

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER <b>155512</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/28/2023</b>
NAME OF PROVIDER OR SUPPLIER <b>ASCENSION LIVING SACRED HEART VILLAGE</b>		STREET ADDRESS, CITY, STATE, ZIP COD <b>515 N MAIN ST AVILLA, IN 46710</b>		
(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 0000  Bldg. 01	<p>An investigation of Complaint Number IN00416046 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a).</p> <p>Complaint Number IN00416046 - A Federal/State deficiency related to the allegation was cited at K911</p> <p>Survey Date: 08/28/23</p> <p>Facility Number: 000404 Provider Number: 155512 AIM Number: 100290810</p> <p>At this Complaint survey, Ascension Living Sacred Heart Village 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, LSC, Chapter 19, existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This one story facility with a partial basement was determined to be of Type II (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, areas open to the corridors and hard wired smoke detector in the resident rooms. the facility is partly protected by a type II EES 200 kW diesel powered generator. The facility has a capacity of 133 and had a census of 81 at the time of this survey.</p> <p>Quality Review completed on 08/31/23</p>	K 0000	Refer to K0911 for credible plan of correction	

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

TITLE

(X6) DATE

Paul Chaisson

Executive Director

09/07/2023

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.

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K 0911 SS=E Bldg. 01	<p>NFPA 101</p> <p>Electrical Systems - Other</p> <p>Electrical Systems - Other</p> <p>List in the REMARKS section any NFPA 99 Chapter 6 Electrical Systems requirements 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 electrical equipment was in safe operation for 4 of 4 electric panels and switches. 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 access and working space shall be provided and maintained about all electrical equipment to permit ready and safe operation and maintenance of such equipment. This deficient practice could staff in the basement.</p> <p>Findings include:</p> <p>Based on observations with the Maintenance Director and Administrator on 08/28/23 at 11:31 a.m. the electrical panels, switch panels, and the transfer switch in the basement had standing water around the electrical equipment and showed signs of rust on the panels. This condition does not allow safe operation of the electrical equipment because of the increased risk of electrical shock. Based on interview at the time of the observations, the Maintenance Director stated the piping in the room above was leaking and the water dripped in the basement pooling around the electrical equipment, and the pipes were scheduled to be repaired next week.</p>	K 0911	<p>K911</p> <p>1. Water was dripping from the chiller piping system to the basement floor. This is scheduled to be repaired in the next 30 days. Maintenance personnel are using barrels to collect water dripping from the ceiling. They are also using a wet-vac and floor dryer to remove water from the floor near the electrical cabinets.</p> <p>2. This deficient practice could affect staff walking in the basement near the electrical panels.</p> <p>3. The process to clean up the water started on 8/28/23 @ 1300 hours. An audit log is being kept to check affected areas of water, multiple times during the day. Corrective action will be taken to remove any water on the floor near the electrical cabinets. This process will be ongoing until repairs to the piping system are completed.</p>	09/28/2023

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	<p>The finding was reviewed with the Maintenance Director and Administrator during the exit conference.</p> <p>This federal tag relates to complaint number IN00416046.</p> <p>3.1-19(b)</p>			<p>4. The maintenance supervisor will review and maintain the audit logs until they are no longer necessary. The Administrator will review the audit logs and visually inspect the area by the electrical cabinets on a weekly basis</p> <p>Paul Chaisson, HFA Executive Director for Sacred Heart Village</p>