

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

PRINTED: 05/12/2025

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155768		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING _____		X3) DATE SURVEY COMPLETED 04/22/2025	
NAME OF PROVIDER OR SUPPLIER EVANSVILLE PROTESTANT HOME				STREET ADDRESS, CITY, STATE, ZIP COD 3701 WASHINGTON AVE EVANSVILLE, IN 47714			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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: 04/22/25</p> <p>Facility Number: 001125 Provider Number: 155768 AIM Number: 201272600</p> <p>At this Emergency Preparedness survey, Evansville Protestant Home Inc. 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 49 certified beds. At the time of the survey, the census was 32.</p> <p>Quality Review completed on 04/25/25</p>			E 0000	<p>Life Safety Code Plan of Correction is respectfully submitted to the Indiana State Department of Health. The preparation and execution of this plan of correction or any other corrective action set forth here in does not constitute an admission or agreement by Evansville Protestant Home of the facts alleged or in conclusions set forth in the state of deficiencies. The plan of correction and specific actions are solely executed for provisions by federal and state law.</p>		
K 0000 Bldg. 02	<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: 04/22/25</p> <p>Facility Number: 001125 Provider Number: 155768 AIM Number: 201272600</p> <p>At this Life Safety Code survey, Evansville</p>			K 0000	<p>Life Safety Code Plan of Correction is respectfully submitted to the Indiana State Department of Health. The preparation and execution of this plan of correction or any other corrective action set forth here in does not constitute an admission or agreement by Evansville Protestant Home of the facts alleged or in conclusions set forth in the state of deficiencies. The</p>		

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

TITLE

(X6) DATE

Anna Michelle

Perry

05/09/2025

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 disclosed days 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 0233 SS=B Bldg. 02	<p>Protestant Home, Inc. 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 facility consists of two buildings connected by a service corridor. The north building is a one story facility determined to be of Type II (000) and fully sprinklered. The south building is a one story facility determined to be of Type II (000) and 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 49 and had a census of 32 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 one detached wood framed storage shed.</p> <p>Quality Review completed on 04/25/25</p> <p>NFPA 101 Clear Width of Exit and Exit Access Doors</p> <p>Based observation and interview, the facility failed to ensure sleeping room exit doors were at least 32 inches wide for 10 of 10 resident sleeping room doors. This deficient practice could affect up to 8 residents in the North Unit.</p> <p>Findings include:</p> <p>Based on observations on 04/22/25 at 12:30 p.m. during a tour of the facility with the Administrator</p>			K 0233	<p>plan of correction and specific actions are solely executed for provisions by federal and state law.</p> <p>K233 Sleeping room exit door waiver for 10 doors on North Nursing is being requested. Please see attached Life Safety Code Waiver Request Form and additional summary documentation.</p>		05/09/2025

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K 0921 SS=F Bldg. 02	<p>and Housekeeping Supervisor, the following resident sleeping room door openings in the North Unit measured only 30 inches: Rooms 1 through 10. This was confirmed by the Housekeeping Supervisor who provided the measurements of the door openings.</p> <p>This finding was reviewed with the Administrator and Housekeeping Supervisor during the exit conference.</p> <p>3.1-19(b)</p> <p>NFPA 101 Electrical Equipment - Testing and Maintenananc</p> <p>Based on record review, observation, and interview, the facility failed to conduct the required maintenance and maintain complete documentation of inspections for Patient Care Related Electrical Equipment (PCREE). NFPA 99 2012 edition, sections 10.3 and 10.5 states the physical integrity, resistance, leakage current, and touch current tests for fixed and portable PCREE is performed as required in 10.3. Testing intervals are established with policies and protocols. All PCREE used in patient care rooms is tested in accordance with 10.3.5.4 or 10.3.6 before being put into service and after any repair or modification. Any system consisting of several electrical appliances demonstrates compliance with NFPA 99 as a complete system. Service manuals, instructions, and procedures provided by the manufacturer include information as required by 10.5.3.1.1 and are considered in the development of a program for electrical equipment maintenance. Electrical equipment instructions and maintenance manuals are readily available, and safety labels and condensed operating instructions on the appliance are legible. A record of electrical</p>		K 0921	<p>K921</p> <p>Immediate Action: No residents were affected by the cited deficiency.</p> <p>1.Audit of facility medical equipment revealed vendor PCREE inspection stickers on concentrators, nebulizers, hospice supplied air beds and pumps. Facility has identified electric beds, and some other equipment which will require inspection. Some equipment was marked "self isolated, poses no risk to patient"</p> <p>2.Evansville Protestant Home has scheduled PCREE testing to be performed by a certified Diversity Instrument Specialist on-site, they are scheduled for testing to be complete by 5/16/25</p> <p>3.Ongoing Compliance: The facility is actively exploring</p>		05/16/2025	

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	<p>equipment tests, repairs, and modifications is maintained for a period of time to demonstrate compliance in accordance with the facility's policy. Personnel responsible for the testing, maintenance and use of electrical appliances receive continuous training. This deficient practice could affect all residents.</p> <p>Findings include:</p> <p>Based on record review on 04/22/25 at 11:00 a.m. with the Administrator and Housekeeping Supervisor present, there was no documentation for the testing of PCREE, such as electric beds, nebulizers, oxygen concentrators, air pumps for air mattresses, and other electrical medical equipment. Based on interview at 11:00 a.m. during record review, the Administrator said the facility has not tested and documented the PCREE items and was unaware of the requirement. Based on observations between 12:30 p.m. and 1:45 p.m. during a tour of the facility with the Administrator and Housekeeping Supervisor it was revealed the facility provided PCREE such as electric beds, oxygen concentrators, air pumps for air mattresses, and other electrical medical equipment was present in the facility.</p> <p>This finding was reviewed with the Administrator and Housekeeping Supervisor during the exit conference.</p> <p>3.1-19(b)</p>				<p>the purchase of an in-house PCREE testing machine. If a purchase is made, Evansville Protestant Home will:</p> <ul style="list-style-type: none"> ·Review all certification and education requirements for staff use of the equipment. ·Develop formal procedures and protocols to ensure ongoing compliance and proper use of the machine. ·If facility does not purchase equipment, facility shall continue to utilize vendor annually for PCREE compliance. <p>4.Monitoring: Medical equipment has been numbered and labeled on spreadsheet for tracking. As new equipment is added or deleted, the list will be updated.</p>		