

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

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

|   |  |   |  |  |  |  |                            |
|---|--|---|--|--|--|--|----------------------------|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION           |  | X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER<br><br>155797 |  | X2) MULTIPLE CONSTRUCTION<br>A. BUILDING      --<br>B. WING            _____           |  | X3) DATE SURVEY<br>COMPLETED<br>06/13/2025 |                            |
| NAME OF PROVIDER OR SUPPLIER<br><br>ASPEN PLACE HEALTH CAMPUS |  |   |  | STREET ADDRESS, CITY, STATE, ZIP COD<br>2320 N MONTGOMERY ROAD<br>GREENSBURG, IN 47240 |  |  |                            |
| (X4) ID<br>PREFIX<br>TAG                                      | SUMMARY STATEMENT OF DEFICIENCIE<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)  |   |  | ID<br>PREFIX<br>TAG  | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY)   |  | (X5)<br>COMPLETION<br>DATE |
| E 0000<br><br>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: 06/13/25</p> <p>Facility Number: 012854<br/>Provider Number: 155797<br/>AIM Number: 201104690</p> <p>At this Emergency Preparedness survey, Aspen Place Health Campus 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 64 certified beds. At the time of the survey, the census was 44.</p> <p>Quality Review completed on 06/18/25</p> |   |  | E 0000   | <p>Preparation or execution of this plan of correction does not constitute admission or agreement of provider of the truth of the facts alleged or conclusions set forth on the Statement of Deficiencies. The Plan of Correction is prepared and executed solely because it is required by the position of Federal and State Law. The Plan of Correction is submitted to respond to the allegations of noncompliance cited during the Annual Life Safety Survey conducted June 13th, 2025. Please accept this Plan of Correction as the provider's credible allegation of compliance 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.</p> |  |                            |
| K 0000<br><br>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: 06/13/25</p> <p>Facility Number: 012854<br/>Provider Number: 155797</p>  |   |  | K 0000   | <p>Preparation or execution of this plan of correction does not constitute admission or agreement of provider of the truth of the facts alleged or conclusions set forth on the Statement of Deficiencies. The Plan of Correction is prepared and executed solely because it is required by the position of Federal</p>  |  |                            |

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

TITLE

(X6) DATE

Mikayla Schneider

Executive Director

06/25/2025

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 disclosed 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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| NAME OF PROVIDER OR SUPPLIER<br><br>ASPEN PLACE HEALTH CAMPUS |  |  |  | STREET ADDRESS, CITY, STATE, ZIP COD<br>2320 N MONTGOMERY ROAD<br>GREENSBURG, IN 47240 |  |  |                            |
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| K 0920<br>SS=E<br>Bldg. 01                                    | <p>AIM Number: 201104690</p> <p>At this Life Safety Code survey, Aspen Place Health Campus 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 (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 of the facility has a capacity of 64 and had a census of 44 at the time of this visit.</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 06/18/25</p> <p>NFPA 101<br/>Electrical Equipment - Power Cords and Extens</p> <p>1. Based on observation and interview, the facility failed to ensure 1 of 1 flexible cords were not used as a substitute for fixed wiring. NFPA-70/2011, 400.8 state unless specifically permitted in 400.7 flexible cords and cables shall not be used for (1) as a substitute for fixed wiring. This deficient practice could affect up to 2 residents.</p> <p>Findings include:</p> <p>Based on observations and interview during a</p> |  |  | K 0920   | <p>and State Law. The Plan of Correction is submitted to respond to the allegations of noncompliance cited during the Annual Life Safety Survey conducted June 13th, 2025. Please accept this Plan of Correction as the provider's credible allegation of compliance 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.</p> <p><b>K920- Electrical Equipment – Power Cords and Extension Cords</b><br/>Compliance Date<br/>6/15/25<br/><b>Immediate intervention</b></p> <p>The Director of Plant Operations removed the extension cord from room 207. The Director of Plant Operations secured the dangling</p> |  | 06/15/2025                 |

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|   | <p>tour of the facility with the Director of Plant Operations (DPO) on 06/13/25 at 10:30 a.m., in Resident Room # 207 an extension cord was powering electronic equipment including a charger. Based on interview at the time of observation, the DPO acknowledged an extension cord was in use as described above.</p> <p>This finding was reviewed with the DPO at the time of discovery and again at the exit conference with the DPO present.</p> <p>2. Based on observation and interview, the facility failed to ensure 1 of 1 flexible cords were installed properly and used in a safe manor. NFPA 99, Section 10.2.4.2 states adapters and extension cords meeting the requirements of 10.2.4.2.1 through 10.2.4.2.3 shall be permitted. Section 10.2.4.2.3 states the cabling shall comply with 10.2.3. Section 10.2.3.5.1 states that cord strain relief shall be provided at the attachment of the power cord to the appliance so that mechanical stress, either pull, twist, or bend, is not transmitted to internal connections. This deficient practice could affect 3 residents.</p> <p>Findings include:</p> <p>Based on observations and interview during a tour of the facility with the Director of Plant Operations (DPO) on 06/13/25 at 10:50 a.m., in the Executive Directors office a power strip used to 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, and stated the power strip will need to be mounted or set on the floor.</p> |  |  |  | <p>power strip to the desk in the Executive Directors office. The Director of Plant Operations was educated by the Executive Director on K920- Electrical Equipment – Power Cords and Extension Cords.</p> <p>NFPA-70/2011, 400.8 state unless specifically permitted in 400.7 flexible cords and cables shall not be used for (1) as a substitute for fixed wiring. NFPA 99, Section 10.2.4.2.3 states that cabling shall comply with 10.2.3. Section 10.2.3.5.1 states that cord strain relief shall be provided at the attachment of the power cord to the appliance so that mechanical stress, either pull, twist, or bend, is not transmitted to internal connections.</p> <p>The Director of Plant Operation will inspect for the deficient use of power cords and extension cords 1 x week for 1 month and 1 x a month for 3 months.</p> <p>Results of these inspections will be presented by Executive Director to the QA committee for further recommendations and continue until the Quality Assurance Team determines substantial compliance has been achieved.</p> <p>The deficient practice of use of an</p> |  |                            |

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|   | This finding was reviewed with the DPO at the<br>time of discovery and again at the exit conference<br>with the DPO present.<br><br>3.1-19(b) |   |  |  | extension cord could have affected<br>up to 2 residents. The deficient<br>practice of an unsecured power<br>strip could have affected up to 3<br>residents. |  |                            |