

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

PRINTED: 09/07/2023
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155826		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING		X3) DATE SURVEY COMPLETED 08/21/2023	
NAME OF PROVIDER OR SUPPLIER EVERGREEN CROSSING AND THE LOFTS				STREET ADDRESS, CITY, STATE, ZIP COD 5404 GEORGETOWN ROAD INDIANAPOLIS, IN 46254			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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: 08/21/23</p> <p>Facility Number: 013280 Provider Number: 155826 AIM Number: 201270670</p> <p>At this Emergency Preparedness survey, Evergreen Crossing and the Lofts 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 109 certified beds. At the time of the survey, the census was 98.</p> <p>Quality Review completed on 08/23/23</p>			E 0000			
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: 08/21/23</p> <p>Facility Number: 013280 Provider Number: 155826 AIM Number: 201270670</p> <p>At this Life Safety Code survey, Evergreen</p>			K 0000			

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

TITLE

(X6) DATE

Stacy Cromer

Administrator

08/29/2023

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 0353 SS=F Bldg. 01	<p>Crossing and the Lofts 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 two-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 detectors in all resident sleeping rooms. The facility has a capacity of 109 and had a census of 98 at the time of this visit.</p> <p>All areas where residents have customary access were sprinkled and all areas providing facility services were sprinkled.</p> <p>Quality Review completed on 08/23/23</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 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>						

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	<p>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system.</p> <p>9.7.5, 9.7.7, 9.7.8, and NFPA 25</p> <p>Based on record review and interview, the facility failed to document sprinkler system inspections in accordance with NFPA 25. NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 2011 Edition, Section 5.2.4.1 states gauges on wet pipe sprinkler systems shall be inspected monthly to ensure that they are in good condition and that normal water supply pressure is being maintained. Section 5.2.4.2 states gauges on dry pipe sprinkler systems shall be inspected weekly to ensure that normal air and water pressures are being maintained. Section 5.1.2 states valves and fire department connections shall be inspected, tested, and maintained in accordance with Chapter 13. Section 13.1.1.2 states Table 13.1.1.2 shall be utilized for inspection, testing and maintenance of valves, valve components and trim. Section 4.3.1 states records shall be made for all inspections, tests, and maintenance of the system and its components and shall be made available to the authority having jurisdiction upon request. This deficient practice could affect all residents, staff, and visitors.</p> <p>Findings include:</p> <p>Based on record review of the sprinkler gauge inspection documents for the most recent twelve-month period with Administrator from 10:15 a.m. to 12:38 p.m. on 08/21/23, weekly dry sprinkler system gauge inspection documentation was not available for review since 04/21/2023. Monthly wet sprinkler system gauge inspection documentation for 4 months of the most recent 12-month period was also not available for review.</p>			K 0353	<p>Requesting Desk Review for this survey</p> <p>K- 353</p> <p>What corrective actions will be accomplished for those residents found to have been affected? Sprinkler gauge inspections and documentation that are due weekly and monthly will be done accordingly with the NFPA 25 standards.</p> <p>How other residents have the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken? No residents affected</p> <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not. Maint. Was inserviced on inspections and when they are due.</p> <p>How will the corrective actions be monitored to ensure the deficient practice will not recur, i.e., what quality assurance programs will be put into place? weekly audits of both weekly and monthly inspections will be done by maint./designee weekly x's 4 weeks then monthly for 6 months. And brought to</p>		09/08/2023

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K 0712 SS=F Bldg. 01	<p>The most recent monthly gauge inspection was dated 04/21/2023. In addition, monthly inspection documentation for all sprinkler system control valves for 4 months of the most recent 12-month period was not available for review. Based on interview at the time of record review, the Administrator confirmed that sprinkler system gauge and control valve inspection documentation for the aforementioned weekly and monthly periods was not available for review.</p> <p>This finding was reviewed with the Administrator at the exit conference.</p> <p>3.1-19(b)</p> <p>NFPA 101 Fire Drills Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms.</p> <p>19.7.1.4 through 19.7.1.7</p> <p>1. Based on record review and interview, the facility failed to conduct quarterly fire drills for 1 of 4 quarters. LSC 19.7.1.6 requires drills to be conducted quarterly on each shift under varied conditions. This deficient practice affects all staff and residents.</p> <p>Findings include:</p>			K 0712	<p>monthly QA.</p> <p>K712 what corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;</p> <p>The facility will conduct fire drills. One per shift, per month, per quarter. These were completed</p>		09/08/2023

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	<p>Based on record review with the Administrator on 08/21/23 at 11:33 a.m., no documentation could be provided regarding a fire drill for the fourth quarter (October, November, or December) of 2022/2023 on the third shift. Based on interview at the time of record review, the Administrator confirmed that there was no additional available fire drill documents available for review at the time of this survey.</p> <p>This finding was reviewed with the Administrator at the exit conference.</p> <p>2. Based on record review and interview, the facility failed to ensure 2 of 12 fire drills included the verification of transmission of the fire alarm signal to the monitoring station in fire drills conducted between 6:00 a.m. and 9:00 p.m. for the last 4 quarters. LSC 19.7.1.4 requires fire drills in health care occupancies shall include the transmission of a fire alarm signal and simulation of emergency fire conditions. This deficient practice affects all residents in the facility as well as staff and visitors.</p> <p>Findings include:</p> <p>Based on record review of titled "Fire Drills" with the Administrator on 08/21/23 from 10:15 a.m. to 12:38 p.m., two third shift fire drill forms did not have the transmission of signal documented. The third shift fire drills with no transmission of signal information were dated 06/12/23 at 2:10 p.m. and 3/30/23 at 3:00 p.m. Based on interview at the time of record review, the Administrator stated no documentation was available to indicate verification of the transmission of alarm for the aforementioned fire drills.</p> <p>This finding was reviewed with the Administrator</p>				<p>and attached. The missing item was the proof the following day that alarm was pulled and transmitted on 3rd shift drill. Alarm company sent over proof of transmission from alarm also attached.</p> <p>how other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken;</p> <p>All residents residing in the facility have the potential to be affected. No residents were affected by this alleged deficient practice.</p> <p>what measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur;</p> <p>Maintenance was educated on fire drills and sounding alarm the following morning and ensuring time date etc. is on alarm form.</p> <p>how the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and</p>		

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K 0918 SS=F Bldg. 01	<p>at the exit conference.</p> <p>3.1-19(b) 3.1-51(c)</p> <p>NFPA 101 Electrical Systems - Essential Electric Syste Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power 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. 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</p>		Executive Director or designee will monitor fire drills on night shift for six months. Fire drills have been added to Tels PM program. Results will be brought to monthly QAPI		

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	<p>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. 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 ensure a written record of weekly inspections for the generator was maintained for 17 of 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 residents, staff, and visitors.</p> <p>Findings include:</p> <p>Based on record review with the Administrator on 08/21/23 from 10:15 a.m. to 12:38 p.m., documentation for weekly generator testing for 17 of the last 52-week period was not available for review. Based on interview at the time of record review, the Administrator stated that no additional weekly inspection documentation were available for review at the time of the survey.</p> <p>This finding was reviewed with the Administrator at the exit conference.</p> <p>2. Based on record review and interview, the facility failed to maintain a complete written record</p>			K 0918	<p>K- 918</p> <p>What corrective actions will be accomplished for those residents found to have been affected? Electrical systems inspections and documentation that are due weekly and monthly will be done accordingly with the NFPA 110 standards.</p> <p>How other residents have the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken? No residents affected</p> <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not. Maint. Was inserviced on inspections and when they are due.</p> <p>How will the corrective actions be monitored to ensure the deficient practice will not recur, i.e., what quality assurance programs will be put into place? weekly audits of both weekly and monthly inspections will be done by maint./designee weekly x's 4 weeks then monthly for 6</p>		09/08/2023

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	<p>of monthly generator load testing for 6 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 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 residents, staff, and visitors.</p> <p>Findings include:</p> <p>Based on record review with the Administrator on 08/21/23 from 10:15 a.m. to 12:38 p.m., documentation for monthly generator testing since February 2023 was not available for review. The last documented monthly generator load testing was 02/28/2023. Based on interview at the time of record review, the Administrator stated the generator runs every Wednesday morning, and confirmed there was no documentation that monthly generator load testing occurred since 02/28/2023.</p> <p>This finding was reviewed with the Administrator at the exit conference.</p> <p>3.1-19(b)</p>				months. And brought to monthly QA.		