

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

PRINTED: 08/01/2023  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155817		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING		X3) DATE SURVEY COMPLETED 07/10/2023	
NAME OF PROVIDER OR SUPPLIER  BARRINGTON OF CARMEL, THE				STREET ADDRESS, CITY, STATE, ZIP COD 1335 S GUILFORD ROAD CARMEL, IN 46032			
(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>An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73.</p> <p>Survey Date: 07/10/23</p> <p>Facility Number: 013212 Provider Number: 155817 AIM Number: 201249580</p> <p>At this Emergency Preparedness survey, The Barrington of Carmel 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 22 certified beds. At the time of the survey, the census was 37.</p> <p>Quality Review completed on 07/12/23</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: 07/10/22</p> <p>Facility Number: 013212 Provider Number: 155817 AIM Number: 201249580</p> <p>At this Life Safety Code survey, The Barrington of Carmel was found not in compliance with</p>			K 0000			

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

TITLE

(X6) DATE

Molly Viissers

Associate Executive Director

07/26/2023

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 0293 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 was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, all areas open to the corridor and hard-wired smoke detectors in all resident sleeping rooms. The facility has a capacity of 22 and had a census of 37 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered and all areas providing facility services were sprinklered.</p> <p>Quality Review completed on 07/12/23</p> <p>NFPA 101 Exit Signage Exit Signage 2012 EXISTING Exit and directional signs are displayed in accordance with 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1 (Indicate N/A in one-story existing occupancies with less than 30 occupants where the line of exit travel is obvious.) Based on observation and interview, the facility failed to ensure 2 of 2 doors to the outside of the facility were not mistaken as a facility exit. LSC 7.10.8.3.1 states any door, passage, or stairway that is neither an exit nor a way of exit access and that is located or arranged so that it is likely to be</p>			K 0293	<p><b>Plan of Correction:</b> <b>Life Safety Survey 2023</b> <b>Survey Event ID 803R21</b></p> <p>Submission on this plan of correction shall not constitute or</p>		07/26/2023

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	<p>mistaken for an exit shall be identified by a sign that reads as follows: NO EXIT. The NO EXIT sign shall have the word NO in letters 2 inches high, with a stroke width of 3/8ths inch, and the word EXIT below the word NO, unless such sign is an approved existing sign. This deficient practice could affect as many as 16 residents, 4 staff and 2 visitors.</p> <p>Findings include:</p> <p>Based on observations with the Plant Operations Director during a tour of the facility at 1:06 p.m. on 07/10/23, the following was observed:</p> <p>a) A glass door leading outside to the Courtyard on the K wing across from resident room #1007 was not identified as an exit, or not an exit.</p> <p>b) A glass door leading outside to the Courtyard on the J wing across from resident room #1030 was not identified as an exit, or not an exit.</p> <p>Based on interview at the time of the observations, the Plant Operations Director stated each door to the courtyard was not an exit to the public way and acknowledged each of the aforementioned doors to the courtyard did not have a NO EXIT sign posted.</p> <p>During the exit conference on 07/10/23 with the facility Administrator and the Plant Operations Director at 1:22 p.m., no additional information or evidence could be provided contrary to this deficient finding.</p> <p>3.1-19(b)</p>				<p>be construed as an admission that The Barrington of Carmel provides anything other than a high quality of care to its residents. The Barrington of Carmel considers itself to be partner with the Indiana State Department of Health and other entities in an ongoing effort to continually improve the services provided in long-term care facilities. We believe that any feedback provided to us should be very seriously, and we are committed to using our resources to make any adjustments necessary to achieve better outcomes for residents.</p> <p>As required, the facility submits the following plan of correction:</p> <p><b>K293 – Exit Signage</b></p> <p>It was identified that the interior doors leading to the courtyard did not have proper signage to indicate they were not an exit. There are two doors, separated by a vestibule, for both courtyard entrances. Each of the exterior doors had permanent "NOT AN EXIT" signs affixed to them. These signs were visible from the inside of the building, due to both doors being all glass. However, there were no signs on the interior doors.</p> <p><b>Immediate action taken for the resident(s) found to have been affected include:</b></p>		

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			<p>A temporary sign was immediately placed on the identified doors with "NOT AN EXIT" signage. A permanent sign was ordered.</p> <p><b>Identification of other residents having the potential to be affected:</b></p> <p>No residents were affected, but the facility has determined that all residents have the potential to be affected.</p> <p><b>Actions taken/systems put into place to reduce the risk of future occurrences include:</b></p> <p>The Plant Operations Director placed permanently affixed "NOT AN EXIT" signs on both affected doors.</p> <p><b>How the corrective action(s) will be monitored to ensure the practice will not recur:</b></p> <p>All non-exit doors were identified to have proper signage.</p> <p>All corrections for this tag will be completed by July 26, 2023</p>		