

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

PRINTED: 08/25/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155816		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING		X3) DATE SURVEY COMPLETED 08/08/2023	
NAME OF PROVIDER OR SUPPLIER  ARLINGTON PLACE HEALTH CAMPUS				STREET ADDRESS, CITY, STATE, ZIP COD 1635 N ARLINGTON AVE INDIANAPOLIS, IN 46218			
(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: 08/08/23</p> <p>Facility Number: 013005 Provider Number: 155816 AIM Number: 201256400</p> <p>At this Emergency Preparedness survey, Arlington 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 84 certified beds. At the time of the survey, the census was 57.</p> <p>Quality Review completed on 08/10/23</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 in order to respond to the allegation of noncompliance cited during the <b>Life Safety Emergency Preparedness survey</b> visit with exit on August 8th, 2023. Please accept this Plan of Correction as the provider's credible allegation of compliance as of August 8th, 2023. The provider respectfully requests desk review with paper compliance to be considered in establishing that the provider is in substantial compliance.</p>		
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: 08/08/23</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</p>		

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

TITLE

(X6) DATE

Janet Worley

DHS, RN

08/23/2023

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.

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

PRINTED: 08/25/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155816		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING		X3) DATE SURVEY COMPLETED 08/08/2023	
NAME OF PROVIDER OR SUPPLIER  ARLINGTON PLACE HEALTH CAMPUS				STREET ADDRESS, CITY, STATE, ZIP COD 1635 N ARLINGTON AVE INDIANAPOLIS, IN 46218			
(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 0324 SS=E Bldg. 01	<p>Facility Number: 013005 Provider Number: 155816 AIM Number: 201256400</p> <p>At this Life Safety Code survey, Arlington 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 was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, all areas open to the corridor and hard-wired smoke detectors in all resident sleeping rooms. This facility as connected to an assisted living and in-house dialysis area that is separated by a 2-hour separation wall. The facility has a capacity of 84 and had a census of 57 at the time of this survey.</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 08/10/23</p> <p>NFPA 101 Cooking Facilities Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless: * residential cooking equipment (i.e., small appliances such as microwaves, hot plates,</p>				<p>executed solely because it is required by the position of Federal and State Law. The Plan of Correction is submitted in order to respond to the allegation of noncompliance cited during the <b>Life Safety Emergency Preparedness survey</b> visit with exit on August 8th, 2023. Please accept this Plan of Correction as the provider's credible allegation of compliance as of August 8th, 2023. The provider respectfully requests desk review with paper compliance to be considered in establishing that the provider is in substantial compliance.</p>		

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

PRINTED: 08/25/2023  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155816		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING		X3) DATE SURVEY COMPLETED 08/08/2023	
NAME OF PROVIDER OR SUPPLIER  ARLINGTON PLACE HEALTH CAMPUS				STREET ADDRESS, CITY, STATE, ZIP COD 1635 N ARLINGTON AVE INDIANAPOLIS, IN 46218			
(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
	<p>toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2</p> <p>* cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or</p> <p>* cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4. Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor.</p> <p>18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2</p> <p>1) Based on observation and interview, the facility failed to maintain 1 of 1 kitchens in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, 2011. NFPA 96, Section 12.1.2.4 states all deep-fat fryers shall be installed with at least a 16 inches space between the fryer and surface flames from adjacent cooking equipment. Section 12.1.2.5 states where a steel or tempered glass baffle plate is installed at a minimum 8 inches in height between the fryer and surface flames of the adjacent appliance, the requirement for a 16 inches space shall not apply. This deficient practice could affect as many as 30 residents, 4 staff, and 2 visitors in the kitchen / dining room area.</p> <p>Findings include:</p> <p>Based on an observations made with the Director of Plant Operations (D.P.O.) and the Facilities Maintenance Support Director (M.S.D.) on 08/08/23 at 11:56 a.m., the deep fat fryer was located immediately next to the gas burners on the commercial cooking stove. There was a protective</p>			K 0324	<p><b>K324 – Cooking Facilities Immediate Intervention:</b></p> <p>The steel baffle that was located on the left side of the device was relocated to the right side of the cooking device to provide a minimum of 8inches in height between the adjacent device and Education of the staff of the purpose and function of the Ansul system to meet this deficiency which could affect as many as 30 residents, 4 staff, and 2 visitors.</p> <p><b>Compliance Date August 8th</b></p> <p>The Director of Plant Operations was educated by the regional facilities support on NFPA 96 standard for ventilation control and fire protection of commercial cooking operations in accordance with 2011, NFPA 96 Section 12.1.2.4, 18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through</p>		08/08/2023

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

PRINTED: 08/25/2023  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155816		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING		X3) DATE SURVEY COMPLETED 08/08/2023	
NAME OF PROVIDER OR SUPPLIER  ARLINGTON PLACE HEALTH CAMPUS				STREET ADDRESS, CITY, STATE, ZIP COD 1635 N ARLINGTON AVE INDIANAPOLIS, IN 46218			
(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
	<p>shield measuring at least eight inches in height installed on the deep fryer, but it was on the wrong side not producing the necessary divider between the two items.</p> <p>This finding was reviewed with the facility Administrator, the D.P.O. and the M.S.D. at the exit conference held on 08/08/23 at 2:30 p.m.</p> <p>3.1-19(b)</p> <p>2) Based on observation and interview, the facility failed to ensure staff were instructed in the use of the UL 300 hood fire suppression system in 1 of 1 kitchens. NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, Section 10.5.7 states instruction shall be provided to employees regarding the proper use of portable fire extinguishers and the manual activation of fire-extinguishing equipment. Section 11.1.4 states instructions for manually operating the fire extinguishing system shall be posted conspicuously in the kitchen and shall be reviewed with employees by management. This deficient practice could affect as many as 30 residents, 4 staff, and 2 visitors in the kitchen / dining room area.</p> <p>Findings include:</p> <p>Based on an observations made with the Director of Plant Operations (D.P.O.) and the Facilities Maintenance Support Director (M.S.D.) on 08/08/23 at 11:57 a.m., the kitchen was provided with a UL 300 hood fire suppression system. Based on an interview, the cook was asked what they would do if there was a fire underneath the hood. The reply was they would try to use a</p>				<p>19.3.2.5.5, 9.2.3, TIA 12-2 Dietary was in serviced as to the proper location of protective baffle and function of the Ansul system. <b>Exhibit A – In-service</b> The Director of Dietary Services will conduct an audit of the kitchen for proper placement weekly x 6 then monthly x3. <b>Exhibit B – Audit tool</b> Continued in services with all dietary staff to ensure adherence to life safety within dietary. <b>Exhibit C – Dietary In-service</b> The Executive Director will present the results of visual inspection through the QAPI committee for further recommendations and will continue until QAPI team determines substantial compliance has been achieved.</p>		

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

PRINTED: 08/25/2023  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155816		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 08/08/2023	
NAME OF PROVIDER OR SUPPLIER  ARLINGTON PLACE HEALTH CAMPUS				STREET ADDRESS, CITY, STATE, ZIP CODE 1635 N ARLINGTON AVE INDIANAPOLIS, IN 46218			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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 0341 SS=F Bldg. 01	<p>portable fire extinguisher on the fire and then evacuate the kitchen if that failed to put out the fire. The cook failed to indicate manually activating the hood pull station for the UL 300 hood fire suppression system.</p> <p>This finding was reviewed with the facility Administrator, the D.P.O. and the M.S.D. at the exit conference held on 08/08/23 at 2:30 p.m.</p> <p>3.1-19(b)</p> <p>NFPA 101 Fire Alarm System - Installation Fire Alarm System - Installation A fire alarm system is installed with systems and components approved for the purpose in accordance with NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm Code to provide effective warning of fire in any part of the building. In areas not continuously occupied, detection is installed at each fire alarm control unit. In new occupancy, detection is also installed at notification appliance circuit power extenders, and supervising station transmitting equipment. Fire alarm system wiring or other transmission paths are monitored for integrity. 18.3.4.1, 19.3.4.1, 9.6, 9.6.1.8 Based on observation and interview, the facility failed to ensure 3 of 3 fire alarm control panels were protected. NFPA 72, National Fire Alarm and Signaling Code Section 10.10.1 states a means for turning off activated alarm notification appliance(s) shall be permitted only if it complies with 10.10.3 through 10.10.7. Section 10.10.3 states the means shall be key-operated or located within a locked cabinet or arranged to provide equivalent protection against unauthorized use. This</p>			K 0341	<p><b>K341 – Fire alarm system Immediate intervention</b> The key located in the fire alarm control panel located at the front door was immediately removed in accordance with K341 to comply with the deficiency that has the possibility to affect all occupants of the facility.</p>		08/08/2023

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

PRINTED: 08/25/2023  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155816		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING		X3) DATE SURVEY COMPLETED 08/08/2023	
NAME OF PROVIDER OR SUPPLIER  ARLINGTON PLACE HEALTH CAMPUS				STREET ADDRESS, CITY, STATE, ZIP COD 1635 N ARLINGTON AVE INDIANAPOLIS, IN 46218			
(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 0353 SS=C Bldg. 01	<p>deficient practice could affect all occupants within the facility.</p> <p>Findings include:</p> <p>Based on an observations made with the Director of Plant Operations (D.P.O.) and the Facilities Maintenance Support Director (M.S.D.) on 08/08/23 at 11:57 a.m., the fire alarm control panel (FACP) doors [the two sub panels and the main panel] were not locked and had the key inserted in the panel/sub panel locks. All of three FACP/sub panels in the facility were found to be like this. Based on interview at the time of each observation, the M.S.D. said the FACP/sub panels had the keys left in them so the alarm can be silenced quickly and added that he would find a new place to keep them and advise staff of the new location so unauthorized people could not silence an alarm.</p> <p>This finding was reviewed with the facility Administrator, the D.P.O. and the M.S.D. at the exit conference held on 08/08/23 at 2:30 p.m.</p> <p>3.1-19(b)</p>				<p><b>Compliance Date</b> <b>8-8-2023</b></p> <p>The Director of Plant Operations was educated by Regional Facilities Support on NFPA 70, National Electric Code, and NFPA 72. Fire alarm system wiring or other transmission path are monitoring for integrity. 18.3.4.1, 19.3.4.1, 9.6, 9.6.1.8, 10.10.3 through 10.10.7, section 10.10.3.</p> <p><b>Exhibit D – In-service</b></p> <p>The Director of Plant Operations will complete a visual inspection of the fire panels for proper protection. Weekly x6 then monthly x3</p> <p><b>Exhibit E- Audit tool</b></p> <p>The Executive Director will present the results of visual inspection through the QAPI committee for further recommendations and will continue until QAPI team determines substantial compliance has been achieved.</p>		
	<p>NFPA 101 Sprinkler System - Maintenance and Testing Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a</p>						

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

PRINTED: 08/25/2023  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155816		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING		X3) DATE SURVEY COMPLETED 08/08/2023	
NAME OF PROVIDER OR SUPPLIER  ARLINGTON PLACE HEALTH CAMPUS				STREET ADDRESS, CITY, STATE, ZIP CODE 1635 N ARLINGTON AVE INDIANAPOLIS, IN 46218			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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
	<p>secure location and readily available.</p> <p>a) Date sprinkler system last checked</p> <p>b) Who provided system test</p> <p>c) Water system supply source</p> <p>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 Based on observation and interview, the facility failed to ensure 1 of 1 sprinkler systems were provided with spare sprinklers, a spare sprinkler cabinet large enough to fit all spare sprinkler heads, and a sprinkler wrench on the premises. NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 2011 Edition, Section 5.4.1.4 states a supply of spare sprinklers (never fewer than six) shall be maintained on the premises so that any sprinklers that have been operated or damaged in any way can be promptly replaced. The sprinklers shall correspond to the types and temperature ratings of the sprinklers on the property. The sprinklers shall be kept in a cabinet located where the temperature in which they are subjected will at no time exceed 100 degrees Fahrenheit. A special sprinkler wrench shall be provided and kept in the cabinet to be used in the removal and installation of sprinklers. This deficient practice could affect all residents, staff, and visitors in the facility.</p> <p>Findings include:</p> <p>Based on an observations made with the Director of Plant Operations (D.P.O.) and the Facilities Maintenance Support Director (M.S.D.) on 08/08/23 at 12:13 p.m., the spare sprinkler cabinet in the riser room was not large enough to contain</p>			K 0353	<p><b>K353 – Sprinkler System</b></p> <p><b>Immediate Intervention</b> Upon inspection one sprinkler head was located outside of protective cabinet the extra head was removed from the location to comply with K353 this deficiency could affect all residents, staff, and visitors in the facility.</p> <p><b>Compliance date</b> <b>8-8-2023</b></p> <p>The Director of Plant Operations was educated by the Regional Facilities Support on NFPA 25, Standard for the inspection, Testing and Maintenance of Water-Based Fire Protection Systems, 2011 edition. In accordance with sections 9.7.5, 9.7.7, 9.7.8</p> <p><b>Exhibit D – In-service</b>  The Director of Plant Operations will visually inspect the sprinkler systems to ensure proper</p>		08/08/2023

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

PRINTED: 08/25/2023  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155816		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING		X3) DATE SURVEY COMPLETED 08/08/2023	
NAME OF PROVIDER OR SUPPLIER  ARLINGTON PLACE HEALTH CAMPUS				STREET ADDRESS, CITY, STATE, ZIP COD 1635 N ARLINGTON AVE INDIANAPOLIS, IN 46218			
(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 0741 SS=E Bldg. 01	<p>all sprinkler heads and prevent damage to the sprinkler heads. When the cabinet in riser room was opened, the cabinet contained more sprinkler heads than spots available for sprinkler head storage. Based on interview at the time of the observations, the D.P.O. agreed the cabinet was not large enough to contain all spare sprinkler heads and removed the ones that were not protected.</p> <p>This finding was reviewed with the facility Administrator, the D.P.O. and the M.S.D. at the exit conference held on 08/08/23 at 2:30 p.m.</p> <p>3.1-19(b)</p> <p>NFPA 101 Smoking Regulations Smoking Regulations Smoking regulations shall be adopted and shall include not less than the following provisions: (1) Smoking shall be prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area shall be posted with signs that read NO SMOKING or shall be posted with the international symbol for no smoking. (2) In health care occupancies where smoking is prohibited and signs are prominently placed at all major entrances, secondary signs with language that prohibits smoking shall not be required. (3) Smoking by patients classified as not responsible shall be prohibited. (4) The requirement of 18.7.4(3) shall not apply where the patient is under direct supervision.</p>				<p>protection weekly x 6 then monthly x 3.</p> <p><b>Exhibit F – Audit tool</b></p> <p>The Executive Director will present the results of visual inspection through the QAPI committee for further recommendations and will continue until QAPI team determines substantial compliance has been achieved.</p>		

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

PRINTED: 08/25/2023  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155816		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING		X3) DATE SURVEY COMPLETED 08/08/2023	
NAME OF PROVIDER OR SUPPLIER  ARLINGTON PLACE HEALTH CAMPUS				STREET ADDRESS, CITY, STATE, ZIP COD 1635 N ARLINGTON AVE INDIANAPOLIS, IN 46218			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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
	<p>(5) Ashtrays of noncombustible material and safe design shall be provided in all areas where smoking is permitted.</p> <p>(6) Metal containers with self-closing cover devices into which ashtrays can be emptied shall be readily available to all areas where smoking is permitted.</p> <p>18.7.4, 19.7.4</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 receiving dock / generator area was maintained and kept free of cigarette butts. This deficient practice could affect staff only.</p> <p>Findings include:</p> <p>Based on an observations made with the Director of Plant Operations (D.P.O.) and the Facilities Maintenance Support Director (M.S.D.) on 08/08/23 at 12:00 p.m., there were approximately 40 cigarette butts on the ground between the facility generator and the back receiving dock entrance. Based on interview at the time of observation, the D.P.O. acknowledged the over cigarette butts on the ground.</p> <p>This finding was reviewed with the facility Administrator, the D.P.O. and the M.S.D. at the exit conference held on 08/08/23 at 2:30 p.m.</p> <p>3.1-19(b)</p>			K 0741	<p><b>K 741 – Smoking Regulations</b></p> <p><b>Immediate intervention</b> The affected area was cleaned of smoking debris as stated the campus is smoke free to meet the deficiency stated in K741 this could affect staff only.</p> <p><b>Compliance Date</b> <b>8-8-2023</b></p> <p>The Director of Plant Operations was educated by Regional Facilities Support on NFPA 101 sub section (2) In health care occupancies where smoking is prohibited, and signs are prominently placed at all major entrances and shall be maintained free of smoking debris.</p> <p><b>Exhibit A – In-service</b> <b>Exhibit D - In-service</b></p> <p>The director of Dietary Services and the Director of Plant operations will inspect the loading dock and generator area for debris and ensure removal weekly.</p> <p><b>Exhibit G – Audit tool</b></p>		08/08/2023

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

PRINTED: 08/25/2023  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155816	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 08/08/2023
NAME OF PROVIDER OR SUPPLIER  ARLINGTON PLACE HEALTH CAMPUS			STREET ADDRESS, CITY, STATE, ZIP CODE 1635 N ARLINGTON AVE INDIANAPOLIS, IN 46218		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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 0753 SS=E Bldg. 01	<p>NFPA 101 Combustible Decorations Combustible Decorations Combustible decorations shall be prohibited unless one of the following is met:</p> <ul style="list-style-type: none"> <li>o Flame retardant or treated with approved fire-retardant coating that is listed and labeled for product.</li> <li>o Decorations meet NFPA 701.</li> <li>o Decorations exhibit heat release less than 100 kilowatts in accordance with NFPA 289.</li> <li>o Decorations, such as photographs, paintings and other art are attached to the walls, ceilings and non-fire-rated doors in accordance with 18.7.5.6(4) or 19.7.5.6(4).</li> <li>o The decorations in existing occupancies are in such limited quantities that a hazard of fire development or spread is not present.</li> </ul> <p>19.7.5.6 Based on observation and interview, the facility failed to ensure 1 of 1 Dietary Managers office was maintained in accordance with 19.7.5.6. LSC 19.7.5.6 prohibits combustible decorations unless an exception was met. This deficient practice could affect staff only in the kitchen.</p> <p>Findings include:</p>	K 0753	<p>The Executive Director will present the results of visual inspection through the QAPI committee for further recommendations and will continue until QAPI team determines substantial compliance has been achieved.</p> <p><b>K 753 – Combustible Decorations</b></p> <p><b>Immediate Intervention</b> The chafing fuel container left on Dietary managers desk was removed from the office area to meet the deficiency K753 that could affect staff only in the</p>	08/08/2023	

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

PRINTED: 08/25/2023  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155816		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING		X3) DATE SURVEY COMPLETED 08/08/2023	
NAME OF PROVIDER OR SUPPLIER  ARLINGTON PLACE HEALTH CAMPUS				STREET ADDRESS, CITY, STATE, ZIP COD 1635 N ARLINGTON AVE INDIANAPOLIS, IN 46218			
(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 0911 SS=E Bldg. 01	<p>Based on an observations made with the Director of Plant Operations (D.P.O.) and the Facilities Maintenance Support Director (M.S.D.) on 08/08/23 at 12:00 p.m., there was a 6-Hour chafer fuel container with the top open and the wick exposed sitting on a shelf in the Dietary Managers office. Based on interview at the time of observation, the M.S.D. acknowledged the chafer fuel container and stated that staff training would be done to prevent this from happening again and removed the chafer fuel from the office.</p> <p>This finding was reviewed with the facility Administrator, the D.P.O. and the M.S.D. at the exit conference held on 08/08/23 at 2:30 p.m.</p> <p>3.1-19(b)</p> <p>NFPA 101 Electrical Systems - Other Electrical Systems - Other List in the REMARKS section any NFPA 99 Chapter 6 Electrical Systems requirements</p>				<p>kitchen.</p> <p><b>Compliance Date</b> <b>8-8-2023</b></p> <p>The Director of Dietary Services and dietary staff were educated by the Regional Facilities Support on maintaining combustible decorations in accordance with NFPA 101, 19.7.5.6. LSC</p> <p><b>Exhibit A – In-service</b></p> <p>The Director of Dietary Services will visually inspect areas for proper placement of said decorations weekly x6 then monthly x3.</p> <p><b>Exhibit H – Audit tool</b></p> <p>The Executive Director will present the results of visual inspection through the QAPI committee for further recommendations and will continue until QAPI team determines substantial compliance has been achieved.</p>		

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

PRINTED: 08/25/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155816		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING		X3) DATE SURVEY COMPLETED 08/08/2023	
NAME OF PROVIDER OR SUPPLIER  ARLINGTON PLACE HEALTH CAMPUS				STREET ADDRESS, CITY, STATE, ZIP CODE 1635 N ARLINGTON AVE INDIANAPOLIS, IN 46218			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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
	<p>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.</p> <p>Chapter 6 (NFPA 99)</p> <p>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 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 30 residents, 4 staff, and 2 visitors in the kitchen / dining room area.</p> <p>Findings include:</p> <p>Based on an observations made with the Director of Plant Operations (D.P.O.) and the Facilities Maintenance Support Director (M.S.D.) on 08/08/23 at 1:55 p.m., there were two brown carts sitting in front of the electric panels located in the kitchen. Based on interview at the time of the observations, the M.S.D. agreed items were stored within the working space in front of the electrical panels in the kitchen and that they would hinder access to the panels.</p>			K 0911	<p><b>K 911 – Electrical Systems – Other</b></p> <p><b>Immediate intervention</b></p> <p>The carts that were placed in front of the electrical panels were moved away from the location to ensure compliance with K911. This deficiency could affect 30 residents, 4 staff and 2 visitors in the kitchen/dining area.</p> <p><b>Compliance date</b> <b>8-8-2023</b></p> <p>The Director of dietary services was educated by Regional Facilities Support on 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 Code. NFPA 70, 2011 Edition, Article 110.26</p> <p><b>Exhibit A – In-service</b></p> <p>The Director of Dietary services will visually inspect proper access to all panels located in the dietary area weekly x6 then monthly x3.</p> <p><b>Exhibit I – Audit tool.</b></p>		08/08/2023

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

PRINTED: 08/25/2023  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155816	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 08/08/2023
NAME OF PROVIDER OR SUPPLIER  ARLINGTON PLACE HEALTH CAMPUS			STREET ADDRESS, CITY, STATE, ZIP COD 1635 N ARLINGTON AVE INDIANAPOLIS, IN 46218		
(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 0920 SS=E Bldg. 01	<p>This finding was reviewed with the facility Administrator, the D.P.O. and the M.S.D. at the exit conference held on 08/08/23 at 2:30 p.m.</p> <p>3.1-19(b)</p> <p>NFPA 101 Electrical Equipment - Power Cords and Extens Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assemblies that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4. 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5 Based on observation and interview, the facility failed to ensure 1 of 1 power strips in the Riser room was not used as a substitute for fixed wiring to provide power to equipment with a high current</p>	K 0920	<p>The Executive Director will present the results of visual inspection through the QAPI committee for further recommendations and will continue until QAPI team determines substantial compliance has been achieved.</p> <p><b>K 920 – Electrical Equipment – Power cords and extensions</b></p> <p><b>Immediate Intervention</b></p>	08/08/2023	

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

PRINTED: 08/25/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155816		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING		X3) DATE SURVEY COMPLETED 08/08/2023	
NAME OF PROVIDER OR SUPPLIER  ARLINGTON PLACE HEALTH CAMPUS				STREET ADDRESS, CITY, STATE, ZIP COD 1635 N ARLINGTON AVE INDIANAPOLIS, IN 46218			
(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
	<p>draw. LSC 9.1.2 requires electrical wiring and equipment shall be in accordance with NFPA 70, National Electrical Code. NFPA 70, 2011 Edition, Article 400.8 requires that, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice affects 2 staff only.</p> <p>Findings include:</p> <p>Based on an observations made with the Director of Plant Operations (D.P.O.) and the Facilities Maintenance Support Director (M.S.D.) on 08/08/23 at 12:12 p.m., a power strip was in use with a mini refrigerator plugged into it in the Riser room / D.P.O.'s office. Based on interview at the time of each observation, the D.P.O. acknowledged the usage of a power strip and immediately removed it from use.</p> <p>This finding was reviewed with the facility Administrator, the D.P.O. and the M.S.D. at the exit conference held on 08/08/23 at 2:30 p.m.</p> <p>3.1-19(b)</p>				<p>The refrigerator plugged into a power strip was removed and plugged directly into the wall to meet the deficiency which could affect 2 staff.</p> <p><b>Compliance date</b> <b>8-8-2023</b></p> <p>The Director of Plant operations was educated by the Regional Facilities support that extensions cords are not used as a substitute for fixed wiring as stated in 10.2.3.6(NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3 (D), (NFPA 70), TIA 12-5 in accordance with NFPA 70, National Electric Code, NFPA 70, 2011 Edition Article 400.8.</p> <p><b>Exhibit D – In-service</b></p> <p>The Director of Plant Operations and Executive Director will verify non approved cords and devices are not in use once per week X 3 months followed by once per month X 3.</p> <p><b>Exhibit J – Audit Tool</b></p> <p>The Executive Director will present the results of visual inspection through the QAPI committee for further recommendations and will continue until QAPI team determines substantial compliance has been achieved.</p>		

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

PRINTED: 08/25/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155816		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING		X3) DATE SURVEY COMPLETED 08/08/2023	
NAME OF PROVIDER OR SUPPLIER  ARLINGTON PLACE HEALTH CAMPUS				STREET ADDRESS, CITY, STATE, ZIP COD 1635 N ARLINGTON AVE INDIANAPOLIS, IN 46218			
(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 0923 SS=E Bldg. 01	<p>NFPA 101</p> <p>Gas Equipment - Cylinder and Container Storag</p> <p>Gas Equipment - Cylinder and Container Storage</p> <p>Greater than or equal to 3,000 cubic feet Storage locations are designed, constructed, and ventilated in accordance with 5.1.3.3.2 and 5.1.3.3.3.</p> <p>&gt;300 but &lt;3,000 cubic feet Storage locations are outdoors in an enclosure or within an enclosed interior space of non- or limited- combustible construction, with door (or gates outdoors) that can be secured. Oxidizing gases are not stored with flammables, and are separated from combustibles by 20 feet (5 feet if sprinklered) or enclosed in a cabinet of noncombustible construction having a minimum 1/2 hr. fire protection rating.</p> <p>Less than or equal to 300 cubic feet In a single smoke compartment, individual cylinders available for immediate use in patient care areas with an aggregate volume of less than or equal to 300 cubic feet are not required to be stored in an enclosure. Cylinders must be handled with precautions as specified in 11.6.2.</p> <p>A precautionary sign readable from 5 feet is on each door or gate of a cylinder storage room, where the sign includes the wording as a minimum "CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING."</p> <p>Storage is planned so cylinders are used in order of which they are received from the supplier. Empty cylinders are segregated from full cylinders. When facility employs cylinders with integral pressure gauge, a threshold pressure considered empty is established. Empty cylinders are marked to</p>						

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

PRINTED: 08/25/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155816		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING		X3) DATE SURVEY COMPLETED 08/08/2023	
NAME OF PROVIDER OR SUPPLIER  ARLINGTON PLACE HEALTH CAMPUS				STREET ADDRESS, CITY, STATE, ZIP COD 1635 N ARLINGTON AVE INDIANAPOLIS, IN 46218			
(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		
	<p>avoid confusion. Cylinders stored in the open are protected from weather. 11.3.1, 11.3.2, 11.3.3, 11.3.4, 11.6.5 (NFPA 99)</p> <p>Based on observation and interview, the facility failed to ensure 7 of 7 cylinders of nonflammable gases such as oxygen were properly secured from falling. NFPA 99, Health Care Facilities Code, 2012 Edition, Section 11.3.2 states storage for nonflammable gases greater than 8.5 cubic meters (300 cubic feet) but less than 85 cubic meters (3000 cubic feet) shall comply with 11.3.2.1 through 11.3.2.3. NFPA 99, Section 11.3.2.6 states cylinder or container restraints shall comply with 11.6.2.3. Section 11.6.2.3(11) states freestanding cylinders shall be properly chained or supported in a proper cylinder stand or cart. This deficient practice could affect as many as 8 staff working in the kitchen and receiving dock area.</p> <p>Findings include:</p> <p>Based on an observations made with the Director of Plant Operations (D.P.O.) and the Facilities Maintenance Support Director (M.S.D.) on 08/08/23 at 12:10 p.m., there were seven compressed gas cylinders standing upright on the floor in the receiving area. Based on interview at the time of observation, the M.S.D. advised that the compressed gas cylinders must have been delivered that morning and that he would have them moved so a safe and secure location immediately.</p> <p>This finding was reviewed with the facility Administrator, the D.P.O. and the M.S.D. at the exit conference held on 08/08/23 at 2:30 p.m.</p> <p>3.1-19(b)</p>	K 0923	<p><b>K 923 – Gas equipment – Cylinder and Container storage</b></p> <p><b>Immediate Intervention</b> CO2 containers found loose where immediately secured to prevent falling to meet the deficiency that could affect the 8 staff members working in the kitchen.</p> <p><b>Compliance date</b> <b>8-8-2023</b></p> <p>The Director of Dietary Services was educated by the Regional Facilities Support on NFPA 99 Health Care facilities Code, 2012 Edition in accordance with section 11.3.2.1 through 11.3.2.3 section 11.3.2.6 stating cylinder or container restraints shall comply with 11.6.2.3.</p> <p><b>Exhibit A – In-service</b></p> <p>The director of Dietary Services will visually inspect proper security of cylinders weekly.</p> <p><b>Exhibit K – Audit tool</b></p> <p>The Executive Director will present the results of visual inspection through the QAPI committee for further recommendations and will continue until QAPI team</p>		08/08/2023		

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

PRINTED: 08/25/2023  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155816		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING		X3) DATE SURVEY COMPLETED 08/08/2023	
NAME OF PROVIDER OR SUPPLIER  ARLINGTON PLACE HEALTH CAMPUS				STREET ADDRESS, CITY, STATE, ZIP COD 1635 N ARLINGTON AVE INDIANAPOLIS, IN 46218			
(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
					determines substantial compliance has been achieved.		