

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

PRINTED: 07/23/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155746		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING _____		X3) DATE SURVEY COMPLETED 07/02/2024	
NAME OF PROVIDER OR SUPPLIER PARKVIEW HAVEN				STREET ADDRESS, CITY, STATE, ZIP COD 101 CONSTITUTION DR FRANCESVILLE, IN 47946			
(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: 07/02/24</p> <p>Facility Number: 000539 Provider Number: 155746 AIM Number: 100267280</p> <p>At this Emergency Preparedness survey, Parkview Haven 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 42 certified beds. At the time of the survey, the census was 39</p> <p>Quality Review completed on 07/08/24</p>			E 0000	<p>Parkview Haven respectfully requests a desk review for compliance based on low scope and severity.</p>		
E 0041 SS=F Bldg. --	<p>482.15(e), 483.73(e), 485.625(e) Hospital CAH and LTC Emergency Power §482.15(e) Condition for Participation: (e) Emergency and standby power systems. The hospital must implement emergency and standby power systems based on the emergency plan set forth in paragraph (a) of this section and in the policies and procedures plan set forth in paragraphs (b)(1) (i) and (ii) of this section.</p> <p>§483.73(e), §485.625(e) (e) Emergency and standby power systems. The [LTC facility and the CAH] must implement emergency and standby power systems based on the emergency plan set</p>						

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

TITLE

(X6) DATE

Max Jones

Administrator

07/19/2024

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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	<p>forth in paragraph (a) of this section.</p> <p>§482.15(e)(1), §483.73(e)(1), §485.625(e)(1) Emergency generator location. The generator must be located in accordance with the location requirements found in the Health Care Facilities Code (NFPA 99 and Tentative Interim Amendments TIA 12-2, TIA 12-3, TIA 12-4, TIA 12-5, and TIA 12-6), Life Safety Code (NFPA 101 and Tentative Interim Amendments TIA 12-1, TIA 12-2, TIA 12-3, and TIA 12-4), and NFPA 110, when a new structure is built or when an existing structure or building is renovated.</p> <p>482.15(e)(2), §483.73(e)(2), §485.625(e)(2) Emergency generator inspection and testing. The [hospital, CAH and LTC facility] must implement the emergency power system inspection, testing, and [maintenance] requirements found in the Health Care Facilities Code, NFPA 110, and Life Safety Code.</p> <p>482.15(e)(3), §483.73(e)(3), §485.625(e)(3) Emergency generator fuel. [Hospitals, CAHs and LTC facilities] that maintain an onsite fuel source to power emergency generators must have a plan for how it will keep emergency power systems operational during the emergency, unless it evacuates.</p> <p>*[For hospitals at §482.15(h), LTC at §483.73(g), and CAHs §485.625(g):] The standards incorporated by reference in this section are approved for incorporation by reference by the Director of the Office of the Federal Register in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. You may obtain the material from the sources listed below.</p>						

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	<p>You may inspect a copy at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html. If any changes in this edition of the Code are incorporated by reference, CMS will publish a document in the Federal Register to announce the changes.</p> <p>(1) National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02169, www.nfpa.org, 1.617.770.3000.</p> <p>(i) NFPA 99, Health Care Facilities Code, 2012 edition, issued August 11, 2011.</p> <p>(ii) Technical interim amendment (TIA) 12-2 to NFPA 99, issued August 11, 2011.</p> <p>(iii) TIA 12-3 to NFPA 99, issued August 9, 2012.</p> <p>(iv) TIA 12-4 to NFPA 99, issued March 7, 2013.</p> <p>(v) TIA 12-5 to NFPA 99, issued August 1, 2013.</p> <p>(vi) TIA 12-6 to NFPA 99, issued March 3, 2014.</p> <p>(vii) NFPA 101, Life Safety Code, 2012 edition, issued August 11, 2011.</p> <p>(viii) TIA 12-1 to NFPA 101, issued August 11, 2011.</p> <p>(ix) TIA 12-2 to NFPA 101, issued October 30, 2012.</p> <p>(x) TIA 12-3 to NFPA 101, issued October 22, 2013.</p> <p>(xi) TIA 12-4 to NFPA 101, issued October 22, 2013.</p> <p>(xiii) NFPA 110, Standard for Emergency and</p>						

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	<p>Standby Power Systems, 2010 edition, including TIAs to chapter 7, issued August 6, 2009..</p> <p>Based on records review and interview, the facility failed to implement the emergency power system requirements found in the Health Care Facilities Code, NFPA 110, and Life Safety Code in accordance with 42 CFR 483.73(e)(2). This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on records review with the Director of Environmental Services on 07/02/24 between 10:00 a.m. and 1:00 p.m., the generator lacked monthly load testing and a 4-hour 36-month exercise required by LSC and NFPA 110. Based on interview at the time of record review, the Director of Environmental Services agreed that the generator was missing some of the required testing.</p> <p>The finding was reviewed with the Administrator and Director of Environmental Services at the exit conference.</p>			E 0041	<p>TAG # E 041</p> <p>1 What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;</p> <p>Tasks are set in place for this requirement to be performed. Direct Supply TELS (Technology Enabled Life Safety) program is used to monitor tasks. Copies of all reports are stored in the TELS cloud to ensure completion and tracking.</p> <p>2 How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken;</p> <p>All residents have the potential to be affected by this deficient practice.</p> <p>3 What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur;</p> <p>On July 15, 2024 the 36 month 4 hour generator load test and 30 minute monthly generator load test were performed. A reoccurring task has been added to TELS for the 36 month 4 hour task and the 30 minute monthly load test to be</p>		07/21/2024

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K 0000 Bldg. 01	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). Survey Date: 07/02/24 Facility Number: 000539			K 0000	performed. 4 How the correct action(s) will be monitored to ensure the deficient practice will not recur; i.e.; what quality assurance program will be put into place; Assigned monthly and yearly tasks will be monitored by the Administrator/Director of Maintenance/Designee through TELS maintenance program. Directly Supply's TELS program sends weekly completed reports for review to assure this deficient practice does not occur again. Results will be reported to the monthly QAPI meeting for review to ensure compliance. After reviewing results, an action plan may be developed, if needed, to ensure compliance. 5 By what date the systemic changes for each deficient will be completed. July 21, 2024 Parkview Haven respectfully requests a desk review for compliance based on low scope and severity.		

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K 0222 SS=E Bldg. 01	<p>Provider Number: 155746 AIM Number: 100267280</p> <p>At this Life Safety Code survey, Parkview Haven was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.90(a), Life Safety from Fire, the 2012 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies, and the 2012 edition of the National Fire Protection Association 99, Health Care Facilities Code.</p> <p>This facility was located on one wing of a one story building determined to be of Type V (111) construction which was fully sprinklered. The facility is attached to a Assisted Living Facility, with which it is shares a common wall. The facility could not confirm the occupancies were separated by a Fire Wall with a Two Hour Fire Resistive Rating, and as a result, the entire facility was surveyed as an Existing Health Care Occupancy. The facility has a fire alarm system with hard wired smoke detection in the corridors, resident rooms and spaces open to the corridors. The building is fully protected by a 350 kW diesel-powered generator. The facility has the capacity for 42 and had a census of 39 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. The facility has one detached maintenance garage which was not sprinklered.</p> <p>Quality Review completed on 07/08/24</p> <p>NFPA 101 Egress Doors Egress Doors Doors in a required means of egress shall not be equipped with a latch or a lock that</p>						

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	<p>requires the use of a tool or key from the egress side unless using one of the following special locking arrangements: CLINICAL NEEDS OR SECURITY THREAT LOCKING</p> <p>Where special locking arrangements for the clinical security needs of the patient are used, only one locking device shall be permitted on each door and provisions shall be made for the rapid removal of occupants by: remote control of locks; keying of all locks or keys carried by staff at all times; or other such reliable means available to the staff at all times.</p> <p>18.2.2.2.5.1, 18.2.2.2.6, 19.2.2.2.5.1, 19.2.2.2.6</p> <p>SPECIAL NEEDS LOCKING ARRANGEMENTS</p> <p>Where special locking arrangements for the safety needs of the patient are used, all of the Clinical or Security Locking requirements are being met. In addition, the locks must be electrical locks that fail safely so as to release upon loss of power to the device; the building is protected by a supervised automatic sprinkler system and the locked space is protected by a complete smoke detection system (or is constantly monitored at an attended location within the locked space); and both the sprinkler and detection systems are arranged to unlock the doors upon activation.</p> <p>18.2.2.2.5.2, 19.2.2.2.5.2, TIA 12-4</p> <p>DELAYED-EGRESS LOCKING ARRANGEMENTS</p> <p>Approved, listed delayed-egress locking systems installed in accordance with 7.2.1.6.1 shall be permitted on door assemblies serving low and ordinary hazard contents in buildings protected throughout by</p>						

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	<p>an approved, supervised automatic fire detection system or an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 ACCESS-CONTROLLED EGRESS LOCKING ARRANGEMENTS Access-Controlled Egress Door assemblies installed in accordance with 7.2.1.6.2 shall be permitted. 18.2.2.2.4, 19.2.2.2.4 ELEVATOR LOBBY EXIT ACCESS LOCKING ARRANGEMENTS Elevator lobby exit access door locking in accordance with 7.2.1.6.3 shall be permitted on door assemblies in buildings protected throughout by an approved, supervised automatic fire detection system and an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 Based on observation and interview, the facility failed to ensure the means of egress through 1 of 5 exit doors in the LTC side of the building were readily accessible for residents without a clinical diagnosis requiring specialized security measures. Doors within a required means of egress shall not be equipped with a latch or lock that requires the use of a tool or key from the egress side unless otherwise permitted by LSC 19.2.2.2.4. Door-locking arrangements shall be permitted in accordance with 19.2.2.2.5.2. LSC 7.2.1.5.3 requires if provided, locks shall not require of a key, a tool, or special knowledge or effort for operation from the egress side This deficient practice could affect approximately 15 residents and staff.</p> <p>Findings include:</p> <p>Based on observation with the Director of Environmental Services on 07/02/24 between 1:20</p>			K 0222	<p>TAG # K222</p> <p>1 What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; Code to exit door adjacent to the nurse's station was changed from the equation 10+10 20+27 Star to a code that does not require deciphering.</p> <p>2 How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken; All residents have the potential to be affected by this deficient</p>		07/21/2024

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K 0918 SS=F	<p>p.m. and 2:19 p.m., the exit door adjacent to the nurses station was marked as a facility exit, was magnetically locked, and could be opened by entering a four digit code. The sign posted on the keypad stated that the code could be figured out by solving equations. The sign stated the code was "10+10 20+27 Start". The code requires special effort to decipher the equations for exit. Based on interview at the time of observation, the Director of Environmental Services agreed that the code is too extensive and unclear for use.</p> <p>The finding was reviewed with Director of Environmental Services and Administrator during the exit conference.</p> <p>3.1-19(b)</p> <p>NFPA 101 Electrical Systems - Essential Electric Syste</p>				<p>practice.</p> <p>3 What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur; Exit door adjacent to the nurse's station was reprogrammed and posted to ensure all residents/families/visitors could exit without calculation.</p> <p>4 How the correct action(s) will be monitored to ensure the deficient practice will not recur; i.e.; what quality assurance program will be put into place; Director of Maintenance/Administrator/Design ee will monitor exit door codes on a monthly basis to ensure ease of use. A monthly Direct Supply TELS (Technology Enabled Life Safety) task has been assigned. Results will be reported to the monthly QAPI meeting for review to ensure compliance. After reviewing results, an action plan may be developed, if needed, to ensure compliance.</p> <p>5 By what date the systemic changes for each deficient will be completed. July 21, 2024</p>		

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Bldg. 01	<p>Electrical Systems - Essential Electric System Maintenance and Testing</p> <p>The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110.</p> <p>Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations.</p> <p>6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)</p> <p>1. Based on record review and interview, the facility failed to maintain a complete written record of monthly generator load testing for 1 of the last 12 months. Chapter 6.4.4.1.1.4(a) of 2012 NFPA 99</p>			K 0918	<p>TAG # K918</p> <p>1 What corrective action(s) will be accomplished for those residents found to have been</p>		07/21/2024

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	<p>requires monthly testing of the generator serving the emergency electrical system to be in accordance with NFPA 110, the Standard for Emergency and Standby Powers Systems, Chapter 8. NFPA 110 8.4.2 requires diesel generator sets in service to be exercised at least once monthly, for a minimum of 30 minutes. Chapter 6.4.4.2 of NFPA 99 requires a written record of inspection, performance, exercising period, and repairs for the generator to be regularly maintained and available for inspection by the authority having jurisdiction. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on record review with the Director of Environmental Services on 07/02/24 between 10:00 a.m. and 1:00 p.m., no documentation for the month of June 2024 was available for review to show the diesel generator set in service was exercised under load at least once monthly, for a minimum of 30 minutes. Based on an interview at the time of record review, the Director of Environmental Services acknowledged that the load test was missing and further stated that he was not able to do the load test in time during the month.</p> <p>The finding was reviewed with the Administrator and Director of Environmental Services during the exit conference.</p> <p>3.1-19(b)</p> <p>2. Based on record review and interview, the facility failed to maintain 1 of 1 Emergency Power Standby System in accordance with NFPA 110, Standard for Emergency and Standby Power Systems, Section 8.4.9, as required by NFPA 99</p>				<p>affected by the deficient practice;</p> <p>a Tasks are set in place for the monthly generator load test requirement to be performed monthly. Direct Supply TELS (Technology Enabled Life Safety) is used to monitor tasks. Copies of all reports are stored in the TELS cloud to ensure completion and tracking.</p> <p>b Tasks are set in place for the 36 month 4 hour generator load test requirement to be performed. Direct Supply TELS (Technology Enabled Life Safety) is used to monitor tasks. Copies of all reports are stored in the TELS cloud to ensure completion and tracking.</p> <p>2 How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken;</p> <p>All residents have the potential to be affected by this deficient practice.</p> <p>3 What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur;</p> <p>a On July 15, 2024 the 30 minute generator load test was performed. A reoccurring task is in to TELS for the 30 minute</p>		

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(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
	<p>Health Care Facilities Code, Section 6.4.1.1.6.1. NFPA 110 Section 8.4.9 states that all Level 1 Emergency Power Systems shall be tested at least once within every three years. Where the assigned class is greater than 4 hours, it shall be permitted to terminate the test after 4 hours. NFPA 99 Section 6.4.1.1.6.1 states that Type 1 and Type 2 essential electrical system power sources shall be classified at Type 10, Class X, Level 1 generator sets. This deficient practice could affect all building occupants.</p> <p>Findings include:</p> <p>During record review with the Director of Environmental Services on 07/02/24 between 10:00 a.m. and 1:00 p.m., documentation of a four hour run test for the emergency generator conducted within the last 36 months was not provided for review. One monthly load test,, conducted within the past three years, was approximately 3.5 hours. However, no other load test or exercise that met the four hour requirement. Based on interview at the time of record review, the Director of Environmental Services acknowledged that documentation for a four hour load test could not be located. He further stated that the generator runs often and has had run over four hours at certain times, but the incidents were not recorded.</p> <p>This finding was reviewed with the Administrator and Director of Environmental Services at the exit conference.</p> <p>3.1-19(b)</p>				<p>generator load test task to be performed.</p> <p>b On July 15, 2024 the 36 month 4 hour generator load test was performed. A reoccurring task has been added to TELS for the 36 month 4 hour task to be performed.</p> <p>4 How the correct action(s) will be monitored to ensure the deficient practice will not recur; i.e.; what quality assurance program will be put into place;</p> <p>a Assigned monthly tasks will be monitored by the Administrator/Director of Maintenance/Designee through TELS maintenance program. Directly Supply's TELS program sends weekly completed reports for review to assure this deficient practice does not occur again. Results will be reported to the monthly QAPI meeting for review. After reviewing results, an action plan may be developed, if needed, to ensure compliance.</p> <p>b Assigned every 36 month tasks will be monitored by the Administrator/Director of Maintenance/Designee through TELS maintenance program. Directly Supply's TELS program sends weekly completed reports for review to assure this deficient practice does not occur again. Results will be reported to the monthly QAPI meeting for review.</p>		

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					After reviewing results, an action plan may be developed, if needed, to ensure compliance. 5 By what date the systemic changes for each deficient will be completed. July 21, 2024		