PRINTED: 06/26/2025

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Quality Review completed on 06/18/25 Quality Review completed on 06/18/25 A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana as of June 15th, 2025. The provider respectfully requests desk review with paper compliance to be considered in establishing that the provider is in substantial compliance. K 0000 K 0000 Preparation or execution of this plan of correction does not							nce	
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review with paper compliance to be considered in establishing that the provider is in substantial compliance. K 0000 Bldg. 01 A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana K 0000 Preparation or execution of this plan of correction does not		Ouality Review cor	npleted on 06/18/25				desk	
be considered in establishing that the provider is in substantial compliance. K 0000 Bldg. 01 A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana K 0000 Freparation or execution of this plan of correction does not		(1		
the provider is in substantial compliance. K 0000 Bldg. 01 A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana K 0000 Freparation or execution of this plan of correction does not						1 1		
K 0000 Bldg. 01 A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana Compliance. K 0000 Preparation or execution of this plan of correction does not						_	triat	
Bldg. 01 A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana K 0000 Preparation or execution of this plan of correction does not								
Bldg. 01 A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana K 0000 Preparation or execution of this plan of correction does not						Compliance.		
Bldg. 01 A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana K 0000 Preparation or execution of this plan of correction does not	K 0000							
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A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana K 0000 Preparation or execution of this plan of correction does not	Bldg. 01							
Licensure Survey was conducted by the Indiana plan of correction does not		A Life Safety Code	Recertification and State	K O	000	Preparation or execution of th	is	
Separation of Health in accordance with 12 Clic						1 -	ment	
483.90(a). of provider of the truth of the facts		_				_		
alleged or conclusions set forth on		του. νο(α).						

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

Survey Date: 06/13/25

Facility Number: 012854

Provider Number: 155797

TITLE (X6) DATE

the Statement of Deficiencies. The Plan of Correction is prepared and

required by the position of Federal

executed solely because it is

Mikayla Schneider **Executive Director** 06/25/2025

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclo 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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PRINTED: 06/26/2025 FORM APPROVED OMB NO. 0938-039

STATEMENT OF DEFICIENCIES		X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY			
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER	A. BUILDING <u>01</u>		01	COMPLETED			
		155797	B. WING			06/13/2025			
		l		STREET /	ADDRESS, CITY, STATE, ZIP COD	<u> </u>			
NAME OF PROVIDER OR SUPPLIER					MONTGOMERY ROAD				
ASPEN PLACE HEALTH CAMPUS				GREENSBURG, IN 47240					
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIE			ID	PROVIDER'S PLAN OF CORRECTION		(X5)		
PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL			PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	COMPLETION			
TAG		R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE		
	AIM Number: 201	104690			and State Law. The Plan of				
		~			Correction is submitted to respond				
		Code survey, Aspen Place			to the allegations of				
	_	s found not in compliance with			noncompliance cited during the	ne			
	Requirements for P	-			Annual Life Safety Survey				
		1, 42 CFR Subpart 483.90(a),			conducted June 13th, 2025.				
		re and the 2012 edition of the ction Association (NFPA) 101,			Please accept this Plan of				
		LSC), Chapter 19, Existing			Correction as the provider's credible allegation of complian	200			
	• `	ancies and 410 IAC 16.2.			as of June 15th, 2025. The	IC C			
	Treatar Care Occup	unicios unu 110 1110 10.2.			provider respectfully requests	desk			
	This one story facility was determined to be of Type V (111) construction and fully sprinkled. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors and hard wired smoke detectors in all resident sleeping rooms. The healthcare portion				review with paper compliance				
					be considered in establishing				
					the provider is in substantial				
					compliance.				
of the facility has a car		capacity of 64 and had a							
	census of 44 at the time of this visit.								
	All areas where residents have customary access								
	-	nd all areas providing facility							
	services were sprinklered.								
	Quality Review completed on 06/18/25								
K 0920	NFPA 101								
SS=E									
Bldg. 01	Extens								
	1. Based on observa	ation and interview, the facility	K 0	920	K920- Electrical Equipment -	_	06/15/2025		
		f 1 flexible cords were not used			Power Cords and Extension				
		ixed wiring. NFPA-70/2011,			Cords				
	400.8 state unless specifically permitted in 400.7				Compliance Date				
	flexible cords and cables shall not be used for (1)				6/15/25				
	as a substitute for fixed wiring. This deficient practice could affect up to 2 residents.				Immediate intervention				
					The Director of Plant Operation				
	Findings include:				removed the extension cord fi				
	Dogod or abaser	one and interview during a			room 207. The Director of Pla				
	Based on observation	ons and interview during a			Operations secured the dangl	ıng			

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Event ID:

A10T21 Facility ID: 012854

If continuation sheet

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STATEMENT OF DEFICIENCIES		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		ONSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER	A. BUILDING <u>01</u>		01	COMPLETED	
	155797		B. WING 06/13/202			2025	
		<u> </u>		STREET A	ADDRESS, CITY, STATE, ZIP COD		
NAME OF PROVIDER OR SUPPLIER					MONTGOMERY ROAD		
ASPEN PLACE HEALTH CAMPUS					ISBURG, IN 47240		
	<u> </u>		1		,	1	ave.
(X4) ID		STATEMENT OF DEFICIENCIE		ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			(X5)
PREFIX	`	CY MUST BE PRECEDED BY FULL					COMPLETION
TAG		LSC IDENTIFYING INFORMATION		TAG			DATE
		vith the Director of Plant			power strip to the desk in the		
		on 06/13/25 at 10:30 a.m., in			Executive Directors office.		
		07 an extension cord was		The Director of Plant Operat was educated by the Execut			
		equipment including a				e	
	_	nterview at the time of			Director on K920- Electrical		
		O acknowledged an extension			Equipment – Power Cords and	a	
	cord was in use as described above.			Extension Cords.			
	This finding was re	viewed with the DPO at the			NFPA-70/2011, 400.8		
	_	nd again at the exit conference			state unless specifically permi	tted	
	with the DPO prese	_		in 400.7 flexible cords and cables			
	_				shall not be used for (1) as a		
	2. Based on observa	ation and interview, the facility		substitute for fixed wiring. NFPA			
		f 1 flexible cords were installed		99, Section 10.2.4.2.3 states that			
	properly and used in	n a safe manor. NFPA 99,		cabling shall comply with 10.2.3.			
		tes adapters and extension		Section 10.2.3.5.1 states that			
	cords meeting the re	equirements of 10.2.4.2.1			cord strain relief shall be provided		
	through 10.2.4.2.3 s	shall be permitted. Section			at the attachment of the powe		
	10.2.4.2.3 states the	cabling shall comply with		cord to the appliance so that			
	10.2.3. Section 10.2	2.3.5.1 states that cord strain			mechanical stress, either pull,		
	relief shall be provi	ded at the attachment of the			twist, or bend, is not transmitte	ed	
	power cord to the ap	ppliance so that mechanical			to internal connections.		
	stress, either pull, to	vist, or bend, is not					
		nal connections. This deficient					
	practice could affec	t 3 residents.			The Director of Plant Operatio	n will	
					inspect for the deficient use of	f	
	Findings include:				power cords and extension co		
					1 x week for 1 month and 1 x	а	
	Based on observations and interview during a				month for 3 months.		
	tour of the facility with the Director of Plant						
	Operations (DPO) on 06/13/25 at 10:50 a.m., in the			Results of these inspections wi		vill	
	Executive Directors office a power strip used to			be presented by Executive			
	power computer equipment was not secured and dangling from the walls underneath the wall desk. This condition could put stress on the power cord causing damage to the power cord. Based on interview at the time of observations, the DPO agreed the power strip was dangling, not secured,				Director to the QA committee	for	
					further recommendations and		
					continue until the Quality		
					Assurance Team determines		
					substantial compliance has be	en	
					achieved.		
	and stated the power strip will need to be						
mounted or set on the floor.					The deficient practice of use of	of an	

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

PRINTED: 06/26/2025 FORM APPROVED OMB NO. 0938-039

	STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE C		(X3) DATE SURVEY		
AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155797		A. BUILDING B. WING	01	COMPLETED 06/13/2025			
NAME OF PROVIDER OR SUPPLIER ASPEN PLACE HEALTH CAMPUS			STREET ADDRESS, CITY, STATE, ZIP COD 2320 N MONTGOMERY ROAD GREENSBURG, IN 47240				
(X4) ID PREFIX TAG	(EACH DEFICIEN	SUMMARY STATEMENT OF DEFICIENCIE EACH DEFICIENCY MUST BE PRECEDED BY FULL GULATORY OR LSC IDENTIFYING INFORMATION		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	ATE	(X5) COMPLETION DATE	
	This finding was reviewed with the DPO at the time of discovery and again at the exit conference with the DPO present. 3.1-19(b)			extension cord could have affected up to 2 residents. The deficient practice of an unsecured power strip could have affected up to 3 residents.			

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