

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

PRINTED: 01/24/2024
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155777		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING		X3) DATE SURVEY COMPLETED 01/09/2024	
NAME OF PROVIDER OR SUPPLIER CREASY SPRINGS HEALTH CAMPUS				STREET ADDRESS, CITY, STATE, ZIP COD 1750 S CREASY LN LAFAYETTE, IN 47905			
(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	
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: 01/09/24</p> <p>Facility Number: 012285 Provider Number: 155777 AIM Number: 201006770</p> <p>At this Emergency Preparedness survey, Creasy Springs 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 71 certified beds. At the time of the survey, the census was 58.</p> <p>Quality Review completed on 01/11/24</p>		E 0000				
K 0000 Bldg. 01	<p>A Life Safety Code Recertification and State Licensure was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a).</p> <p>Survey Date: 01/09/24</p> <p>Facility Number: 012285 Provider Number: 155777 AIM Number: 201006770</p> <p>At this Life Safety Code survey, Creasy Springs Health Campus was found not in compliance with</p>		K 0000	<p>The submission of this plan of correction does not indicate an admission by Creasy Springs Health Campus 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 Creasy Springs Health Campus. The facility recognizes its obligation to provide legally and medically necessary care and services to its residents</p>			

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

TITLE

(X6) DATE

Justin Rife

Area Executive Director

01/23/2024

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 0911 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 sprinklered. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors spaces open to the corridors and hard-wired smoke detectors in all resident sleeping rooms. The facility has a capacity of 71 and had a census of 58 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered. All areas providing facility services were sprinklered.</p> <p>Quality Review completed on 01/11/24</p> <p>NFPA 101 Electrical Systems - Other Electrical Systems - Other List in the REMARKS section any NFPA 99 Chapter 6 Electrical Systems requirements that are not addressed by the provided K-Tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. Chapter 6 (NFPA 99) Based on observation and interview, the facility failed to ensure access and working space was maintained in enclosures housing electrical apparatus in 1 of 1 kitchen utility rooms. NFPA 99, Health Care Facilities Code, 2012 Edition, Section 6.3.2.1 states electrical installation shall be in accordance with NFPA 70, National Electric</p>			K 0911	<p>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>1) No residents or staff were affected by the deficient practices.</p> <p>2) All residents and staff have the potential to be affected.</p>		01/26/2024

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	<p>Code. NFPA 70, 2011 Edition, Article 110.26 states working space for equipment operating at 600 volts, nominal, or less and likely to require examination, adjustment, servicing, or maintenance while energized shall comply with the dimensions of 110.26(A)(1), (2) and (3). Distances shall be measured from the live parts if such parts are exposed or from the enclosure front or opening if such are enclosed. Article 110.26(B) states the working space required by this section shall not be used for storage. This deficient practice could affect as many as 6 staff in the kitchen.</p> <p>Findings include:</p> <p>Based on observations made with the Director of Plant Operations (D.P.O.) during a tour of the facility on 01/09/24 at 12:45 p.m., three expandable tray holders were stored in front of an electric panel located in the facility kitchen. Based on interview at the time of the observations, the D.P.O. agreed that the expandable tray holders were stored within the working space in front of an electrical panel in the kitchen. The D.P.O. then moved all three expandable tray holders to another more appropriate storage area within the kitchen.</p> <p>3.1-19(b)</p>				<p>3) As a measure of ongoing compliance, the DPO or designee will complete an audit of enclosures housing electrical apparatus work space to ensure these spaces are not utilized for storage 5 times per week for 4 weeks, then twice monthly for 2 months, then monthly for 3 months.</p> <p>4) The results of the audit observations will be reported, reviewed, and trended for compliance through the facility Quality Assurance Committee for a minimum of 6 months to ensure substantial compliance is maintained or 100% compliance is met.</p>		