

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

PRINTED: 03/21/2025

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155843		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING _____		X3) DATE SURVEY COMPLETED 03/03/2025	
NAME OF PROVIDER OR SUPPLIER SPRINGS OF RICHMOND, THE				STREET ADDRESS, CITY, STATE, ZIP COD 400 INDUSTRIES ROAD RICHMOND, IN 47374			
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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: 03/03/25</p> <p>Facility Number: 013635 Provider Number: 155843 AIM Number: 300026664</p> <p>At this Emergency Preparedness survey, The Springs of Richmond 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 70 certified beds. At the time of the survey, the census was 52.</p> <p>Quality Review completed on 03/05/25</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: 03/03/25</p> <p>Facility Number: 013635 Provider Number: 155843 AIM Number: 300026664</p> <p>At this Life Safety Code survey, The Springs of Richmond was found not in compliance with</p>			K 0000			

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

TITLE

(X6) DATE

Benjamin J Meier

Executive Director

03/18/2025

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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K 0131 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 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 facility has a capacity of 70 and had a census of 52 at the time of this visit.</p> <p>All areas where residents have customary access were sprinkled and all areas providing facility services were sprinkled.</p> <p>Quality Review completed on 03/05/25</p> <p>NFPA 101 Multiple Occupancies</p> <p>Based on observation and interview, the facility failed to ensure the penetration in 1 of 1 fire barrier walls that separated health care from assisted living was maintained to ensure the fire resistance of the barrier. LSC 19.1.1.3 requires all health care facilities to be maintained and operated to minimize the possibility of a fire emergency requiring the evacuation of the occupants. LSC 8.3.5.1 requires penetrations for cables, cable trays, conduits, pipes, tubes, combustion vents and exhaust vents, wires, and similar items to accommodate electrical, mechanical, plumbing, and communications systems that pass through a wall, floor, or floor/ceiling assembly constructed as a fire barrier shall be protected by a firestop</p>			K 0131	<p>The submission of this plan of correction does not indicate an admission by The Springs of Richmond that the findings and allegations contained herein are accurate, true representation of the quality of care provided, and the living environment provided to the residents of The Springs of Richmond. The facility recognizes its obligation to provide legally and medically necessary care and services to its residents in an economic and efficient manner. The facility hereby maintains it is</p>		03/12/2025

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K 0324 SS=E Bldg. 01	<p>system or device. The firestop system or device shall be tested in accordance with ASTM E 814, Standard Test Method for Fire Tests of Through Penetration Fire Stops, or ANSI/UL 1479, Standard for Fire Tests of Through-Penetration Fire Stops. This deficient practice could affect 25 residents.</p> <p>Findings include:</p> <p>Based on observation and interview with the Executive Director (ED), Director of Plant Operations (DPO) and Facilities Management Support (FMS) on 03/03/25 between 2:20 p.m. and 4:30 p.m., above the drop ceiling near Resident Room #109 the separation fire barrier had 3 penetrations which were not properly sealed. In the (1) lower left corner there was a gap where the walls adjoined. There was a (2) grey wire penetrating through the separation wall and (3) there was a thumb sized hole in the wall on the right side; each hole/gap was not properly sealed. Based on interview at the time of each observation, the FMS looked up above the ceiling and acknowledged each aforementioned condition.</p> <p>This finding was acknowledged by the ED, DPO and FMS at the time of discovery and again at the exit conference with each present.</p> <p>3.1-19(b)</p> <p>NFPA 101 Cooking Facilities</p> <p>Based on observation and interview, the facility</p>		K 0324	<p>in substantial compliance with all state and federal requirements governing the management of this facility. It is thus submitted as a matter of statute only. The facility respectfully requests from the department a desk review for substantial compliance.</p> <p>K 131 Multiple Occupancies Compliance date 03/12/2025 Immediate Intervention</p> <p>The Director of Plant operations purchased NFPA 101 approved fire caulk and applied to all three of the penetrations identified during the survey. Photos attached include the fire caulk used as well as before and after of the areas caulked.</p> <p>The Director of Plant operations will visually inspect fire barrier areas 1 x a month for 3 months and 1 x a month for 3 months and afterwards if work is done within these areas</p> <p>Results of these visual inspections will be presented by executive director to the QAPI committee for further recommendations and continue until the quality assurance team determines substantial compliance was achieved.</p> <p>This deficient practice had the potential to affect 25 residents.</p> <p>The submission of this plan of</p>		03/13/2025	

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	<p>failed to provide an approved method for returning cooking appliances to where they were when the kitchen hood extinguishing equipment was designed and installed for 1 of 1 kitchen hood extinguishing system. NFPA 96 Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations Section 2011 Edition Section 12.1.2.2* Cooking appliances requiring protection shall not be moved, modified, or rearranged without prior re-evaluation of the fire-extinguishing system by the system installer or servicing agent, unless otherwise allowed by the design of the fire extinguishing system. Section 12.1.2.3 The fire-extinguishing system shall not require reevaluation where the cooking appliances are moved for the purposes of maintenance and cleaning, provided the appliances are returned to approved design location prior to cooking operations, and any disconnected fire-extinguishing system nozzles attached to the appliances are reconnected in accordance with the manufacturer's listed design manual. Section 12.1.2.3.1 An approved method shall be provided that will ensure that the appliance is returned to an approved design location. The deficient practice affected 7 staff.</p> <p>Findings include:</p> <p>Based on observation and interview with the Executive Director (ED), Director of Plant Operations (DPO) and Facilities Management Support (FMS) on 03/03/25 between 2:20 p.m. and 4:30 p.m., the (1) gas wheeled six (6) burner range and flat grill, and the (2) grill and (3) fryer, all three located on the cooking line under the hood in the kitchen were not provided with an approved method that would ensure that the appliances were returned to an approved design location after being moved for maintenance and cleaning.</p>				<p>correction does not indicate an admission by The Springs of Richmond that the findings and allegations contained herein are accurate, true representation of the quality of care provided, and the living environment provided to the residents of The Springs of Richmond. The facility recognizes its obligation to provide legally and medically necessary care and services to its residents in an economic and efficient manner. The facility hereby maintains it is in substantial compliance with all state and federal requirements governing the management of this facility. It is thus submitted as a matter of statute only. The facility respectfully requests from the department a desk review for substantial compliance.</p> <p>K 324 Cooking Facilities Immediate Intervention The Director of Plant Operations was given blocks by Facilities Management Support. These blocks were installed by the Director of Plant Operations. With the blocks installed anytime the cooking equipment is moved the location they are returned to will be inside said blocks. This will ensure proper location under the ansul system. Photo of the installed blocks are attached. The Director of Plant Operations was educated by the Facilities Management Support on NFPA 96 Standard for Ventilation Control</p>		

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K 0712 SS=C Bldg. 01	<p>The FMS stated that this issue had been addressed at other properties but not at this facility. The FMS stated that he had blocks which would be installed to correct the issue.</p> <p>This finding was acknowledged by the ED, DPO and FMS at the time of discovery and again at the exit conference with each present.</p> <p>3.1-19(b)</p>			K 0712	<p>and Fire Protection of Cooking Operations Section 2011 Edition Section 12.1.2.2* and Section 12.1.2.3.</p> <p>The Director of Plant Operations will visually inspect the cooking equipment and that it is located within the installed blocks 1 x week for 4 weeks; monthly x 3 months.</p> <p>Results of these visual inspections will be presented by Executive Director to the QAPI committee for further recommendations and continue until the Quality Assurance Team determines substantial compliance has been achieved.</p> <p>This deficient practice had the potential to affect 7 staff members.</p>		03/13/2025
	<p>Based on record review and interview, the facility failed to conduct quarterly fire drills on unexpected days and at unexpected times under varying conditions. This deficient practice could affect all residents, staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on records review and interview with Director of Plant Operations and Facilities Management Support on 03/03/25 between 11:10 p.m. and 2:20 p.m., 9 of 12 quarterly fire drills were conducted near the end of the month, around the 30th day of the month. These conditions do not allow fire drills to be conducted on unexpected and unpredictable days.</p>				<p>The submission of this plan of correction does not indicate an admission by The Springs of Richmond that the findings and allegations contained herein are accurate, true representation of the quality of care provided, and the living environment provided to the residents of The Springs of Richmond. The facility recognizes its obligation to provide legally and medically necessary care and services to its residents in an economic and efficient manner. The facility hereby maintains it is in substantial compliance with all</p>		

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	<p>This finding was acknowledged by the Director of Plant Operations and Facilities Management Support at the time of discovery and again at the exit conference with each present.</p> <p>3.1-19(b)</p>		<p>state and federal requirements governing the management of this facility. It is thus submitted as a matter of statute only. The facility respectfully requests from the department a desk review for substantial compliance.</p> <p>K 712 Fire Drills Compliance Date 3/13/2025 Immediate Intervention The Director of Plant Operations has made a calendar for the 2025 year and on it he has identified the week each month he will conduct a facility fire drill. By following this schedule this will prevent waiting until the end of each month drills. A photo of the calendar is attached.</p> <p>The Director of Plant Operations was educated by the Facilities Management Support on NFPA 101 Sections 19.7.1.4 through 19.7.1.7 to prevent the director from conducting fire drills on any type of expected and predictable days.</p> <p>The Director of Plant Operations will follow his prepared calendar for the next 9 months during 2025. Results of these fire drills will be presented by Executive Director to the QAPI committee for further recommendations and continue until the Quality Assurance Team determines substantial compliance has been achieved. This deficient practice had the potential to affect all residents,</p>		

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K 0920 SS=D Bldg. 01	<p>NFPA 101 Electrical Equipment - Power Cords and Extens</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 flexible cords power strip powering medical equipment met the required UL rating of 1363A or 60601-1. This deficient practice affects one resident in room 234.</p> <p>Findings include:</p> <p>Based on observation and interview with the Executive Director (ED), Director of Plant Operations (DPO) and Facilities Management Support (FMS) on 03/03/25 between 2:20 p.m. and 4:30 p.m., a nebulizer was plugged into a power strip/light fixture on the nightstand that did not meet 1363A or 60601-1. Additionally, a phone charger was also plugged into the same power strip/light fixture. Based on interview at the time of observation, the DPO and FMS agreed the nebulizer was plugged in as described.</p> <p>This finding was acknowledged by the ED, DPO and FMS at the time of discovery and again at the exit conference with each present.</p> <p>3.1-19(b)</p>			K 0920	<p>staff and visitors in the facility.</p> <p>The submission of this plan of correction does not indicate an admission by The Springs of Richmond that the findings and allegations contained herein are accurate, true representation of the quality of care provided, and the living environment provided to the residents of The Springs of Richmond. The facility recognizes its obligation to provide legally and medically necessary care and services to its residents in an economic and efficient manner. The facility hereby maintains it is in substantial compliance with all state and federal requirements governing the management of this facility. It is thus submitted as a matter of statute only. The facility respectfully requests from the department a desk review for substantial compliance.</p> <p>K 920 Electrical Equipment-Power Cords and Extension Cords</p> <p>Compliance date 03/13/2025</p> <p>Immediate Intervention</p> <p>The director of plant operations purchased plastic caps and installed them over the light fixture electrical outlet with a permanent</p>		03/13/2025

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K 0921 SS=F Bldg. 01	NFPA 101 Electrical Equipment - Testing and Maintenanc Based on records review, observation, and interview, the facility failed to conduct the required maintenance and maintain complete documentation of inspections for Patient Care	K 0921	<p>adhesive. This will prevent the use of these outlets and if electric is needed the receptacle on the wall will be used. This practice was done on all lights that have the attached receptacle throughout the facility. A photo of one has been attached.</p> <p>The director of plant operations was educated by the facilities management support on NFPA99 10.2.4 and 400-8 NFPA 70 590.3(D) NFPA 70, TIA 12-5</p> <p>The director of plant operations will visually inspect rooms throughout the facility 1x a week x 4 weeks and then 1x a month x3 months</p> <p>Results of these inspections will be presented by the executive director to the QAPI committee for further recommendations and continue until the Quality Assurance Team determines substantial compliance has been achieved.</p> <p>The deficient practice had the potential to affect one resident in room 234</p> <p>The submission of this plan of correction does not indicate an admission by The Springs of Richmond that the findings and</p>	03/21/2025	

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	<p>Related Electrical Equipment (PCREE). NFPA 99 2012 edition, sections 10.3 and 10.5 states the physical integrity, resistance, leakage current, and touch current tests for fixed and portable PCREE is performed as required in 10.3. Testing intervals are established with policies and protocols. All PCREE used in patient care rooms is tested in accordance with 10.3.5.4 or 10.3.6 before being put into service and after any repair or modification. Any system consisting of several electrical appliances demonstrates compliance with NFPA 99 as a complete system. Service manuals, instructions, and procedures provided by the manufacturer include information as required by 10.5.3.1.1 and are considered in the development of a program for electrical equipment maintenance. Electrical equipment instructions and maintenance manuals are readily available, and safety labels and condensed operating instructions on the appliance are legible. A record of electrical equipment tests, repairs, and modifications is maintained for a period of time to demonstrate compliance in accordance with the facility's policy. Personnel responsible for the testing, maintenance and use of electrical appliances receive continuous training. This deficient practice affects all residents.</p> <p>Findings include:</p> <p>Based on records review and interview with Executive Director (ED), Director of Plant Operations (DPO) and Facilities Management Support (FMS) on 03/03/25 between 11:10 p.m. and 2:20 p.m., no documentation was available for review for the testing of the PCREE in use throughout the facility, as required by section 10.5.6.2 of NFPA 99, Health Care Facilities Code. Observation during the building tour revealed that the facility provided electric beds for all residents.</p>				<p>allegations contained herein are accurate, true representation of the quality of care provided, and the living environment provided to the residents of The Springs of Richmond. The facility recognizes its obligation to provide legally and medically necessary care and services to its residents in an economic and efficient manner. The facility hereby maintains it is in substantial compliance with all state and federal requirements governing the management of this facility. It is thus submitted as a matter of statute only. The facility respectfully requests from the department a desk review for substantial compliance.</p> <p>K 921 Electrical Equipment – Testing and Maintenance Compliance Date 3/21/2025 Immediate Intervention The Facilities Management Support borrowed the proper Fluke testing instrument from another Division within our company as there is a 6 to 8 week backorder on purchasing a new one. Along with the Director of Plant Operations the PCREE testing will be completed by 3/21/2025. Documentation of all of the test and results will be kept in the Director of Plant Operations office. The Director of Plant Operations was educated by the Facilities Management Support on NFPA 99 2012 edition, sections 10.3 and</p>		

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	<p>The ED stated that PCREE such as nebulizers, oxygen concentrators, vital signs monitors, and other electrical medical equipment was present and in use at the facility.</p> <p>The FMS stated that the facility was aware that recently the PCREE testing requirement had become an issue at other facilities.</p> <p>This finding was acknowledged by the ED. DPO and FMS at the time of discovery and again at the exit conference with each present.</p> <p>3.1-19(b)</p>				<p>10.5 as well as 10.5.3.1.1.</p> <p>The Director of Plant Operations keep all documentation related to PCREE in his office and any time maintenance is completed on a piece of equipment a new test will be completed and documented.</p> <p>Results of these test will be presented by Executive Director to the QAPI committee for further recommendations and continue until the Quality Assurance Team determines substantial compliance has been achieved.</p> <p>This deficient practice had the potential to affect all residents within the facility.</p>		