p> | | | K 0753 | <p>The submission of this plan of correction does not indicate an admission by The Springs a Lafayette that the findings and allegations contained herein are accurate, a true representation of the quality of care provided, and the living environment provided to the residents of St. Mary Healthcare. The facility recognizes its 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 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 Indiana Department of Health a desk review for substantial compliance.</p> <p>K753- Combustible Decorations CFR(s) NFPA 101 Compliance Date 8/30/2023 Residents affected: no visitors affected Corrective actions: The DPO (Director of Plant Operations) removed Chafer fuel from service hall and put into fire rated lock box. The DPO (Director of Plant Operations) was educated by the ED (Executive Director) (S)NFPA 101 19.7.5.6 states prohibits combustible decorations unless An exception was met. Monitoring: Director of Plant</p> | | 08/30/2023 |

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| | | | | | Operations will monitor Chafer fuel in the fire cabinet weekly during rounds. Director Of Plant Operations or will bring monitoring tool to QAPI monthly x3 months. The DFS (Director of Food Service) and Dietary Staff were educated by the ED (Executive Director) on K753 Combustible Decorations CER(S) NFPA section 19.7.5.6 | | |