

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

PRINTED: 07/12/2023
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155813		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING _____		X3) DATE SURVEY COMPLETED 06/20/2023	
NAME OF PROVIDER OR SUPPLIER VILLAGES AT HISTORIC SILVERCREST THE				STREET ADDRESS, CITY, STATE, ZIP COD 1 SILVERCREST DRIVE NEW ALBANY, IN 47150			
(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: 06/20/23</p> <p>Facility Number: 012619 Provider Number: 155813 AIM Number: 201238590</p> <p>At this Emergency Preparedness survey, The Villages at Historic Silvercrest 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 54 certified beds, with a current census of 48.</p> <p>Quality Review completed on 06/22/23</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 June 20th, 2023.</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: 06/20/23</p> <p>Facility Number: 012619 Provider Number: 155813 AIM Number: 201238590</p> <p>At this Life Safety Code Survey, The Villages at</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</p>		

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

TITLE

(X6) DATE

Victoria Roby Harper

Executive Director

07/09/2023

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.

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

PRINTED: 07/12/2023
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155813		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING		X3) DATE SURVEY COMPLETED 06/20/2023	
NAME OF PROVIDER OR SUPPLIER VILLAGES AT HISTORIC SILVERCREST THE				STREET ADDRESS, CITY, STATE, ZIP COD 1 SILVERCREST DRIVE NEW ALBANY, IN 47150			
(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 0500 SS=C Bldg. 01	<p>Historic Silvercrest was found in substantial 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 five story facility with a basement was determined to be of Type II (222) construction and was fully sprinkled. The entire facility was surveyed with the exception of the Assisted Living on the fourth and fifth floors. The facility has a fire alarm system with hard wired smoke detectors in the corridors, spaces open to the corridors, and all resident sleeping rooms. The facility has a capacity of 54 and had a census of 48 at the time of this survey.</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 06/22/23</p> <p>NFPA 101 Building Services - Other Building Services - Other List in the REMARKS section any LSC Section 18.5 and 19.5 Building Services 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. Based on record review and interview, the facility failed to ensure 3 of 3 fuel-fired water heaters had current inspection certificates to ensure the water heaters were in safe operating condition. NFPA 101, Section 19.1.1.3.1 requires all health facilities</p>			K 0500	<p>the allegation of noncompliance cited during the survey visit with exit on June 20th, 2023.</p> <p>Immediate Intervention DPO called Travelers to request a boiler inspection. Facility Management was able to request Boiler inspection via email.</p>		06/30/2023

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

PRINTED: 07/12/2023
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155813	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING		X3) DATE SURVEY COMPLETED 06/20/2023
NAME OF PROVIDER OR SUPPLIER VILLAGES AT HISTORIC SILVERCREST THE			STREET ADDRESS, CITY, STATE, ZIP COD 1 SILVERCREST DRIVE NEW ALBANY, IN 47150		
(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 0511 SS=C Bldg. 01	<p>to be designed, constructed, maintained, and operated to minimize the possibility of a fire emergency requiring the evacuation of occupants. This deficient practice could affect all residents, staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on record review on 06/20/23 between 9:00 a.m. and 12:00 p.m. with the Director of Plant Operations (DPO), Assistant DPO, and Facility Management Support person present, the three fuel-fired water heaters in the facility had certificates with expiration dates of 05/08/23. Based on interview at the time of record review, the DPO confirmed the expiration dates of the three fuel-fired water heaters.</p> <p>This finding was reviewed with the Executive Director, DPO, Assistant DPO, and Facility Management Support person during the exit conference.</p> <p>3.1-19(b)</p> <p>NFPA 101 Utilities - Gas and Electric Utilities - Gas and Electric 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</p>		<p>The Director of Plant Operations and Assistant Director of Plant Operations were educated by Executive Director regarding preventive maintenance procedures, Travelers Inspection Policy and Hot Water Boilers Preventative Maintenance. All boilers have now been inspected and are up to date. The Director of Plant Operations or designee will inspect boilers monthly for 1 year.</p> <p>Results of these inspections will be presented by Executive Director to the QAPI committee for further recommendations and continue until the Quality Assurance Team determines substantial compliance has been achieved.</p> <p>The deficient practice could affect all residents, staff and visitors in the facility.</p> <p>Exhibit – Photo of updated boiler inspection, in-service and email to Travelers attached.</p>		

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

PRINTED: 07/12/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155813		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING		X3) DATE SURVEY COMPLETED 06/20/2023	
NAME OF PROVIDER OR SUPPLIER VILLAGES AT HISTORIC SILVERCREST THE				STREET ADDRESS, CITY, STATE, ZIP CODE 1 SILVERCREST DRIVE NEW ALBANY, IN 47150			
(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
	<p>Code. Existing installations can continue in service provided no hazard to life.</p> <p>18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2</p> <p>Based on record review and interview the facility failed to ensure there was current documentation available that 2 of 2 emergency generators 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 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 on 06/20/23 between 9:00 a.m. and 12:00 p.m. with the Director of Plant Operations (DPO), Assistant DPO, and Facility</p>			K 0511	<p>Immediate Intervention</p> <p>DPO called CenterPoint Energy to obtain an updated letter/documentation stating that the company has a reliable source of fuel in case of an interruption.</p> <p>CenterPoint Energy stated that they would send an updated letter. Documentation is still en route and has not been received by facility.</p> <p>DPO will follow up daily, Monday-Friday, with CenterPoint Energy until letter is obtained.</p> <p>The Director of Plant Operations and Assistant Director of Plant Operations were educated by Executive Director regarding Examples of Acceptable Language for Natural Gas Generator Backup Fuel Source Letter Midwest Consortium Division of Survey and Certification.</p> <p>Documentation will be presented by Executive Director to the QAPI committee for further recommendations and continue until the Quality Assurance Team determines substantial compliance has been achieved.</p>		07/21/2023

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

PRINTED: 07/12/2023
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155813		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING		X3) DATE SURVEY COMPLETED 06/20/2023	
NAME OF PROVIDER OR SUPPLIER VILLAGES AT HISTORIC SILVERCREST THE				STREET ADDRESS, CITY, STATE, ZIP COD 1 SILVERCREST DRIVE NEW ALBANY, IN 47150			
(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
	<p>Management Support person present, while reviewing the generator information it was determined the fuel source for the two emergency generators was natural gas only. Additionally, based on interview with the DPO, the facility did not have a currently dated letter from their natural gas provider indicating the natural gas was from a reliable source. The letter provided was dated 01/29/18, furthermore, the letter provided was also provided with the previous gas company's name and not the current gas company's name.</p> <p>This finding was reviewed with the Executive Director, DPO, Assistant DPO, and Facility Management Support person during the exit conference.</p> <p>3.1-19(b)</p>						