

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

PRINTED: 10/16/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155783		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING _____		X3) DATE SURVEY COMPLETED 09/26/2024	
NAME OF PROVIDER OR SUPPLIER GREENLEAF HEALTH CAMPUS				STREET ADDRESS, CITY, STATE, ZIP COD 1201 E BEARDSLEY AVE ELKHART, IN 46514			
(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: 09/26/24</p> <p>Facility Number: 002661 Provider Number: 155783 AIM Number: 201056540</p> <p>At this Emergency Preparedness survey, Greenleaf Health Campus was found not in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73.</p> <p>The facility has 60 certified beds. At the time of the survey, the census was 55.</p> <p>The requirement at 42 CFR, Subpart 483.73 is NOT MET as evidenced by:</p> <p>Quality Review completed on 09/30/24</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 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 survey visit with exit on September 26th, 2024.</p>		
E 0041 SS=F Bldg. --	<p>482.15(e), 483.73(e), 485.542(e), 485.62 Hospital CAH and LTC Emergency Power</p> <p>1. Based on record review and interview, the facility failed to ensure 1 of 1 emergency generator had a reliable source of fuel in accordance with the requirements of NFPA 101 - 2012 edition, Section 19.5.1.1, 9.1, 9.1.3.1 and NFPA 110, 2010 Edition, 5.1. LSC Section 9.1.3.1 states emergency generators shall be installed, tested and maintained in accordance with NFPA 110, Standard for Emergency and Standby Power</p>			E 0041	<p>E 041</p> <p>Hospital CAH and LTC Emergency Power</p> <p>Immediate intervention</p> <p>1.) The natural gas provider was</p>		10/26/2024

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

TITLE

(X6) DATE

Brittney Plantinga

ED

10/08/2024

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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	<p>Systems, 2010 Edition. Section 5.1.1 states the following energy sources shall be permitted to be used for the emergency power supply (EPS):</p> <p>(1) Liquid petroleum products at atmospheric pressure</p> <p>(2) Liquefied petroleum gas (liquid or vapor withdrawal)</p> <p>(3) Natural or synthetic gas</p> <p>Exception: For Level 1 installations in locations where the probability of interruption of off-site fuel supplies is high, on-site storage of an alternate energy source sufficient to allow full output of the EPSS to be delivered for the class specified shall be required, with the provision for automatic transfer from the primary energy source to the alternate energy source. This deficient practice could affect all residents, staff, and visitors.</p> <p>Findings include:</p> <p>Based on record review and interview with the Director of Plant Operations (DPO) from 9:20 a.m. to 12:30 p.m. on 09/26/24, the facility's emergency generator had a natural gas fuel source. The facility provided a letter of reliability dated November 4, 2022, from NIPSCO, the utility providing the natural gas; however, the letter did not include all of the required information. There was no statement that there was a low likelihood of an interruption with a description as to why that was true. The letter was not authored by a technical person who had the technical knowledge to make those statements. The letter was authored by the Manager, Major Account Support, who was not an engineer and there was no explanation of the author's job responsibilities to confirm that they had the technical knowledge to make the required statements. This finding was discussed with the DPO during record review.</p>				<p>contacted for an updated Letter of reliability with all required components. This deficient practice could affect all occupants.</p> <p>2.) Generator was run for 4 continuous hours with documentation to meet the 36 month period requirements. This deficient practice could affect all occupants.</p> <p>Compliance date 10/26/2024</p> <p>The director of plant operations and the executive director were educated by Regional Facilities Support on processes and procedures listed for emergency operations as they pertain to CFR 483.73</p> <p>Exhibit A – Inservice</p> <p>The director of plant operations will maintain, and review documentation as pertains to the generator in accordance with LSC.</p> <p>Executive Director will review documentation thru the QAPI committee for further recommendations and will continue until QAPI team determines substantial compliance has been achieved.</p>		

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	<p>This finding was reviewed with the Director of Plant Operations at the exit conference.</p> <p>2. Based on record review, observation, and interview; the facility failed to document 36-month period emergency generator testing for 1 of 1 emergency generator in accordance with NFPA 99 and NFPA 110. NFPA 99, Health Care Facilities Code, 2012 Edition, Section 6.4.1.1.6.1 states Type 1 and Type 2 essential electrical system power sources (EPSS) shall be classified as Type 10, Class X, Level 1 generator sets per NFPA 110. NFPA 110, the Standard for Emergency and Standby Powers Systems, 2010 Edition, Section 8.4.9 states Level 1 EPSS shall be tested at least once within every 36 months. Section 8.4.9.1 states Level 1 EPSS shall be tested continuously for the duration of its assigned class (See Section 4.2). Section 8.4.9.2 states where the assigned class is greater than 4 hours, it shall be permitted to terminate the test after 4 continuous hours. Section 8.4.9.5 states the minimum load for this test shall be specified in 8.4.9.5.1, 8.4.9.5.2, or 8.4.9.5.3. Section 8.4.9.5.3 states for spark-ignited EPS's, loading shall be the available EPSS load. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on record review and interview with the Director of Plant Operations (DPO) from 9:20 a.m. to 12:30 p.m. on 09/26/24, documentation was not available to show a 36-month period test for 4 continuous hours for the natural gas emergency generator. Based on interview at the time of record review, the DPO stated he spoke with the generator service vendor and they did not know what he was referring to and confused him about</p>						

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K 0000 Bldg. 02	<p>what was required.</p> <p>This finding was reviewed with Director of Plant Operations at the exit conference.</p> <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: 09/26/24</p> <p>Facility Number: 002661 Provider Number: 155783 AIM Number: 201056540</p> <p>At this Life Safety Code survey, Greenleaf 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 building was constructed in 2010, is adjacent to an assisted living unit and separated by a Fire Wall with a two-hour Fire Resistive Rating. The facility has a fire alarm system with smoke detection in corridors, in areas open to the corridors and hard-wired smoke detectors in the resident rooms. The facility is partially protected by a 150 kW Natural Gas Generator.</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 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 survey visit with exit on September 26th, 2024.</p>		

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K 0363 SS=E Bldg. 02	<p>The facility has a capacity of 60 beds and had a census of 55 at the time of this survey.</p> <p>Quality Review completed on 09/30/24</p> <p>NFPA 101 Corridor - Doors</p> <p>Based on observation and interview, the facility failed to ensure 1 of 13 resident room corridor doors in the 100 hall were provided with a means suitable for keeping the door closed, had no impediment to closing, latching and would resist the passage of smoke. This deficient practice could affect 13 residents, staff and visitors in 1 of 5 smoke compartments.</p> <p>Findings include:</p> <p>Based on observation and interview with the Director of Plant Operations (DPO) from 12:45 p.m. to 2:30 p.m. on 09/26/24, resident room 102 corridor door was not able to be closed and latched. At the time of observation, the DPO attempted to close and latch the door more than three times but was unable to latch the door. Based on interview at the time of observation, the DPO stated he just checked all the doors recently and did not understand why it was not latching.</p> <p>This finding was reviewed with the DPO during the exit conference.</p> <p>3.1-19(b)</p>			K 0363	<p>K363 – Corridor – Doors</p> <p>Immediate intervention</p> <p>Adjusted the door that would have prevented, the door from closing and positive latching into the frame, it had no impediment to closing, latching and would resist the passage of smoke that could affect 13 staff, residents, and visitors in 1 of the 5 smoke compartments to meet K363 deficiency.</p> <p>Compliance date 10/26/2024</p> <p>The Director of Plant Operations was educated by Regional Support on K363 corridor – doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas to resist the passage of smoke as it pertains NFPA 101 in compliance with 7.2.1.9, 19.3.6.3.6, 8.3, 19.3.6.3, 42 CFR parts</p>		10/26/2024

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K 0511 SS=F Bldg. 02	NFPA 101 Utilities - Gas and Electric Based on record review and interview, the facility failed to ensure 1 of 1 emergency generator had a reliable source of fuel in accordance with the requirements of NFPA 101 - 2012 edition, Section 19.5.1.1, 9.1, 9.1.3.1 and NFPA 110, 2010 Edition, 5.1. LSC Section 9.1.3.1 states emergency generators shall be installed, tested and maintained in accordance with NFPA 110,	K 0511	403,418,460,482,483 and 485. Exhibit A – Inservice The Director of Plant Operations or assigned party will visually inspect the corridor doors weekly X 3 months Exhibit B - Audit tool Executive Director will present results of visual inspection thru the QAPI committee for further recommendations and will continue until QAPI team determines substantial compliance has been achieved.	10/26/2024	
			K511 Utilities – Gas and electric Immediate intervention The director of plant operations contacted the Natural Gas provider to submit an updated letter of reliability with correct		

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	<p>Standard for Emergency and Standby Power Systems, 2010 Edition. Section 5.1.1 states the following energy sources shall be permitted to be used for the emergency power supply (EPS):</p> <p>(1) Liquid petroleum products at atmospheric pressure</p> <p>(2) Liquefied petroleum gas (liquid or vapor withdrawal)</p> <p>(3) Natural or synthetic gas</p> <p>Exception: For Level 1 installations in locations where the probability of interruption of off-site fuel supplies is high, on-site storage of an alternate energy source sufficient to allow full output of the EPSS to be delivered for the class specified shall be required, with the provision for automatic transfer from the primary energy source to the alternate energy source.</p> <p>A.5.1.1 states examples of probability of interruption could include the following: earthquake, flood damage, or a demonstrated utility unreliability. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on record review and interview with the Director of Plant Operations (DPO) from 9:20 a.m. to 12:30 p.m. on 09/26/24, the facility's emergency generator had a natural gas fuel source. The facility provided a letter of reliability dated November 4, 2022, from NIPSCO, the utility providing the natural gas; however, the letter did not include all of the required information. There was no statement that there was a low likelihood of an interruption with a description as to why that was true. The letter was not authored by a technical person who had the technical knowledge to make those statements. The letter was authored by the Manager, Major Account Support, who was not an engineer and there was</p>				<p>requirements to meet deficiency K511. This deficient practice could affect all occupants.</p> <p>Compliance date: 10/26/2024</p> <p>Director of plant Operations was educated by the regional support on K511 NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life 18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2. Additionally, NFPA 101 – 2012 edition Section 19.5.1.1, 9.1, 9.1.3.1 and NFPA 110, 2010 Edition 5.1.</p> <p>Exhibit A – Inservice Documentation</p> <p>Director of plant Operations will verify required documentation is reviewed and updated as required.</p> <p>The Executive Director will review results of paperwork thru the QAPI committee for further recommendations and will continue until QAPI team determines substantial compliance has been achieved.</p>		

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K 0712 SS=F Bldg. 02	<p>no explanation of the author's job responsibilities to confirm that they had the technical knowledge to make the required statements. This finding was discussed with the DPO during record review.</p> <p>This finding was reviewed with the Director of Plant Operations at the exit conference.</p> <p>3.1-19(b)</p> <p>NFPA 101 Fire Drills</p> <p>Based on record review and interview, the facility failed to conduct quarterly fire drills under varying conditions according to LSC 101 19.7.1.6 and LSC 4.7.4 which require drills be conducted at unexpected times under varying conditions. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on record review with the Director of Plant Operations (DPO) from 9:20 a.m. to 12:30 p.m. on 09/26/24, the "Fire Drill Report" indicated 10 of 12 fire drills conducted were all conducted between the 24th and 31st of each month. In the first quarter of 2024 fire drills were conducted on: first shift at 7:19 a.m. on 01/31/24, second shift at 89:30 p.m. on 02/20/24, and third shift at 11:00 p.m. on 03/31/24. In the second quarter of 2024 fire drills were conducted on: second shift at 2:40 p.m. on 05/31/25, and on third shift at 1:0 a.m. on 06/29/24. In the third quarter of 2024 fire drills were conducted on: on second shift at 5:56 p.m. on 08/24/24. In the third quarter of 2023 a third shift fire drill was conducted at 3:45 a.m. on 09/30/23. In the fourth quarter of 2023 fire drills were conducted on: first shift at 9:34 a.m. on 10/31/23,</p>			K 0712	<p>K712 Fire Drill</p> <p>Immediate Intervention As noted during survey findings the fire drills were scheduled to close to the end of the month going forward all drills will be performed in various times and dates. This deficient practice could affect all occupants to meet K712.</p> <p>Compliance Date 10/26/2024</p> <p>The director of plant operations was educated by regional support on the requirements of NFPA 101 concerning fire drills are to be held at various times and dates to ensure conditions of drills being conducted on unexpected days and unpredictable times under varying conditions, at least quarterly on each shift.</p> <p>Exhibit A – Inservice</p>		10/26/2024

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K 0918 SS=F Bldg. 02	<p>second shift at 8:02 p.m. on 11/30/23, and on the third shift at 12:00 a.m. on 12/31/23. Based on interview at the time of record review, the DPO acknowledged the dates and times of fire drills stating he thought that he only had to vary the time of the fire drills by 2 hours.</p> <p>This finding was reviewed with Director of Plant Operations at the exit conference.</p> <p>3.1-19(b) 3.1-51(c)</p> <p>NFPA 101 Electrical Systems - Essential Electric Syste</p>			K 0918	<p>Documentation</p> <p>The Executive director and the Director of plant operations will present information x 12 months to the QAPI committee for further recommendation and will continue until the QAPI team determines substantial compliance has been achieved.</p>		10/26/2024
	<p>Based on record review, observation, and interview; the facility failed to document 36-month period emergency generator testing for 1 of 1 emergency generator in accordance with NFPA 99 and NFPA 110. NFPA 99, Health Care Facilities Code, 2012 Edition, Section 6.4.1.1.6.1 states Type 1 and Type 2 essential electrical system power sources (EPSS) shall be classified as Type 10, Class X, Level 1 generator sets per NFPA 110. NFPA 110, the Standard for Emergency and Standby Powers Systems, 2010 Edition, Section 8.4.9 states Level 1 EPSS shall be tested at least once within every 36 months. Section 8.4.9.1 states Level 1 EPSS shall be tested continuously for the duration of its assigned class (See Section 4.2). Section 8.4.9.2 states where the assigned class is greater than 4 hours, it shall be permitted to terminate the test after 4 continuous hours. Section 8.4.9.5 states the minimum load for this test shall be specified in 8.4.9.5.1, 8.4.9.5.2, or 8.4.9.5.3. Section 8.4.9.5.3 states for spark-ignited EPS's, loading shall be the available EPSS load. This deficient practice could affect all residents, staff and visitors.</p>				<p>K918 – Electrical Systems</p> <p>Immediate Intervention The Director of Plant Operations conducted a 4hr continuous load test with Documentation to satisfy this deficient practice of K918 that could affect all residents, staff, and visitors.</p> <p>Exhibit C – Documentation</p> <p>Compliance Date: 10/26/2024</p> <p>The Director of Plant Operations was educated by the Regional Support on NFPA 101 Electrical Systems, Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised</p>		

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	<p>Findings include:</p> <p>Based on record review and interview with the Director of Plant Operations (DPO) from 9:20 a.m. to 12:30 p.m. on 09/26/24, documentation was not available to show a 36-month period test for 4 continuous hours for the natural gas emergency generator. Based on interview at the time of record review, the DPO stated he spoke with the generator service vendor and they did not know what he was referring to and confused him about what was required.</p> <p>This finding was reviewed with Director of Plant Operations at the exit conference.</p> <p>3.1-19(b)</p>		<p>once every 36 months for 4 continuous hours. Scheduled test under load conditions includes a complete simulated cold start and automatic or manual transfer of all EES loads and are conducted by competent personnel.</p> <p>Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements.</p> <p>Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked and readily identifiable. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)</p> <p>Exhibit A - Inservice</p> <p>The Director of Plant Operations will maintain testing records to ensure proper cycles of completion.</p>		