

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

PRINTED: 10/28/2024
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155148		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING		X3) DATE SURVEY COMPLETED 09/10/2024	
NAME OF PROVIDER OR SUPPLIER NORTH PARK NURSING CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 650 FAIRWAY DR EVANSVILLE, IN 47710			
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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: 09/10/2024</p> <p>Facility Number: 000069 Provider Number: 155148 AIM Number: 100288980</p> <p>At this Emergency Preparedness survey, North Park Nursing 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 103 certified beds. At the time of the survey, the census was 78.</p> <p>Quality Review completed on 09/13/24</p>		E 0000	<p><u>Plan of Correction for North Park Nursing Center F000 Initial Comments</u></p> <p><u>The creation and submission of this Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. This provider respectfully requests that this 2567 Plan of Correction be considered the Letter of Credible Allegation of compliance and requests a desk review in lieu of a post survey review.</u></p>			
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: 09/10/2024</p> <p>Facility Number: 000069 Provider Number: 155148 AIM Number: 100288980</p> <p>At this Life Safety Code survey, North Park Nursing Center was found not in compliance with</p>		K 0000	<p><u>Plan of Correction for North Park Nursing Center F000 Initial Comments</u></p> <p><u>The creation and submission of this Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. This provider respectfully requests that this 2567 Plan of Correction be considered the Letter of</u></p>			

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

TITLE

(X6) DATE

Morgan Branning

Executive Director

10/22/2024

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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K 0351 SS=F 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 with a basement 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 and spaces open to the corridors, plus battery operated smoke alarms in all resident sleeping rooms. The facility has a capacity of 103 and had a census of 78 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, except four detached wood framed sheds used for facility storage.</p> <p>Quality Review completed on 09/13/24</p> <p>NFPA 101 Sprinkler System - Installation</p> <p>1. Based on observation and interview, the facility failed to ensure only one type of sprinkler head i.e. quick response or standard sprinklers were installed in 1 of 1 B hall activity rooms, 1 of 1 E halls, 1 of 1 D hall dining/activity areas, 1 of 1 memory care sitting areas, and 1 of 1 C hall dining/activity areas. NFPA 13, 2010 Edition, Installation of Sprinkler Systems, Section 8.3.3.2 states where quick-response sprinklers are installed, all sprinklers within a compartment shall be quick-response unless otherwise permitted in Section 8.3.3.3 Section 8.3.3.4 states when existing light hazard systems are converted to use quick response or residential sprinklers, all</p>			K 0351	<p><u>Credible Allegation of compliance and requests a desk review in lieu of a post survey review.</u></p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? No specific residents were identified in the summary of state of deficiencies.</p> <p>How will the facility identify other residents having the potential to be affected by the same deficient practice? All residents have the</p>		11/11/2024

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	<p>sprinklers in a compartmented space shall be changed. This deficient practice could affect all residents and staff.</p> <p>Findings include:</p> <p>Based on observations during a tour of the facility with the Maintenance Director, between 10:30 AM and 12:30 PM, B hall activity room had 3 quick response and 3 standard response sprinkler heads in the area. E hall had 1 standard response sprinkler head near room 143 and the other 8 sprinkler heads were quick response, 1 of 10 sprinkler heads in D hall dining/activities was a standard response sprinkler head, and 1 of 7 sprinkler heads in C hall dining/activities was standard response. Based on interview at the time of observation, the Maintenance Director agreed there were mixed sprinkler head types in the aforementioned locations.</p> <p>This finding was reviewed with the Maintenance Director and Executive Director at the exit conference.</p> <p>3.1-19(b)</p> <p>2. Based on observation and interview, the facility failed to ensure the spray pattern for sprinkler heads were not obstructed in 1 of 1 basement central storage rooms in accordance with LSC 19.3.5.1. NFPA 13, 2010 edition, Section 8.5.5.1 states sprinklers shall be located so as to minimize obstructions to discharge as defined in Section 8.5.5.2 and Section 8.5.5.3 or additional sprinklers shall be provided to ensure adequate coverage of the hazard. Sections 8.5.5.2 and 8.5.5.3 do not permit continuous or noncontinuous obstructions less than or equal to 18 inches below the sprinkler deflector or in a horizontal plane more than 18</p>				<p>potential to be affected by the alleged deficient practice.</p> <p>What measures will be put into place or systematic changes made to ensure that the deficient practice will not reoccur?</p> <p>An audit of all sprinkler heads was conducted to verify that a consistent type of sprinkler is used throughout the building and to ensure that all sprinkler heads are free from obstructions.</p> <p>Maintenance director received an in-service education regarding ensuring sprinkler heads are all one type and not mixed as well as ensuring sprinkler heads are free of obstructions.</p> <p>A contracted company conducted an on-site assessment at the facility to evaluate the sprinkler heads and determine the quantity required for replacement.</p> <p>Maintenance director and ED removed any items obstructing sprinkler heads.</p> <p>How will the facility monitor its corrective actions to ensure that the deficient practice will not recur?</p> <p>A Quality Assurance Tool has been developed to ensure that the above corrective actions and changes are being followed. The maintenance director/ designee will be responsible for the completion of a sprinkler head and</p>		

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K 0353 SS=F Bldg. 01	<p>inches below the sprinkler deflector that prevent the spray pattern from fully developing. This deficient practice could affect staff only.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Director on 09/10/2024 between 10:30 AM and 12:30 PM, the basement central storage room had a cardboard box 0 inches below the sprinkler head deflector and additional cardboard boxes and other storage less than 12 inches from sprinkler head deflectors. Based on interview at the time of observation, the Maintenance Director agreed there was storage less than 18 inches from the sprinkler heads in the aforementioned location and provided the measurements.</p> <p>This finding was reviewed with the Maintenance Director and Executive Director at the exit conference.</p> <p>3.1-19(b)</p>			K 0353	<p>obstruction observation audit tool weekly x4, monthly x3, then quarterly thereafter. Any areas identified through this audit will be immediately corrected. The results of this audit will be reviewed by the QAPI committee overseen by the ED. If a threshold of 100% is not achieved, an action plan will be developed.</p>		11/11/2024
	<p>NFPA 101 Sprinkler System - Maintenance and Testing</p> <p>1. Based on record review and interview, the facility failed to maintain automatic sprinkler systems in accordance with NFPA 25. LSC 9.7.5 requires all sprinkler systems shall be inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 2011 Edition, Section 4.1.4.1 states the property owner or designated representative shall correct or repair deficiencies or impairments that are found during the inspection, test and maintenance required by this standard. Corrections and repairs shall be</p>				<p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>No specific residents were identified in the summary of state of deficiencies.</p> <p>How will the facility identify other residents having the potential to be affected by the same deficient practice?</p>		

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	<p>performed by qualified maintenance personnel or a qualified contractor. NFPA 25, 4.3.1 requires records shall be made for all inspections, tests, and maintenance of the system components and shall be made available to the authority having jurisdiction upon request. This deficient practice could affect all residents, staff, and visitors in the facility.</p> <p>Findings include:</p> <p>Based on review of "Form for Inspection, Testing and Maintenance of Dry Pipe Fire Sprinkler Systems" documentation dated 07/24/2024 during record review with the Maintenance Director from 8:45 AM to 10:30 AM, 8 sprinkler heads needed to be replaced, 2 due to paint on the sprinkler heads and 6 due to being older than 5 years. Email documentation indicated the facility had not replaced the sprinkler heads and had not yet received a quote. Based on interview at the time of record review, the Maintenance Director stated the facility is still waiting on a quote from the contractor regarding replacing the sprinkler heads.</p> <p>This finding was reviewed with the Maintenance Director and Executive Director at the exit conference.</p> <p>3.1-19(b)</p> <p>2. Based on observation and interview, the facility failed to maintain the ceiling construction in 1 of 1 areas behind the dryer, 1 of 1 areas by Washer 3, and 1 of 1 areas near the water heater in the housekeeping cart room. NFPA 13, 2010 edition, Section 3.3.5.4 defines a smooth ceiling as a continuous ceiling free from significant irregularities, lumps, or indentations. The ceiling traps hot air and gases around the sprinkler and</p>				<p>All residents have the potential to be affected by the alleged deficient practice.</p> <p>What measures will be put into place or systematic changes made to ensure that the deficient practice will not reoccur?</p> <p>The Maintenance Director received in-service training on maintaining sprinkler heads, including ensuring they are free of corrosion and paint, verifying there are no ceiling penetrations around sprinkler heads, and confirming that no wires are in contact with sprinkler pipes. Additionally, the Maintenance Director was trained on ensuring that sprinkler system inspections are conducted in accordance with NFPA 25 guidelines.</p> <p>An audit was conducted to ensure that all sprinkler heads are free from corrosion and paint, with no ceiling penetrations around them, and to verify that no wires are in contact with the sprinkler pipes.</p> <p>The Maintenance Director contacted the contracted company, which then conducted an inspection to determine the number of sprinkler heads requiring replacement and to ensure that the sprinklers were evaluated in accordance with NFPA 25 guidelines currently and moving forward.</p>		

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	<p>causes the sprinkler to operate at a specified temperature. Section 8.5.4.1.1 states the distance between the sprinkler deflector and the ceiling above shall be selected based on the type of sprinkler and the type of construction. This deficient practice could affect staff.</p> <p>Findings include:</p> <p>Based on observation during a tour of the facility on 09/10/2024 between 10:30 AM and 12:30 PM with the Maintenance Director, a 1/8 inch penetration was observed near the sprinkler head above the dryers, a 1/8 inch penetration was observed near the sprinkler above washer 3, and a 1/8 inch penetration was observed near the sprinkler head by the water heater in the housekeeping cart room. Based on interview at the time of observation, the Maintenance Director agreed there were penetrations in the ceiling in the aforementioned locations and provided the measurements.</p> <p>This finding was reviewed with the Maintenance Director and Executive Director at the exit conference.</p> <p>3.1-19(b)</p> <p>3. Based on observation and interview, the facility failed to maintain 1 sprinkler pipe above the ceiling near room 161 in accordance with NFPA 25. NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 2011 edition, Section 5.2.2.2 states sprinkler piping shall not be subjected to external loads by materials either resting on the pipe or hung from the pipe. This deficient practice could affect over 5 residents, staff and visitors in</p>				<p>The Maintenance Director repaired the ceiling penetrations around the identified sprinkler heads and repositioned any wires that were in contact with the sprinkler pipes.</p> <p>How will the facility monitor its corrective actions to ensure that the deficient practice will not recur?</p> <p>A Quality Assurance Tool has been developed to ensure that the above corrective actions and changes are being followed. The maintenance director/ designee will be responsible for the completion of a Sprinkler System audit tool monthly x3, then quarterly there after. Any areas identified through this audit will be immediately corrected. The results of this audit will be reviewed by the QAPI committee overseen by the ED. If a threshold of 100% is not achieved, an action plan will be developed.</p>		

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	<p>the vicinity of the electrical room.</p> <p>Findings include:</p> <p>Based on observation during a tour of the facility on 09/10/2024 between 10:30 AM and 12:30 PM with the Maintenance Director, approximately 5 cables were resting on 1 horizontal sprinkler pipe in the attic, as observed from the attic access near the barrier door by room 161. Based on interview at the time of observation, the Maintenance Director agreed the aforementioned sprinkler pipe locations were used to support non-system components.</p> <p>These findings were reviewed with the Executive Director and the Maintenance Director at the exit conference.</p> <p>3.1-19(b)</p>						