

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

PRINTED: 09/16/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155282		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING		X3) DATE SURVEY COMPLETED 07/30/2024	
NAME OF PROVIDER OR SUPPLIER  SERENITY SPRING SENIOR LIVING AT NORTHWOOD				STREET ADDRESS, CITY, STATE, ZIP CODE 2515 NEWTON ST JASPER, IN 47547			
(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>A Post Survey Revisit (PSR) to the Emergency Preparedness Survey conducted on 06/04/2024 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.473.</p> <p>Survey Date: 07/30/2024</p> <p>Facility Number: 000180 Provider Number: 155282 AIM Number: 100274190</p> <p>At this Emergency Preparedness survey, Serenity Spring Senior Living at Northwood was found not in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73.</p> <p>The facility has 107 certified beds. At the time of the survey, the census was 60.</p> <p>Quality Review completed on 07/31/24</p> <p>The requirement at 42 CFR, Subpart 483.73 is NOT MET as evidenced by:</p>			E 0000	The facility respectfully requests a "desk" review.		
E 0037 SS=F Bldg. --	<p>403.748(d)(1), 416.54(d)(1), 418.113(d)(EP Training Program</p> <p>Based on record review and interview, the facility failed to ensure the emergency preparedness training and testing program includes a training program. The LTC facility must do all of the following: (i) Initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent</p>			E 0037	The Facility respectfully requests a desk review. All residents have the potential to be affected by the alleged deficient practice. Staff have been educated about the policies and procedures for Emergency Preparedness. Staff have been educated about		09/04/2024

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

TITLE

(X6) DATE

Greg Matheis

HFA

08/27/2024

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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	<p>with their expected roles; (ii) Provide emergency preparedness training at least annually; (iii) Maintain documentation of the training; (iv) Demonstrate staff knowledge of emergency procedures in accordance with 42 CFR 483.73(d) (1). This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on record review on 07/30/2024 between 8:30 AM and 10:30 AM with the Maintenance/Transport, documentation for staff training on emergency preparedness within the most recent twelve month period was not available for review. Based on interview at the time of record review, the Maintenance/Transport was unaware of the location of the training for emergency preparedness and was not aware of anyone in the building at the time who had access to the training records.</p> <p>This finding was reviewed with the Maintenance/Transport at the exit conference.</p> <p>This deficient practice was cited on 06/04/2024. The facility failed to implement proper corrective action.</p>				<p>the policies and procedures regarding Emergency Preparedness and have demonstrated knowledge of said policies and procedures with a post-test after Inservice-education.</p> <p>Maintenance Director was trained on how to conduct Emergency Preparedness training/education and post-testing. Maintenance Director and/or facility designee will audit Emergency Preparedness needs to ensure policies and procedures are followed related to education as needed in Emergency Preparedness weekly x 4, biweekly x2 and monthly x 1. Any adverse findings will be immediately addressed and findings and trends will be reported to QAPI committee.</p> <p>="" divstaff="" has="" educated="" policies="" regarding="" preparedness="" demonstrated="" knowledge="" of="" said="" with="" a="" post-test="" after="" inservice-education.&lt;="" divmaintenance="" director="" was="" trained="" on="" how="" conduct="" training="" post-testing.&lt;="" or="" facility="" designee="" will="" audit="" needs="" ensure="" are="" followed="" related="" as="" needed="" in="" weekly="" x="" 4,="" biweekly="" x2="" monthly="" 1.&lt;="" divany=""</p>		

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K 0000  Bldg. 01	A Post Survey Revisit (PSR) to the survey which exited on 06/04/2024 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a).  Survey Date: 07/30/2024  Facility Number: 000180 Provider Number: 155282 AIM Number: 100274190  At this Life Safety Code survey, Serenity Spring			K 0000	adverse="" findings="" immediately="" addressed="" trends="" reported="" qapi="" committee.<="" div="">="" divstaff="" has="" educated="" policies="" regarding="" preparedness="" demonstrated="" knowledge="" of="" said="" with="" a="" post-test="" after="" inservice-education.<="" divmaintenance="" director="" was="" trained="" on="" how="" conduct="" training="" post-testing.<="" or="" facility="" designee="" will="" audit="" needs="" ensure="" are="" followed="" related="" as="" needed="" in="" weekly="" x="" 4,="" biweekly="" x2="" monthly="" 1. any="" adverse="" findings="" immediately="" addressed="" trends="" reported="" qapi="" committee.<="" div="">  The facility respectfully requests a "desk' review.		

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K 0927 SS=F Bldg. 01	<p>Senior Living at Northwood 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 (000) construction and was fully sprinklered. The facility has a fire alarm system with hard wired smoke detectors in the corridors, spaces open to the corridors, and all resident sleeping rooms. The facility has a capacity of 107 and had a census of 60 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered and all areas providing facility services were sprinklered except a detached garage used for facility storage.</p> <p>Quality Review completed on 07/31/24</p> <p>NFPA 101 Gas Equipment - Transfilling Cylinders</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 oxygen storage room where oxygen transferring takes place, was provided with properly working mechanical ventilation. NFPA 99, Health Care Facilities, 2012 edition, Section 11.5.2.3.1 (2) requires oxygen transfilling rooms to be mechanically ventilated. Section 9.3.7.5.3.1 requires mechanical exhaust to maintain a negative pressure in the space continuously. This deficient practice could affect all residents, staff, and visitors.</p> <p>Findings include:</p>			K 0927	<p>The Facility respectfully requests a desk review.</p> <p>All residents have the potential to be affected by the alleged deficient practice. The oxygen storage room's mechanical ventilation was repaired in accordance to regulation on 7/31/2024 and 8/5/2024.</p> <p>The oxygen room was repaired on 7/31/2024 and 8/5/2024 to ensure appropriate ventilation.</p> <p>Maintenance Director was trained</p>		09/04/2024

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	<p>Based on observation on 07/30/2024 between 8:30 AM and 10:30 AM with the Maintenance/Transport, the oxygen room where oxygen transfilling occurs had 21 E cylinders and 7 smaller metal oxygen containers. There was a mechanically ventilated exhaust fan in the ceiling of this room, however, it was not working at the time of observation. Based on interview at the time of observation, the Maintenance/Transport stated he believed there was an issue with getting parts for the contractor to correct this issue.</p> <p>This finding was reviewed with the Maintenance/Transport at the exit conference.</p> <p>This deficient practice was cited on 05/13/2024. The facility failed to implement proper corrective action.</p> <p>3.1-19(b)</p>				<p>on the importance of appropriate ventilation of oxygen rooms. Maintenance Director and/or facility designee will audit the oxygen room to ensure appropriate ventilation remains in place weekly x 4, biweekly x2 and monthly x 1. Any adverse findings will be immediately addressed, and findings and trends will be reported to QAPI committee.</p>		