

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

PRINTED: 04/11/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155818		X2) MULTIPLE CONSTRUCTION A. BUILDING      -- B. WING            _____		X3) DATE SURVEY COMPLETED 03/07/2023	
NAME OF PROVIDER OR SUPPLIER  HEARTHSTONE HEALTH CAMPUS				STREET ADDRESS, CITY, STATE, ZIP COD 3043 NORTH LINTEL DRIVE BLOOMINGTON, IN 47404			
(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
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: 03/07/23</p> <p>Facility Number: 012974 Provider Number: 155818 AIM Number: 201247830</p> <p>At this Emergency Preparedness survey, Hearthstone Health Campus was found in substantial compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73</p> <p>The facility has 64 certified beds. At the time of the survey, the census was 53.</p> <p>Quality Review completed on 03/08/23</p>			E 0000	<p>March 7, 2023 a Life Safety Code Recertification at and State Licensure with Emergency Preparedness Survey was conducted at Hearthstone Health Campus, Survey Event ID GBD421. The submission of this Plan of Correction does not indicate an admission by Hearthstone Health Campus that the findings and allegations contained herein are accurate and true representations of the quality of care and services provided to the residents. This facility recognized it's 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 the requirements of participation for comprehensive health care facilities (for Title 18/19 programs). Attached you will find our Plan of Correction for Hearthstone Health Campus for our annual survey conducted on March 7, 2023. We initiated immediate interventions when concerns were identified on this date. We respectfully request paper review for this plan of correction. If you need any information or paperwork, please do not hesitate to contact us at (812)269-2093. Sincerely, Brittan Mefford, Executive Director.</p>		

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

TITLE

(X6) DATE

Brittan Mefford

Executive Director

03/22/2023

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 30 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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E 0041 SS=C Bldg. --	<p>482.15(e), 483.73(e), 485.625(e) Hospital CAH and LTC Emergency Power §482.15(e) Condition for Participation: (e) Emergency and standby power systems. The hospital must implement emergency and standby power systems based on the emergency plan set forth in paragraph (a) of this section and in the policies and procedures plan set forth in paragraphs (b)(1) (i) and (ii) of this section.</p> <p>§483.73(e), §485.625(e) (e) Emergency and standby power systems. The [LTC facility and the CAH] must implement emergency and standby power systems based on the emergency plan set forth in paragraph (a) of this section.</p> <p>§482.15(e)(1), §483.73(e)(1), §485.625(e)(1) Emergency generator location. The generator must be located in accordance with the location requirements found in the Health Care Facilities Code (NFPA 99 and Tentative Interim Amendments TIA 12-2, TIA 12-3, TIA 12-4, TIA 12-5, and TIA 12-6), Life Safety Code (NFPA 101 and Tentative Interim Amendments TIA 12-1, TIA 12-2, TIA 12-3, and TIA 12-4), and NFPA 110, when a new structure is built or when an existing structure or building is renovated.</p> <p>482.15(e)(2), §483.73(e)(2), §485.625(e)(2) Emergency generator inspection and testing. The [hospital, CAH and LTC facility] must implement the emergency power system inspection, testing, and [maintenance] requirements found in the Health Care Facilities Code, NFPA 110, and Life Safety</p>						

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	<p>Code.</p> <p>482.15(e)(3), §483.73(e)(3), §485.625(e)(3) Emergency generator fuel. [Hospitals, CAHs and LTC facilities] that maintain an onsite fuel source to power emergency generators must have a plan for how it will keep emergency power systems operational during the emergency, unless it evacuates.</p> <p>*[For hospitals at §482.15(h), LTC at §483.73(g), and CAHs §485.625(g):] The standards incorporated by reference in this section are approved for incorporation by reference by the Director of the Office of the Federal Register in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. You may obtain the material from the sources listed below. You may inspect a copy at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: <a href="http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html">http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html</a>. If any changes in this edition of the Code are incorporated by reference, CMS will publish a document in the Federal Register to announce the changes.</p> <p>(1) National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02169, <a href="http://www.nfpa.org">www.nfpa.org</a>, 1.617.770.3000.</p> <p>(i) NFPA 99, Health Care Facilities Code, 2012 edition, issued August 11, 2011.</p> <p>(ii) Technical interim amendment (TIA) 12-2 to NFPA 99, issued August 11, 2011.</p> <p>(iii) TIA 12-3 to NFPA 99, issued August 9,</p>						

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	<p>2012. (iv) TIA 12-4 to NFPA 99, issued March 7, 2013. (v) TIA 12-5 to NFPA 99, issued August 1, 2013. (vi) TIA 12-6 to NFPA 99, issued March 3, 2014. (vii) NFPA 101, Life Safety Code, 2012 edition, issued August 11, 2011. (viii) TIA 12-1 to NFPA 101, issued August 11, 2011. (ix) TIA 12-2 to NFPA 101, issued October 30, 2012. (x) TIA 12-3 to NFPA 101, issued October 22, 2013. (xi) TIA 12-4 to NFPA 101, issued October 22, 2013. (xiii) NFPA 110, Standard for Emergency and Standby Power Systems, 2010 edition, including TIAs to chapter 7, issued August 6, 2009..</p> <p>Based on record review and interview, the facility failed to implement the emergency power system inspection, testing, and maintenance requirements found in the Health Care Facilities Code, NFPA 110, and Life Safety Code in accordance with 42 CFR 483.73(e)(2). This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>a. Based on record review with Facilities Campus Support on 03/07/23 at 11:16 a.m., documentation for June, August, October and November 2022 monthly load testing was not available for review. Based on an interview at the time of record review, the Facilities Campus Support confirmed no further documentation was available for review to show monthly load tests were conducted during the aforementioned months.</p>			E 0041	<p><b>E 041 Hospital CAH and LTC Emergency Power</b> Emergency generator inspection and testing. The (hospital, CAH and LTC facility) must implement the emergency power system inspection, testing, and maintenance requirements found in the Health Care Facilities Code, NFPA 110, and Life Safety Code.</p> <p>1. The deficient practice could affect all residents, staff and visitors. The deficient monthly load testing and weekly inspections of the generator were identified in December of 2022 and rectified. Since then, the testing and weekly inspections have been</p>		03/22/2023

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K 0000  Bldg. 01	<p>b. Based on records review with the Facilities Campus Support on 03/07/23 from 9:55 a.m. to 12:05 p.m., generator inspection documentation showed the generator was not inspected weekly during the months of May, June, August and November of 2022. The weeks of May 9, May 16, May 23, May 30, June 6, June 13, August 8 and November 21 were not available for review. Based on an interview at the time of record review, Facilities Campus Support stated that no additional documentation for the above mentioned weeks were available to show weekly inspections conducted.</p> <p>These findings were reviewed with the Facilities Campus Support at the exit conference.</p> <p>A Life Safety 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: 03/07/23</p> <p>Facility Number: 012974 Provider Number: 155818 AIM Number: 201247830</p> <p>At this Life Safety Code survey, Hearthstone 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</p>			K 0000	<p>compliant. (Attachment A)</p> <p>2. The Assistant Director of Plant Operations was educated by the Executive Director on E 041 Hospital CAH and LTC Emergency Power. (Attachment B)</p> <p>3. The Assistant Director of Plant Operations will inspect for the deficient practice of monthly load testing and weekly inspection 1 x a week for 1 month and 1 x a month for 3 months (Attachment C)</p> <p>4. Results of these inspections will be presented by Executive Director to the QA committee for further recommendations and continue until the Quality Assurance Team determines substantial compliance has been achieved.</p> <p>March 7, 2023 a Life Safety Code Recertification at and State Licensure with Emergency Preparedness Survey was conducted at Hearthstone Health Campus, Survey Event ID GBD421. The submission of this Plan of Correction does not indicate an admission by Hearthstone Health Campus that the findings and allegations contained herein are accurate and true representations of the quality of care and services provided to the residents. This facility recognized its obligation to</p>		

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K 0271 SS=E Bldg. 01	<p>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 sprinkled. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors, and hard wired smoke detection in all resident sleeping rooms. The facility has a capacity of 64 and had a census of 53 at the time of this visit.</p> <p>All areas where the residents have customary access were sprinkled and all areas providing facility services were sprinkled.</p> <p>Quality Review completed on 03/08/23</p>				<p>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 the requirements of participation for comprehensive health care facilities (for Title 18/19 programs). Attached you will find our Plan of Correction for Hearthstone Health Campus for our annual survey conducted on March 7, 2023. We initiated immediate interventions when concerns were identified on this date. We respectfully request paper review for this plan of correction. If you need any information or paperwork, please do not hesitate to contact us at (812)269-2093. Sincerely, Brittan Mefford, Executive Director.</p>		
	<p>NFPA 101 Discharge from Exits Discharge from Exits Exit discharge is arranged in accordance with 7.7, provides a level walking surface meeting the provisions of 7.1.7 with respect to changes in elevation and shall be maintained free of obstructions. Additionally, the exit discharge shall be a hard packed all-weather travel surface. 18.2.7, 19.2.7 Based on observation and interview, the facility failed to ensure 1 of 9 exit discharges was maintained in accordance with LSC 7.1.10.1 which states that means of egress shall be continuously maintained free of all obstructions or impediments</p>			K 0271	<p><b>K 271 – Discharge from Exits-</b> Exit discharge is arranged in accordance with 7.7. provides a level walking surface meeting the provisions of 7.1.7 with respect to</p>		03/22/2023

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K 0918 SS=F Bldg. 01	<p>to full instant use in the case of fire or other emergency. This deficient practice could affect staff, visitors, and up to 10 residents in the immediate smoke compartment.</p> <p>Findings include:</p> <p>Based on observation on 03/07/23 at 9:40 a.m. when arriving at the facility, a black in color passenger car was backed onto a hashed area in front of the southeast exit discharge into the parking lot, causing an obstruction. During a tour of the facility with the Plant Services Assistant and Facilities Campus Support on 03/07/23 at 12:37 p.m. the exit by resident room 213, the southeast exit, discharged onto a concrete sidewalk which lead to the parking lot. A black in color passenger car was still parked on the hashed out area of the asphalt parking lot where the sidewalk meets the parking lot, causing an obstructed means of egress. Based on interview at the time of observation, the Facilities Campus Support and Plant Services Assistant agreed that the means of egress was obstructed.</p> <p>This finding was reviewed with Facilities Campus Support at the exit conference.</p> <p>3.1-19(b)</p> <p>NFPA 101 Electrical Systems - Essential Electric Syste Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power</p>				<p>changes in elevation and shall be maintained free of obstructions.</p> <p>1. The deficient practice could affect staff, visitors and up to 10 residents in the immediate smoke compartment. The Assistant Director of Plant Operations identified the owner of the vehicle that was parked in the hashed area causing the obstruction and had them move the vehicle. The Assistant Director of Plant Operations also installed "No Parking" signage at the location of the hashed area. (Attachment E)</p> <p>2. The Assistant Director of Plant Operations was educated by the Executive Director on K 217 NFPA 101 Discharge from Exits. (Attachment D)</p> <p>3. The Assistant Director of Plant Operations will inspect for the deficient practice 1 x a week for 1 month and 1 x a month for 3 months. (Attachment C).</p> <p>4. Results of these inspections will be presented by Executive Director to the QA committee for further recommendations and continue until the Quality Assurance Team determines substantial compliance has been achieved.</p>		

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	<p>source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110.</p> <p>Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. 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. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations.</p> <p>6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)</p> <p>1. Based on record review and interview, the facility failed to maintain a complete written record of monthly generator load testing for 1 of the last 12 months. Chapter 6.4.4.1.1.4(a) of 2012 NFPA 99 requires monthly testing of the generator serving the emergency electrical system to be in accordance with NFPA 110, the Standard for</p>			K 0918	<p><b>K 918 – Electrical Systems – Essential Electric Systems Maintenance and Testing)-</b> The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. Generator sets</p>		03/22/2023

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	<p>Emergency and Standby Powers Systems, Chapter 8. NFPA 110 8.4.2 requires diesel generator sets in service to be exercised at least once monthly, for a minimum of 30 minutes. Chapter 6.4.4.2 of NFPA 99 requires a written record of inspection, performance, exercising period, and repairs for the generator to be regularly maintained and available for inspection by the authority having jurisdiction. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on record review with Facilities Campus Support on 03/07/23 at 11:16 a.m., documentation for June, August, October and November 2022 monthly load testing was not available for review. Based on an interview at the time of record review, the Facilities Campus Support confirmed no further documentation was available for review to show monthly load tests were conducted during the aforementioned months.</p> <p>3.1-19(b)</p> <p>2. Based on record review and interview, the facility failed to ensure a written record of weekly inspections for the generator was maintained for all 52 weeks. NFPA 99, 6.4.4.1.3 requires onsite generators shall be maintained in accordance with NFPA 110, Standard for Emergency and Standby Power Systems. NFPA 110, 8.4.1 requires an Emergency Power Supply System (EPSS) including all appurtenant components, shall be inspected weekly and exercised monthly. NFPA 99, 6.4.4.2 requires a written record of inspection, performance, exercising period, and repairs for the generator to be regularly maintained and available for inspection by the authority having jurisdiction. This deficient practice could affect all</p>				<p>are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Written records of maintenance and testing are maintained and readily available.</p> <p>1. The deficient practice could affect all residents, staff and visitors. The deficient monthly load testing and weekly inspections of the generator were identified in December of 2022 and rectified. Since then the testing and weekly inspections have been compliant. (Attachment A).</p> <p>2. The Assistant Director of Plant Operations was educated by the Executive Director on K 918 NFPA 101 Electrical Systems – Essential Electrical Systems Maintenance and Testing. (Attachment F).</p> <p>3. The Assistant Director of Plant Operations will inspect for the deficient practice of monthly load testing and weekly inspection 1 x a week for 1 month and 1 x a month for 3 months. (Attachment A).</p> <p>4. Results of these inspections will be presented by Executive Director to the QA committee for further recommendations and continue until the Quality Assurance Team determines substantial compliance has been achieved.</p>		

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	<p>residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on records review with the Facilities Campus Support on 03/07/23 from 9:55 a.m. to 12:05 p.m., generator inspection documentation showed the generator was not inspected weekly during the months of May, June, August and November of 2022. The weeks of May 9, May 16, May 23, May 30, June 6, June 13, August 8 and November 21 were not available for review. Based on an interview at the time of record review, Facilities Campus Support stated that no additional documentation for the above mentioned weeks were available to show weekly inspections conducted.</p> <p>This finding was reviewed with the Facilities Campus Support at the exit conference.</p> <p>3.1-19(b)</p>						