

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

PRINTED: 07/17/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155291		X2) MULTIPLE CONSTRUCTION A. BUILDING      -- B. WING		X3) DATE SURVEY COMPLETED 06/27/2024	
NAME OF PROVIDER OR SUPPLIER  EAGLE VALLEY MEADOWS				STREET ADDRESS, CITY, STATE, ZIP CODE 3017 VALLEY FARMS RD INDIANAPOLIS, IN 46214			
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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: 06/27/24</p> <p>Facility Number: 000188 Provider Number: 155291 AIM Number: 100266310</p> <p>At this Emergency Preparedness survey, Eagle Valley Meadows 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 114 certified beds. At the time of the survey, the census was 76.</p> <p>Quality Review completed on 06/28/24</p>			E 0000	<p>This plan of correction constitutes this facility's written allegation of compliance for the deficiencies cited. The submission of this plan of correction is not an admission or agreement with the deficiencies or conclusions contained in the Indiana Department of Health's Inspection Report. Eagle Valley Meadows respectfully requests consideration for a desk review of this plan of correction in lieu of post survey revisit.</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: 06/27/24</p> <p>Facility Number: 000188 Provider Number: 155291 AIM Number: 100266310</p> <p>At this Life Safety Code survey, Eagle Valley Meadows was found not in compliance with</p>			K 0000	<p>This plan of correction constitutes this facility's written allegation of compliance for the deficiencies cited. The submission of this plan of correction is not an admission or agreement with the deficiencies or conclusions contained in the Indiana Department of Health's Inspection Report. Eagle Valley Meadows respectfully requests consideration for a desk review of this plan of correction in lieu of post survey revisit.</p>		

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

TITLE

(X6) DATE

Nicole Holder

Executive Director

07/12/2024

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 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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K 0211 SS=E Bldg. 01	<p>Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.90(a), Life Safety from Fire and the 2012 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This one-story facility was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and in all areas open to the corridor. The facility has battery operated smoke detectors in all resident sleeping rooms. The facility has a capacity of 114 and had a census of 76 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. The facility has four detached storage sheds providing facility services which were not sprinklered.</p> <p>Quality Review completed on 06/28/24</p> <p>NFPA 101 Means of Egress - General Means of Egress - General Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.11. 18.2.1, 19.2.1, 7.1.10.1 Based on observation and interview, the facility failed to ensure 1 of 5 means of egress were continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. This deficient practice could affect as many as 16 residents, 4 staff, and 2</p>			K 0211	<p><b>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</b> No residents were found to have</p>		07/12/2024

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	<p>visitors in the facility.</p> <p>Findings include:</p> <p>Based on the initial walk through of the facility from 9:00 a.m. to 9:05 a.m. on 06/27/24, a six-foot high by five-foot wide cart was stored in the corridor immediately outside resident room #108. Based on observations with the Maintenance Director during a tour of the facility at 12:20 p.m. on 06/27/24, the aforementioned cart was still located in the corridor outside of resident room #108. Based on an interview at the time of the observations, the Maintenance Supervisor agreed the aforementioned means of egress was not continuously maintained free of all obstructions or impediments to allow full instant use in the case of fire or other emergency adding that he has discussed this issue with the nursing staff on several different occasions.</p> <p>This finding was again discussed during the exit conference held on 06/27/24 at 2:10 p.m. with the Maintenance Director.</p> <p>3.1-19(b)</p>				<p>been affected by the alleged deficient practice.</p> <p>The ice cart described that was stored to one side of the hallway has now been stored in the Activity Room and does not impede an egress.</p> <p><b>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:</b></p> <p>All residents residing on the affected hallway, staff and visitors to that hallway have the potential to be affected by the alleged deficient practice.</p> <p>The ice cart described that was stored to one side of the hallway has now been stored in the Activity Room and does not impede an egress.</p> <p>Maintenance director observed all areas of egress to ensure there were no obstructions.</p> <p><b>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</b></p> <p>Maintenance Supervisor/Designee will be responsible for conducting daily environmental rounds to ensure the egress remains continuously free of obstructions or impediments.</p> <p>An in-service will be completed by</p>		

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K 0351 SS=E Bldg. 01	NFPA 101 Sprinkler System - Installation Spinkler System - Installation 2012 EXISTING Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. In Type I and II construction, alternative protection measures are permitted to be		DNS/Designee for nursing staff to ensure the egress remains continuously free of obstructions or impediments by 7/10/24. <b>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:</b> Maintenance Supervisor/Designee will be responsible for completing an Environmental Rounding QAPI tool to verify the egress remains continuously free of obstructions or impediments. This will be checked weekly for 4 weeks and monthly for 5 months. The results of these audits will be reviewed by QAPI committee overseen by the Executive Director. If a threshold of 95% is not achieved, an action plan will be developed to ensure compliance. <b>By what date the systemic changes will be completed:</b> 7/12/24		

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	<p>substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers.</p> <p>In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems.</p> <p>19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1)</p> <p>Based on observation and interview, the facility failed to ensure the spray pattern for sprinkler heads were not obstructed in 1 of 1 activities room in accordance with LSC 19.3.5.1. NFPA 13, 2010 edition, Section 8.5.5.1 states sprinklers shall be located so as to minimize obstructions to discharge as defined in Section 8.5.5.2 and Section 8.5.5.3 or additional sprinklers shall be provided to ensure adequate coverage of the hazard. Sections 8.5.5.2 and 8.5.5.3 do not permit continuous or noncontinuous obstructions less than or equal to 18 inches below the sprinkler deflector or in a horizontal plane more than 18 inches below the sprinkler deflector that prevent the spray pattern from fully developing. This deficient practice could affect as many as 10 residents, 4 staff and 2 visitors.</p> <p>Findings include:</p> <p>Based on observations made with the Maintenance Director during a tour of the facility at 12:20 p.m. on 06/27/24, the activities room had a ceiling fan installed in it. The fan blades were only six inches from the sprinkler head and would definitely obstruct the spray pattern of the sprinkler head in a fire situation. Based on interview at the time of observation, the</p>			K 0351	<p><b>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</b></p> <p>No residents were found to have been affected by the alleged deficient practice.</p> <p><b>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:</b></p> <p>All residents present in the Activity's Room have the potential to be affected by the alleged deficient practice.</p> <p>The ceiling fan described was removed.</p> <p>Maintenance Supervisor/Designee completed a total building walk through to ensure there are no obstructions for proper functioning of the sprinkler system by 7/12/24.</p>		07/12/2024

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	<p>Maintenance Director confirmed the measurement, agreed the ceiling fan blades would obstruct the sprinkler coverage, and added that this fan was installed before he began working here at this facility.</p> <p>This finding was again discussed during the exit conference held on 06/27/24 at 2:10 p.m. with the Maintenance Director.</p> <p>3.1-19(b)</p>				<p><b>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</b> All residents have the potential to be affected.</p> <p>Maintenance Supervisor/Designee will complete a total building walk through after any construction, or placement of items close to sprinkler heads to ensure there are no obstructions for proper functioning of the sprinkler system by 7/12/24.</p> <p><b>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:</b> Maintenance Supervisor/Designee completed a total building walk through to ensure there are no obstructions for proper functioning of the sprinkler system. This will be checked weekly for 4 weeks and monthly for 5 months. The results of these audits will be reviewed by QAPI committee overseen by the Executive Director. If a threshold of 95% is not achieved, an action plan will be developed to ensure compliance.</p> <p><b>By what date the systemic changes will be completed:</b> 7/12/24</p>		

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K 0511 SS=E Bldg. 01	<p><b>NFPA 101</b>  <b>Utilities - Gas and Electric</b>  <b>Utilities - Gas and Electric</b>  Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with 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  Based on observation and interview, the facility failed to ensure 5 of over 10 wet locations were provided with ground fault circuit interrupter (GFCI) protection against electric shock. LSC 19.5.1.1 requires utilities comply with Section 9.1. LSC 9.1.2 requires electrical wiring and equipment to comply with NFPA 70, National Electrical Code. NFPA 70, NEC 2011 Edition at 210.8 Ground-Fault Circuit-Interrupter Protection for Personnel, states, ground-fault circuit-interruption for personnel shall be provided as required in 210.8(A) through (C). The ground-fault circuit interrupter shall be installed in a readily accessible location.  (B) Other Than Dwelling Units. All 125-volt, single-phase, 15- and 20-ampere receptacles installed in the locations specified in 210.8(B)(1) through (8) shall have ground-fault circuit-interrupter protection for personnel.  (1) Bathrooms  (2) Kitchens  (3) Rooftops  (4) Outdoors  Exception No. 1 to (3) and (4): Receptacles that are not readily accessible and are supplied by a branch circuit dedicated to electric snow-melting, deicing, or pipeline and vessel heating equipment shall be permitted to be installed in accordance with 426.28 or 427.22, as applicable.  Exception No. 2 to (4): In industrial establishments</p>			K 0511	<p><b>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</b>  No residents were found to have been affected by the alleged deficient practice.   The outlet described for the ice machine now has a Ground Fault Circuit Interrupter (GFCI) outlet installed.   <b>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:</b>  No residents have the potential to be affected by the alleged deficient practice.  The outlet described for the ice machine now has a Ground Fault Circuit Interrupter (GFCI) outlet installed.   Maintenance Supervisor/Designee to complete a total building walk</p>		07/12/2024

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	<p>only, where the conditions of maintenance and supervision ensure that only qualified personnel are involved, an assured equipment grounding conductor program as specified in 590.6(B)(2) shall be permitted for only those receptacle outlets used to supply equipment that would create a greater hazard if power is interrupted or having a design that is not compatible with GFCI protection.</p> <p>(5) Sinks - where receptacles are installed within 1.8 m (6 ft.) of the outside edge of the sink. Exception No. 1 to (5): In industrial laboratories, receptacles used to supply equipment where removal of power would introduce a greater hazard shall be permitted to be installed without GFCI protection.</p> <p>Exception No. 2 to (5): For receptacles located in patient bed locations of general care or critical care areas of health care facilities other than those covered under 210.8(B)(1), GFCI protection shall not be required.</p> <p>(6) Indoor wet locations</p> <p>(7) Locker rooms with associated showering facilities</p> <p>(8) Garages, service bays, and similar areas where electrical diagnostic equipment, electrical hand tools, or portable lighting equipment are to be used.</p> <p>NFPA 70, 517-20 Wet Locations, requires all receptacles and fixed equipment within the area of the wet location to have ground-fault circuit interrupter (GFCI) protection. Note: Moisture can reduce the contact resistance of the body, and electrical insulation is more subject to failure. This deficient practice could affect as many as 5 staff in the kitchen.</p> <p>Findings include:</p>				<p>through to ensure the proper outlets are installed that require GFCI outlet by 7/12/24.</p> <p><b>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</b> Maintenance Supervisor/Designee to complete a total building walk through to ensure the proper outlets are installed that require GFCI outlet by 7/12/24. Any new equipment purchased will be reviewed to ensure if GFCI outlet is needed, will be installed by the Maintenance supervisor.</p> <p><b>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:</b> Maintenance Supervisor/Designee to complete a total building walk through to ensure the proper type and functioning of the outlets monthly for 6 months. The results of these audits will be reviewed by QAPI committee overseen by the Executive Director. If a threshold of 95% is not achieved, an action plan will be developed to ensure compliance.</p> <p><b>By what date the systemic changes will be completed:</b> 7/12/24</p>		



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	<p>Based on observations made with the Maintenance Director during a tour of the facility at 12:10 p.m. on 06/27/24, there was a large ice machine located in the kitchen. When checked, it could not be determined if the ice machine was plugged into a Ground Fault Circuit Interrupter (GFCI) outlet. Based on an interview at the time of the observation, the Maintenance Man stated that he was sure the ice machine was not plugged into a GFCI protected outlet adding that he would have one installed as soon as he could.</p> <p>This finding was again discussed during the exit conference held on 06/27/24 at 2:10 p.m. with the Maintenance Director.</p> <p>3.1-19(b)</p>						