

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

PRINTED: 08/28/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155273		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING		X3) DATE SURVEY COMPLETED 02/28/2023	
NAME OF PROVIDER OR SUPPLIER CYPRESS GROVE REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 4255 MEDWELL DR NEWBURGH, IN 47630			
(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: 02/28/23</p> <p>Facility Number: 000173 Provider Number: 155273 AIM Number: 100290920</p> <p>At this Emergency Preparedness survey, Cypress Grove Rehabilitation Center 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 a capacity of 90 certified beds and had a census of 82 at the time of this visit.</p> <p>Quality Review completed on 03/01/23</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: 02/28/23</p> <p>Facility Number: 000173 Provider Number: 155273 AIM Number: 100290920</p> <p>At this Life Safety Code survey, Cypress Grove</p>			K 0000			

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

TITLE

(X6) DATE

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 0500 SS=E Bldg. 01	<p>Rehabilitation Center 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 detection in the corridors and spaces open to the corridors, plus battery operated smoke alarms in all resident sleeping rooms. The facility has a capacity of 90 and had a census of 82 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered.</p> <p>There were four, eight foot by twelve foot, and one, twelve foot by sixteen foot wood framed portable sheds located outside the east unit east exit and filled with activity storage, Central Supply storage, Dietary storage, and Therapy storage, which were not sprinklered.</p> <p>Quality Review completed on 03/01/23</p> <p>NFPA 101 Building Services - Other Building Services - Other List in the REMARKS section any LSC Section 18.5 and 19.5 Building Services requirements that are not addressed by the provided K-tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. Based on observation and interview, the facility</p>			K 0500	<u>Cypress Grove Rehabilitation</u>		02/28/2023

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	<p>failed to ensure 2 of 5 electric water heaters had current inspection certificates to ensure the water heaters were in safe operating condition. NFPA 101, Section 19.1.1.3.1 requires all health facilities to be designed, constructed, maintained, and operated to minimize the possibility of a fire emergency requiring the evacuation of occupants. This deficient practice could affect up to 45 residents, staff and visitors on the east side of the facility.</p> <p>Findings include:</p> <p>Based on observations on 02/28/23 between 12:15 p.m. and 2:00 p.m. during a tour of the facility with the Maintenance Director, the two electric water heaters in the east unit Mechanical Room had certificates with expiration dates of 01/09/22. Based on interview at the time of observation, the Maintenance Director confirmed the expiration dates of the two electric water heaters.</p> <p>This finding was reviewed with the Administrator and Maintenance Director during the exit conference.</p> <p>3.1-19(b)</p>				<p><u>Center is requesting a Paper IDR review</u></p> <p>Cypress Grove Rehabilitation Center requests additional evidentiary information be considered to reduce of K 500 from the 2567. The current statement of deficiencies on the 2567 omits significant facility information and therefore misrepresents the care and services administered by the provider to its residents.</p> <p>K 500</p> <p>Building Services -Other</p> <p>Deficient Practice Statement: Based on observation and interview, the facility failed to ensure 2 of 5 electric water heaters had current inspection certificates to ensure the water heaters were in safe operating condition. NFPA 101, Section 19.1.1.3.1 requires all health facilities to be designed, constructed, maintained, and operated to minimize the possibility of a fire emergency requiring the evacuation of occupants. This deficient practice could affect up to 45 residents, staff and visitors on the east side of the facility.</p> <p>Findings Include: Based on observations on 2/28/23 between 12:15 and 2:00 P.m. during a tour of the facility with the</p>		

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					<p>Maintenance Director, the two electric water heaters in the east unit Mechanical Room had certificates with expiration dates of 1/9/22. Based on interview at the time of observation, the Maintenance Director confirmed the expiration dates of the two electric water heaters.</p> <p>Evidence to Refute the Finding: The electric water heaters were inspected by Travelers Insurance Company on January 9th, 2021 for both East side water heaters. See attached.</p> <p>Based on the evidence submitted the facility is in compliance with K 500 and therefore the deficiency should be deleted.</p> <p>Thank you for your consideration.</p>		