

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

PRINTED: 09/13/2023
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155377		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING		X3) DATE SURVEY COMPLETED 08/16/2023	
NAME OF PROVIDER OR SUPPLIER SEYMOUR CROSSING				STREET ADDRESS, CITY, STATE, ZIP COD 707 S JACKSON PARK DR SEYMOUR, IN 47274			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
K 0000 Bldg. 01	<p>An investigation of Complaint Number IN00415027 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a).</p> <p>Complaint Number IN00415027 - No deficiencies related to the allegation were cited. Federal/State deficiencies unrelated to the allegation were cited at K211 & K222.</p> <p>Survey Date: 08/16/23</p> <p>Facility Number: 000272 Provider Number: 155377 AIM Number: 100274710</p> <p>At this Complaint survey, Seymour Crossing was found not in compliance with Requirements for Participation 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 sprinklered. The facility has a fire alarm system with smoke detection in the corridor and in all areas open to the corridor. The facility has battery operated smoke detectors installed in all resident sleeping rooms. The facility has a capacity of 115 and had a census of 67 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. The facility has three</p>			K 0000	<p>This Plan of Correction constitutes the facility's written allegation of compliance for the deficiencies cited. This submission of this Plan of Correction is not an admission of or agreement with the deficiencies or conclusions contained in the Department's inspection report.</p> <p>We respectfully request a desk review and ask that your office accept this plan as our facility's compliance. Please review the attachments provided with this plan of correction, which include audit and re-education tools. Please feel free to contact Jay Myers, Executive Director, should you need any additional information to support the desk review at 812-522-2416. Thank you for your consideration.</p>		

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

TITLE

(X6) DATE

Jay Myers

HFA

09/06/2023

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 0211 SS=E Bldg. 01	<p>detached storage sheds which were not sprinklered.</p> <p>Quality Review completed on 08/21/23</p> <p>NFPA 101 Means of Egress - General Means of Egress - General Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.11. 18.2.1, 19.2.1, 7.1.10.1</p> <p>Based on observation and interview, the facility failed to ensure 1 of 3 means of egress in the outdoor courtyard was continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. This deficient practice could affect over 15 residents, staff and visitors if needing to exit the facility from the courtyard outside Room 713.</p> <p>Findings include:</p> <p>Based on observations with the Executive Director and the Field Maintenance Supervisor during a tour of the facility from 10:35 a.m. to 11:15 a.m. on 08/16/23, the exit door by Room 713 is marked as a facility exit with an exit sign. The exit discharge is into an outdoor fenced courtyard on the east side of the facility. A single leaf door is in the courtyard fence in the exit discharge to the public way. The door in the courtyard fence had a chain and a lock on the public way side of the door which could only be unlocked to open from the public way side of the door. Based on interview at the time of the observations, the</p>			K 0211	<p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>The courtyard doors have had impediments and obstructions including locks removed at this time.</p> <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <p>A 100% inspection of all courtyard doors has been conducted to ensure compliance with K211 ensuring that all impediments, obstructions and locks are not in place. All residents, staff and visitors have potential to be affected.</p> <p>What measures will be put into place or what systemic</p>		08/16/2023

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K 0222 SS=F Bldg. 01	<p>Executive Director stated the door in the courtyard fence had been locked for a while but didn't know how long it has been locked and that the key to unlock the door is kept at the nurse's station.</p> <p>These findings were reviewed with the Executive Director during the exit conference.</p> <p>3.1-19(b)</p> <p>NFPA 101 Egress Doors Egress Doors Doors in a required means of egress shall not be equipped with a latch or a lock that requires the use of a tool or key from the egress side unless using one of the following special locking arrangements: CLINICAL NEEDS OR SECURITY THREAT LOCKING Where special locking arrangements for the clinical security needs of the patient are used, only one locking device shall be</p>				<p>changes you will make to ensure that the deficient practice does not recur? Maintenance director or designee to inspect all courtyard doors weekly to ensure gates are accessible How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place? To ensure compliance, the Maintenance Director or designee will bring results of courtyard door Inspections to monthly QA meeting for review and recommendation monthly for a period of not less than 12 months. Executive Director to review Reports weekly and complete random checks of doors to ensure compliance. findings to QA meeting for a period of not less than six months.</p>		

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	<p>permitted on each door and provisions shall be made for the rapid removal of occupants by: remote control of locks; keying of all locks or keys carried by staff at all times; or other such reliable means available to the staff at all times.</p> <p>18.2.2.2.5.1, 18.2.2.2.6, 19.2.2.2.5.1, 19.2.2.2.6</p> <p>SPECIAL NEEDS LOCKING ARRANGEMENTS</p> <p>Where special locking arrangements for the safety needs of the patient are used, all of the Clinical or Security Locking requirements are being met. In addition, the locks must be electrical locks that fail safely so as to release upon loss of power to the device; the building is protected by a supervised automatic sprinkler system and the locked space is protected by a complete smoke detection system (or is constantly monitored at an attended location within the locked space); and both the sprinkler and detection systems are arranged to unlock the doors upon activation.</p> <p>18.2.2.2.5.2, 19.2.2.2.5.2, TIA 12-4</p> <p>DELAYED-EGRESS LOCKING ARRANGEMENTS</p> <p>Approved, listed delayed-egress locking systems installed in accordance with 7.2.1.6.1 shall be permitted on door assemblies serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system or an approved, supervised automatic sprinkler system.</p> <p>18.2.2.2.4, 19.2.2.2.4</p> <p>ACCESS-CONTROLLED EGRESS LOCKING ARRANGEMENTS</p> <p>Access-Controlled Egress Door assemblies installed in accordance with 7.2.1.6.2 shall</p>						

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	<p>be permitted. 18.2.2.2.4, 19.2.2.2.4 ELEVATOR LOBBY EXIT ACCESS LOCKING ARRANGEMENTS Elevator lobby exit access door locking in accordance with 7.2.1.6.3 shall be permitted on door assemblies in buildings protected throughout by an approved, supervised automatic fire detection system and an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 1. Based on observation and interview, the facility failed to ensure 2 of 3 doors in the outdoor courtyard were not equipped with locks which cannot be opened from the egress side. LSC Section 7.2.1.5.1 states door leaves shall be arranged to be opened readily from the egress side. Locks, if provided, shall not require the use of a key, tool, or special knowledge or effort for operation from the egress side. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on observations with the Executive Director and the Field Maintenance Supervisor during a tour of the facility from 10:35 a.m. to 11:15 a.m. on 08/16/23, the exit door by Room 807 and by Room 917 are each marked as a facility exit with an exit sign. The exit discharge for each exit door is into an outdoor fenced courtyard on the east side of the facility. A single leaf door is in the courtyard fence in the exit discharge to the public way for the facility exit door by Room 807. A double leaf door set is in the courtyard fence in the exit discharge to the public way for the facility exit door by Room 917. The single leaf door in the courtyard fence in the exit discharge to the public</p>			K 0222	<p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? The locks on the courtyard doors have had locks removed at this time. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? A 100% inspection of all courtyard doors has been conducted to ensure compliance with K222. All residents have potential to be affected. What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur? Maintenance director or designee to inspect all courtyard doors weekly to ensure gates are accessible How the corrective action(s)</p>		08/16/2023

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	<p>way had one chain and one lock on the door on the courtyard side of the door. The door set in the courtyard fence had two chains and two locks on the courtyard side of the door set. Each lock required a key to release the doors to open. Based on interview at the time of the observations, the Executive Director stated the doors in the courtyard fence had been locked for a while but didn't know how long they had been locked and that the key to unlock the doors is kept at the nurse's station.</p> <p>These findings were reviewed with the Executive Director during the exit conference.</p> <p>3.1-19(b)</p> <p>2. Based on observation and interview, the facility failed to provide 1 of 3 doors in the outdoor courtyard with not more than one releasing operation. LSC Section 7.2.1.5.10 states a latch or other fastening device on a door shall be provided with a releasing device having an obvious method of operation and readily operated under all lighting conditions. The releasing mechanism for any latch shall be located not less than 34 inches, and not more than 48 inches above the finished floor. Doors shall be operable with not more than one releasing operation. Section A.7.2.1.5.10 states examples of devices that might be arranged to release latches include knobs, levers, and panic bars. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on observations with the Executive Director and the Field Maintenance Supervisor during a tour of the facility from 10:35 a.m. to 11:15 a.m. on 08/16/23, the exit door by Room 917 is</p>				<p>will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</p> <p>To ensure compliance, the Maintenance Director or designee will bring results of courtyard door Inspections to monthly QA meeting for review and recommendation monthly for a period of not less than 12 months. Executive Director to review Reports weekly and complete random checks of doors to ensure compliance. findings to QA meeting for a period of not less than six months.</p>		

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	marked as a facility exit with an exit sign. The exit discharge for the exit door is into an outdoor fenced courtyard on the east side of the facility. A double leaf door set is in the courtyard fence in the exit discharge to the public way for the facility exit door by Room 917. The door set in the courtyard fence had two chains and two locks on the courtyard side of the door set. Each lock required a key to release the doors to open. Based on interview at the time of the observations, the Executive Director stated the doors in the courtyard fence had been locked for a while but didn't know how long they had been locked and that the key to unlock the doors is kept at the nurse's station. 3.1-19(b)						