PRINTED: 12/06/2022 FORM APPROVED

CENTERS FOI	R MEDICARE & MEDIC	AID SERVICES			OM	B NO. 0938-039	
STATEMEN	OT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155736	(X2) MULTIPLE CO A. BUILDING B. WING	ONSTRUCTION	(X3) DATE SURVEY COMPLETED 11/14/2022		
	PROVIDER OR SUPPLIEF		STREET ADDRESS, CITY, STATE, ZIP COD 1014 MILL POND LANE GREENCASTLE, IN 46135				
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	Ē	(X5) COMPLETION DATE	
E 0000							
Bldg	conducted by the In accordance with 42 Survey Date: 11/14 Facility Number: 0 Provider Number: 200 At this Emergency Pond Health Campu compliance with En Requirements for M Participating Provid 483.73 The facility has 68 the survey, the censure Quality Review consumple of the survey of the s	M/22 004550 155736 526450 Preparedness survey, Mill us was found in substantial mergency Preparedness Medicare and Medicaid ders and Suppliers, 42 CFR certified beds. At the time of	E 0000	Preparation or execution of this plan of correction does not constitute admission or agreen of provider of the truth of the fa alleged or conclusions set forth the Statement of Deficiencies. Plan of Correction is prepared executed solely because it is required it is required by the position of Federal and State L. The Plan of Correction is submitted in order to respond to the allegation of noncompliance cited during the survey visit with exit on November 14, 2022.	nent acts n on The and aw.		
SS=C Bldg	441.184(d)(2), 48: 483.73(d)(2), 484. 485.68(d)(2), 485. 486.360(d)(2), 49 EP Testing Requi §416.54(d)(2), §4 §460.84(d)(2), §4 §483.475(d)(2), §- §485.625(d)(2), §- (2), §491.12(d)(2)	2.15(d)(2), 483.475(d)(2), .102(d)(2), 485.625(d)(2), .727(d)(2), 485.920(d)(2), 1.12(d)(2), 494.62(d)(2) rements 18.113(d)(2), §441.184(d)(2), 82.15(d)(2), §483.73(d)(2), 484.102(d)(2), §485.68(d)(2), 485.727(d)(2), §485.920(d)					

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

OPO, "Organizations" under §485.727, CMHCs at §485.920, RHCs/FQHCs at

> TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclo 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.

FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: KIEX21 Facility ID: 004550 If continuation sheet Page 1 of 17

PRINTED: 12/06/2022

	T OF HEALTH AND HU R MEDICARE & MEDIC				FORM APPROVED OMB NO. 0938-039	
STATEME	NT OF DEFICIENCIES I OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155736	(X2) MULTIPLE CO A. BUILDING B. WING	ONSTRUCTION	(X3) DATE SURVEY COMPLETED 11/14/2022	
NAME OF	PROVIDER OR SUPPLIEF			ADDRESS, CITY, STATE, ZIP COD ILL POND LANE		
MILL PC	OND HEALTH CAME	PUS	GREEN			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	(X5) COMPLETION DATE	
mo	 	RD Facilities at §494.62]:	Ind		BITTE	
	exercises to test t annually. The [fac following:	facility] must conduct he emergency plan ility] must do all of the				
	community-based (A) When a commot accessible, confunctional exercise (B) If the [facinatural or man-materization of the exempt from encommunity-based functional exercise actual event. (ii) Conduct an advery 2 years, oppor functional exercise include, but is not (A) A second full-community-based functional exercise (B) A mock disast (C) A tabletop exelled by a facilitator discussion using a clinically-relevant set of problem star	nunity-based exercise is induct a facility-based e every 2 years; or lity] experiences an actual ade emergency that requires mergency plan, the [facility] agaging in its next required or individual, facility-based e following the onset of the ditional exercise at least posite the year the full-scale cise under paragraph (d)(2) is conducted, that may limited to the following: scale exercise that is or individual, facility-based e; or er drill; or ercise or workshop that is and includes a group a narrated, emergency scenario, and a attements, directed pared questions designed				
	clinically-relevant set of problem sta messages, or pre to challenge an er (iii) Analyze the [fa	emergency scenario, and a tements, directed pared questions designed				

FORM CMS-2567(02-99) Previous Versions Obsolete

exercises, and emergency events, and revise the [facility's] emergency plan, as needed.

Event ID:

KIEX21

Facility ID: 004550

If continuation sheet

Page 2 of 17

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) M	X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	ЛLDING		COMPI	
		155736	B. W	ING		11/14	/2022
NAME OF I	PROVIDER OR SUPPLIE	D.		STREET A	ADDRESS, CITY, STATE, ZIP COD	<u> </u>	
NAME OF I	FROVIDER OR SUFFLIE.	K.			ILL POND LANE		
MILL PO	ND HEALTH CAM	PUS		GREENCASTLE, IN 46135			
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	` `	NCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPR		COMPLETION
TAG		R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
	*[For Hospices at	` / -					
	ı ` '	ospices that provide care in					
	-	e. The hospice must					
		s to test the emergency					
		ually. The hospice must do					
	the following:						
		a full-scale exercise that is					
	-	l every 2 years; or					
		nunity based exercise is not					
		uct an individual facility					
		exercise every 2 years; or					
	(B) If the hospice experiences a natural or						
		gency that requires activation					
		plan, the hospital is					
		aging in its next required full					
		based exercise or individual					
	I -	ctional exercise following the					
	onset of the emer	-					
		dditional exercise every 2					
		ne year the full-scale or					
		e under paragraph (d)(2)(i)					
		conducted, that may					
		t limited to the following:					
		-scale exercise that is					
	-	d or a facility based					
	functional exercis						
	(B) A mock disas						1
	1 ' '	ercise or workshop that is					
		and includes a group					
	discussion using						
	-	emergency scenario, and a					1
	-	atements, directed					
		pared questions designed					
	to challenge an e	mergency plan.					
	(3) Testing for ho	spices that provide inpatient					
	care directly. The	e hospice must conduct					
	exercises to test	the emergency plan twice					
	per year. The ho	spice must do the following:					
		an annual full-scale exercise					

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA			(X2) M	ULTIPLE CO	NSTRUCTION	(X3) DATE	SURVEY	
	OF CORRECTION	IDENTIFICATION NUMBER	ì í	A. BUILDING			(X3) DATE SURVEY COMPLETED	
MIDILAN	or conduction	155736	B. W				/2022	
		1.007.00	J. "			1 1/ 14	,	
NAME OF P	PROVIDER OR SUPPLIEF	8			ADDRESS, CITY, STATE, ZIP COD			
					ILL POND LANE			
MILL PO	ND HEALTH CAMP	PUS		GREEN	ICASTLE, IN 46135			
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPR	IATE	COMPLETION	
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE	
	that is community	-based; or						
	(A) When a comm	nunity-based exercise is not						
	accessible, condu	ıct an annual individual						
	facility-based fund	ctional exercise; or						
	(B) If the hospice	experiences a natural or						
	man-made emerg	ency that requires activation						
	of the emergency	plan, the hospice is						
		aging in its next required						
		nity based or facility-based						
	functional exercise	e following the onset of the						
	emergency event.							
	· '	dditional annual exercise						
	•	but is not limited to the						
	following:							
	, ,	scale exercise that is						
		or a facility based						
	functional exercise							
	(B) A mock disas							
		ercise or workshop led by a						
		udes a group discussion						
	using a narrated,							
		rio, and a set of problem						
		ed messages, or prepared						
	questions designe	ed to challenge an						
	emergency plan.							
		ospice's response to and						
		ntation of all drills, tabletop						
		nergency events and revise						
	the hospice's eme	ergency plan, as needed.						
	 *[For PRFTs at 8/	141.184(d), Hospitals at						
	§482.15(d), CAHs	. ,						
	- , ,	PRTF, Hospital, CAH] must						
	. ,	s to test the emergency						
		ar. The [PRTF, Hospital,						
	CAH] must do the	- · · · · · · · · · · · · · · · · · · ·						
	-	an annual full-scale exercise						
	that is community							
		nunity-based exercise is not						
1	1 () TTIIOII a collilli	iaining badda dholololo lo llot	1				I	

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

KIEX21

Facility ID: 004550

If continuation sheet

Page 4 of 17

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY				
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BUILDING		COMPLETED	
		155736	B. WING		11/14/2022	
			STREE	T ADDRESS, CITY, STATE, ZIP COD	•	
NAME OF F	PROVIDER OR SUPPLIEF	t .		MILL POND LANE		
MILL PO	ND HEALTH CAME	PUS	GREE	GREENCASTLE, IN 46135		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE	ID	PROVIDER'S PLAN OF CORRECTION	(X5)	
PREFIX		CY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPE	RIATE	
TAG		R LSC IDENTIFYING INFORMATION	TAG	DEFICIENCY)	DATE	
		ct an annual individual,				
	facility-based functional exercise; or					
		Hospital, CAH] experiences				
		or man-made emergency				
	-	ation of the emergency				
		is exempt from engaging in				
		ull-scale community based ty-based functional exercise				
		et of the emergency event.				
	_	an [additional] annual				
	` '					
	exercise or and that may include, but is not limited to the following:					
	(A) A second full-scale exercise that is					
	community-based					
	-	ctional exercise; or				
		ock disaster drill; or				
	, ,	exercise or workshop that				
		or and includes a group				
	discussion, using					
	_	emergency scenario, and a				
	set of problem sta	- ·				
	-	pared questions designed				
	to challenge an er	·				
	_	he [facility's] response to				
	, ,	umentation of all drills,				
		s, and emergency events				
		cility's] emergency plan, as				
	needed.					
	*[For PACE at §46	60.84(d):]				
	_	PACE organization must				
	· ,	s to test the emergency				
	plan at least annu					
	organization must	_				
	_	an annual full-scale exercise				
	that is community					
	-	nunity-based exercise is not				
	, ,	ict an annual individual,				
		ctional exercise; or				
	I -	xperiences an actual natural				

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155736		(X2) MULTIPLE CO A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/14/2022		
	PROVIDER OR SUPPLIER		1014 M	ADDRESS, CITY, STATE, ZIP COD IILL POND LANE NCASTLE, IN 46135	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE
	activation of the e is exempt from en full-scale commun facility-based func onset of the emer (ii) Conduct a 2 years opposite t functional exercis of this section is o but is not limited t (A) A second full- community-based based functional e (B) A mock disas (C) A tabletop ex led by a facilitator discussion, using clinically-relevant set of problem sta messages, or pre to challenge an er (iii) Analyze the F maintain documer exercises, and en the PACE's emerg *[For LTC Facilitie (2) The [LTC facil to test the emerge year, including un the emergency pr ICF/IID] must do t (i) Participate in a that is community (A) When a comm accessible, condu- facility-based func-	an additional exercise every the year the full-scale or e under paragraph (d)(2)(i) conducted that may include, to the following: escale exercise that is or individual, a facility exercise; or ter drill; or ercise or workshop that is and includes a group a narrated, emergency scenario, and a stements, directed pared questions designed mergency plan. PACE's response to and nation of all drills, tabletop nergency events and revise gency plan, as needed. Estat §483.73(d):] Estat §483.73(d):]			

FORM CMS-2567(02-99) Previous Versions Obsolete

actual natural or man-made emergency that

Event ID:

KIEX21

Facility ID: 004550

If continuation sheet

Page 6 of 17

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155736	(X2) MULTIPLE CO A. BUILDING B. WING	ONSTRUCTION	(X3) DATE SI COMPLE 11/14/2	TED	
	PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP COD 1014 MILL POND LANE GREENCASTLE, IN 46135				
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AF DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
	LTC facility is exerequired a full-scalindividual, facility-following the onset (ii) Conduct an act that may include, following: (A) A second full-community-based based functional of (B) A mock disas (C) A tabletop ex led by a facilitator discussion, using clinically-relevant set of problem staressages, or preto challenge an er (iii) Analyze the [I response to and response to and relimity and revise emergency plan, and the interest of the in	ter drill; or ercise or workshop that is includes a group a narrated, emergency scenario, and a tements, directed pared questions designed mergency plan. LTC facility] facility's naintain documentation of exercises, and emergency e the [LTC facility] facility's as needed. \$483.475(d)]: CF/IID must conduct the emergency plan at least the ICF/IID must do the					

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

KIEX21

Facility ID: 004550

If continuation sheet

Page 7 of 17

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) M	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	JILDING	<u></u>	COMPL	LETED
		155736	B. W	ING _		11/14	/2022
				STREET A	ADDRESS, CITY, STATE, ZIP COD		
NAME OF F	PROVIDER OR SUPPLIEF	₹			ILL POND LANE		
MILL PO	ND HEALTH CAME	PUS			ICASTLE, IN 46135		
				<u> </u>	1		1
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIE			ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX		ICY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	ATE	COMPLETION
TAG	i	R LSC IDENTIFYING INFORMATION	-	TAG	DEFICIENCY)		DATE
		ctional exercise following the					
	onset of the emergency event.						
	' '	ditional annual exercise					
	_	but is not limited to the					
	following:	and aversion that in					
		scale exercise that is					
	community-based						
	(B) A mock disast	ctional exercise; or					
	` '	er drill, or ercise or workshop that is					
		and includes a group					
		-					
	discussion, using a narrated, clinically-relevant emergency scenario, and a						
	set of problem sta	- ·					
		pared questions designed					
	to challenge an er	•					
	_	CF/IID's response to and					
		ntation of all drills, tabletop					
		nergency events, and revise					
		rgency plan, as needed.					
	*[For HHAs at §48	34.102]					
	(d)(2) Testing. The	e HHA must conduct					
	exercises to test t	he emergency plan at					
	least annually. Th	e HHA must do the					
	following:						
	(i) Participate in a	full-scale exercise that is					
	community-based						
	, ,	ommunity-based exercise					
	· ·	conduct an annual					
		based functional exercise					
	every 2 years; or.						
	` ′	A experiences an actual					
		ade emergency that requires					
		mergency plan, the HHA is					1
		aging in its next required					
		nity-based or individual,					
		tional exercise following the					
	onset of the emer						
	ii) Conduct an ad	ditional exercise every 2					1

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

KIEX21

Facility ID: 004550

If continuation sheet

Page 8 of 17

DEPARTMENT OF HEALTH AND HUMAN SERVICES						
CENTERS FOR MEDICARE & MEDICA	AID SERVICES		OMB NO. 093			
STATEMENT OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY			
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER	A. BUILDING	COMPLETED			
	155736	B. WING	11/14/2022			

STREET ADDRESS, CITY, STATE, ZIP COD NAME OF PROVIDER OR SUPPLIER 1014 MILL POND LANE

	ND HEALTH CAMPUS		GREENCASTLE, IN 46135				
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIE	ID	PROVIDER'S PLAN OF CORRECTION	(X5)			
PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	COMPLETION			
TAG	REGULATORY OR LSC IDENTIFYING INFORMATION	TAG	DEFICIENCY)	DATE			
	years, opposite the year the full-scale or						
	functional exercise under paragraph (d)(2)(i)						
	of this section is conducted, that may						
	include, but is not limited to the following:						
	(A) A second full-scale exercise that is						
	community-based or an individual,						
	facility-based functional exercise; or						
	(B) A mock disaster drill; or						
	(C) A tabletop exercise or workshop that						
	is led by a facilitator and includes a group						
	discussion, using a narrated,						
	clinically-relevant emergency scenario, and a						
	set of problem statements, directed						
	messages, or prepared questions designed						
	to challenge an emergency plan.						
	(iii) Analyze the HHA's response to and						
	maintain documentation of all drills, tabletop						
	exercises, and emergency events, and revise						
	the HHA's emergency plan, as needed.						
	*[For OPOs at §486.360]						
	(d)(2) Testing. The OPO must conduct						
	exercises to test the emergency plan. The						
	OPO must do the following:						
	(i) Conduct a paper-based, tabletop exercise						
	or workshop at least annually. A tabletop						
	exercise is led by a facilitator and includes a						
	group discussion, using a narrated, clinically						
	relevant emergency scenario, and a set of						
	problem statements, directed messages, or						
	prepared questions designed to challenge an						
	emergency plan. If the OPO experiences an						
	actual natural or man-made emergency that						
	requires activation of the emergency plan, the						
	OPO is exempt from engaging in its next						
	required testing exercise following the onset						
	of the emergency event.						
	(ii) Analyze the OPO's response to and						
	maintain documentation of all tabletop						
	exercises, and emergency events, and revise						

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

KIEX21

Facility ID: 004550

If continuation sheet

Page 9 of 17

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155736		(X2) MULTIPLE CONSTRUCTION (X3) DATE S A. BUILDING COMPLE B. WING 11/14/2			ETED		
	PROVIDER OR SUPPLIEF		<u> </u>	STREET ADDRESS, CITY, STATE, ZIP COD 1014 MILL POND LANE GREENCASTLE, IN 46135			
(X4) ID		STATEMENT OF DEFICIENCIE	1	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	`	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	COMPLETION
TAG	the [RNHCI's and needed. *[RNCHIs at §403			TAG	DARLINGTY		DATE
	(d)(2) Testing. The exercises to test to RNHCI must do the control of the exercises to test to the exercises to test to the exercises to test to the exercises and a second include, but is not leave to the exercises.	e RNHCI must conduct the emergency plan. The ne following: er-based, tabletop exercise A tabletop exercise is a led by a facilitator, using a r-relevant emergency et of problem statements, s, or prepared questions enge an emergency plan. NHCI's response to and ntation of all tabletop nergency events, and revise regency plan, as needed. riew and interview, the facility tercises to test the emergency ter year, including drills using the emergency to facility must do the annual full-scale exercise that di; or ity-based exercise is not an annual individual, ional exercise. y experiences an actual natural gency that requires activation lan, the LTC facility is exempt ext required full-scale or individual, facility-based I exercise for 1 year following table to the following:	E 00	039	The Executive Director has completed the facilities-based tabletop exercise and has scheduled a community-based exercise. In addition, a mock disaster drill to be completed by 12/8/22. The Executive Director was educated by Facilities Management Support on E039. Testing Requirements 483.73. The facility must conduct exercises to test the emergency plan at least twice per year, including unannounced staff dusing the emergency procedu. The Executive Director will authe Emergency preparedness testing requirements 1 X per month X 12 Months. Results of this audit will be presented by Executive Director.	d by 9 (d) cy Irill res.	12/08/2022

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

KIEX21

Facility ID: 004550

If continuation sheet

Page 10 of 17

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

PRINTED: 12/06/2022 FORM APPROVED OMB NO. 0938-039

	T OF DEFICIENCIES OF CORRECTION	IDENTIFICATION NUMBER 155736 (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		NSTRUCTION	(X3) DATE : COMPL 11/14/	ETED	
	ROVIDER OR SUPPLIEF		STREET ADDRESS, CITY, STATE, ZIP COD 1014 MILL POND LANE GREENCASTLE, IN 46135				
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	(X5) COMPLETION DATE
	facilitator that include a narrated, clinically and a set of problem messages, or prepare challenge an emerg (iii) Analyze the LT maintain document exercises, and emer LTC facility's emer accordance with 42 deficient practice constitution. Findings include: Based on record rewith the Executive preparedness book Disaster Preparedness book Disaster Preparedness to child, a tabletop exe a facilitator that including a narrated, cliscenario, and a set of directed messages, designed to challent available for review time of record review Director stated that scheduled for early	drill; or se or workshop that is led by a des a group discussion, using y relevant emergency scenario, in statements, directed red questions designed to ency plan. The facility's response to and ation of all drills, tabletop gency events, and revise the gency plan, as needed in CFR 483.73(d)(2). This build affect all occupants. The work on 11/14/22 at 11:35 a.m. Director, the emergency entitled "Emergency and ess Manual" that was last 22: a second full-scale exercise based or a second individual, itional exercise, a mock disaster recise or workshop that is led by ludes a group discussion, mically relevant emergency of problem statements, or prepared questions ge an emergency plan was not the Based on an interview at the ew, the facility Executive a table-top-exercise was in 2023 and therefore he could entation of said exercise at the			the QAPI committee for furthe recommendations and continuuntil the Quality Assurance Tedetermines substantial compliance has been achieved. This deficient practice had the potential to affect all occupant	e am d.	
K 0000							
Bldg. 01							

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

KIEX21 Facility ID: 004550

If continuation sheet Page 11 of 17

CENTERS FO	OR MEDICARE & MED	ICAID SERVICES		OMB NO. 0938-039					
STATEME	STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY			
AND PLAN	AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155736		A. BU	A. BUILDING <u>01</u> B. WING			COMPLETED		
			B. W				/2022		
				STREET	ADDRESS, CITY, STATE, ZIP COD				
NAME OF	PROVIDER OR SUPPLI	IER			IILL POND LANE				
MILL PO	OND HEALTH CAN	MPUS			NCASTLE, IN 46135				
(X4) ID	SUMMAR	Y STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTIO		(X5)		
PREFIX	(EACH DEFICII	ENCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIED	BE PRIATE	COMPLETION		
TAG	REGULATORY OR LSC IDENTIFYING INFORMATION			TAG	DEFICIENCY)		DATE		
	A Life Safety Code Recertification and State		K 0	000	Preparation or execution of this				
		Licensure Survey was conducted by the Indiana			plan of correction does not				
	Department of Health in accordance with 42 CFR				constitute admission or agr				
	483.90(a). Survey Date: 11/14/22				of provider of the truth of th				
					alleged or conclusions set f	orth on			
					the Statement of Deficienci	es. The			
				Plan of Correction is prepar					
	Facility Number:			executed solely because it	is				
	Provider Number: 155736				required it is required by the	9			
	AIM Number: 20			position of Federal and Star The Plan of Correction is	te Law.				
	At this Life Safet			submitted in order to respon	nd to				
	At this Life Safety Code survey, Mill Pond Health Campus was found not in compliance with				the allegation of noncomplia				
	Requirements for Participation in				cited during the survey visit				
	Medicare/Medica			exit on November 14, 2022					
	Life Safety from			CAR OII NOVEILIDEL 14, 2022.					
	National Fire Pro								
	Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.								
	1	ated on the south and east end of							
	a one-story buildi								
	Type V (111) con								
		fire alarm system with smoke							
		orridors and areas open to the							
	corridors. The fac								
	wired to the fire a	alarm system installed in all							
	resident sleeping	rooms. The facility has a							
	capacity of 68 and	d had a census of 44 at the time							
	of this survey.								
		he residents have customary							
	access were sprin	access were sprinklered and all areas providing							
	facility services w	vere sprinklered.							
	Quality Review c	completed on 11/16/2							
K 0211	NFPA 101								

FORM CMS-2567(02-99) Previous Versions Obsolete

SS=E Bldg. 01 Means of Egress - General

Means of Egress - General

Event ID:

KIEX21

Facility ID: 004550

If continuation sheet

Page 12 of 17

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING COMPLETED 01 B. WING 11/14/2022 155736 STREET ADDRESS, CITY, STATE, ZIP COD NAME OF PROVIDER OR SUPPLIER 1014 MILL POND LANE MILL POND HEALTH CAMPUS GREENCASTLE. IN 46135 (X4) ID SUMMARY STATEMENT OF DEFICIENCIE ID (X5) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX COMPLETION TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG DEFICIENCY) DATE 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 K 0211 The Executive Director has 11/23/2022 failed to ensure 1 of 5 means of egress were removed all three drawer carts not continuously maintained free of all obstructions on wheels from the corridors or impediments to full instant use in the case of The Executive Director was fire or other emergency. This deficient practice educated by Facilities could affect over 8 residents, 4 staff and 2 visitors Management on K-211, NFPA if needing to exit the facility. 101, 2012 Means of Egress. Aisles, passageways, corridors, Findings include: exit discharges, exit locations, and accesses are in accordance Based on observations with the Executive with Chapter, and the means of Director during a tour of the facility at 1:19 p.m. on egress is continuously maintained 11/14/22, there was a small three drawer cart free of all obstructions to full use sitting in the corridor immediately outside resident in case of emergency, unless room #204. This cart was sued to store PPE and modified by 18/119.2.2 through was not on wheels. Based on interview at the time 18/19.2.11, 18.2.1, 19.2.1, of the observation, the Executive Director agreed that the cart was not on wheels and upon looking The Executive Director will audit in the top drawer, the wheels were stored inside in each corridor for obstructions to a plastic bag. He then took the wheels out of the means of egress 1 X Daily X 30 bag and placed them on the bottom of the cart. davs Results of this audit will be This finding was reviewed with the Administrator presented by Executive Director to at the exit conference. the QAPI committee for further recommendations and continue 3.1-19(b) until the Quality Assurance Team determines substantial compliance has been achieved. This deficient practice could affect over 8 residents. 4 staff and 2 visitors if needing to exit the facility.

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

KIEX21

Facility ID: 004550

If continuation sheet

Page 13 of 17

12/06/2022 PRINTED: FORM APPROVED

CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-039 STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING COMPLETED 01 B. WING 11/14/2022 155736 STREET ADDRESS, CITY, STATE, ZIP COD NAME OF PROVIDER OR SUPPLIER 1014 MILL POND LANE MILL POND HEALTH CAMPUS GREENCASTLE. IN 46135 (X4) ID SUMMARY STATEMENT OF DEFICIENCIE ID (X5) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX PREFIX COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG DEFICIENCY) DATE K 0291 **NFPA 101** SS=E **Emergency Lighting** Bldg. 01 **Emergency Lighting** Emergency lighting of at least 1-1/2-hour duration is provided automatically in accordance with 7.9. 18.2.9.1, 19.2.9.1 Based on observation and interview, the facility K 0291 The Executive Director has 11/23/2022 failed to ensure 1 of 4 battery backup lights was completed and logged in TELS the tested monthly and annually for 90 minutes over 90-minute testing for the four the past year to ensure the light would provide Battery-operated lights. lighting during periods of power outages and a The Executive Director was written record of visual inspections and tests was educated by the Facilities Management Support on NFPA provided. Section 7.9.3.1.1 (1) requires functional testing shall be conducted monthly, with a 101, 2012. Emergency lighting of minimum of 3 weeks and a maximum of 5 weeks at least 1-1/2 hour duration is between tests, for not less than 30 seconds, (3) provided automatically in Functional testing shall be conducted annually for accordance with 7.9, 18.2.9.1, a minimum of 1 1/2 hours if the emergency lighting The Executive Director will review system is battery powered and (5) Written records of visual inspections and tests shall be kept by written records and TELS for the owner for inspection by the authority having testing of emergency lighting 1 x jurisdiction. This deficient practice could affect all Monthly X 6 months residents in the facility. Results of this review will be presented by Executive Director to Findings include: the QAPI committee for further recommendations and continue Based on record review on 11/14/22 with the until the Quality Assurance Team Executive Director at 12:30 p.m., the determines substantial Battery-operated Emergency Light Test Log for compliance has been achieved. 2022 entitled "Direct Supply - TELS This deficient practice could affect Battery-operated Emergency Light testing log" all residents in the facility. had 30 second testing completed for 12 of the last 12 months. 90-minute testing for the four Battery-operated lights could not be located for

FORM CMS-2567(02-99) Previous Versions Obsolete

review. The lack of annual testing of the four battery operated lights was verified by the Executive Director at the time of record review.

This finding was reviewed with the Administrator

Event ID:

KIEX21

Facility ID: 004550

If continuation sheet

Page 14 of 17

NT OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		ONSTRUCTION	(X3) DATE SURVEY			
OF CORRECTION		a. Building <u>01</u>			COMPLETED			
155736		B. WING			11/14/	2022		
NAME OF PROVIDER OR SUPPLIER MILL POND HEALTH CAMPUS			STREET ADDRESS, CITY, STATE, ZIP COD 1014 MILL POND LANE GREENCASTLE, IN 46135					
SUMMARY STATEMENT OF DEFICIENCIE			ID	DROWDENG NEAN OF CORRECTION		(X5)		
(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION			PREFIX	(EACH CORRECTIVE ACTION SHOULD BE		COMPLETION		
		TAG		DEFICIENCY)		DATE		
at the exit conference on 11/14/22 at 1:55 p.m.								
3.1-19(b)								
NFPA 101								
Utilities - Gas and	Electric							
Utilities - Gas and	Electric							
Equipment using goomplies with NFF Code, electrical working complies with NFF Code. Existing ins service provided in 18.5.1.1, 19.5.1.1,	gas or related gas piping PA 54, National Fuel Gas iring and equipment PA 70, National Electric tallations can continue in no hazard to life. 9.1.1, 9.1.2							
Based on observation and interview, the facility failed to ensure all electrical panels in the corridors were secured from non-authorized personnel. NFPA 70, 2011 edition states 230.62 Energized parts of service equipment shall be enclosed as specified in 230.62(A) or guarded as specified in 230.62(B). (A) Enclosed. Energized parts shall be enclosed so that they will not be exposed to accidental contact or shall be guarded as in 230.62(B). (B) Guarded. Energized parts that are not enclosed shall be installed on a switchboard, panelboard, or control board and guarded in accordance with 110.18 and 110.27. Where energized parts are guarded as provided in 110.27(A)(1) and (A)(2), a means for locking or sealing doors providing access to energized parts shall be provided. This deficient practice could affect staff in the service hall. Findings include: Based on observations with the Executive Director during a tour of the facility at 12:23 p.m.		K 0	511	The Executive Director has located the key and locked the electrical panel at the barrier doors to the 100 / 200 / 300 halls. The Executive Director was educated by the Facilities Management Support on NFPA 101, 2012 – 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 Electrical 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 The Executive Director will audit electrical panel located at the barrier doors to the 100 / 200 / 300 halls and verify that it remains locked. Results of this audit will be presented by Executive Director to		11/23/2022		
	SUMMARY: (EACH DEFICIEN REGULATORY OR at the exit conference 3.1-19(b) NFPA 101 Utilities - Gas and Equipment using of complies with NFF Code, electrical with complies with NFF Code Existing insights service provided in 18.5.1.1, 19.5.1.1, Based on observation failed to ensure all decorridors were secured personnel. NFPA 70 Energized parts of secured in 230.620 (A) Enclosed. Energy so that they will not contact or shall be go (B) Guarded. Energy shall be installed on control board and go 110.18 and 110.27. guarded as provided means for locking of access to energized deficient practice contact. Findings include: Based on observation of 11/14/22, there we contact or shall decorded in the contact or shall.	DENTIFICATION NUMBER 155736 PROVIDER OR SUPPLIER ND HEALTH CAMPUS SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION at the exit conference on 11/14/22 at 1:55 p.m. 3.1-19(b) 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 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 all electrical panels in the corridors were secured from non-authorized personnel. NFPA 70, 2011 edition states 230.62 Energized parts of service equipment shall be enclosed as specified in 230.62(B). (A) Enclosed. Energized parts shall be enclosed so that they will not be exposed to accidental contact or shall be guarded as in 230.62(B). (B) Guarded. Energized parts that are not enclosed shall be installed on a switchboard, panelboard, or control board and guarded in accordance with 110.18 and 110.27. Where energized parts are guarded as provided in 110.27(A)(1) and (A)(2), a means for locking or sealing doors providing access to energized parts shall be provided. This deficient practice could affect staff in the service hall. Findings include: Based on observations with the Executive	PROVIDER OR SUPPLIER ND HEALTH CAMPUS SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION at the exit conference on 11/14/22 at 1:55 p.m. 3.1-19(b) NFPA 101 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 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 all electrical panels in the corridors were secured from non-authorized personnel. NFPA 70, 2011 edition states 230.62 Energized parts of service equipment shall be enclosed as specified in 230.62(A) or guarded as specified in 230.62(B). (A) Enclosed. Energized parts shall be enclosed so that they will not be exposed to accidental contact or shall be guarded as in 230.62(B). (B) Guarded. Energized parts that are not enclosed shall be installed on a switchboard, panelboard, or control board and guarded in accordance with 110.18 and 110.27. Where energized parts are guarded as provided in 110.27(A)(1) and (A)(2), a means for locking or sealing doors providing access to energized parts shall be provided. This deficient practice could affect staff in the service hall. Findings include: Based on observations with the Executive Director during a tour of the facility at 12:23 p.m. on 11/14/22, there was an electrical panel at the	PROVIDER OR SUPPLIER ND HEALTH CAMPUS SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION at the exit conference on 11/14/22 at 1:55 p.m. 3.1-19(b) 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 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 all electrical panels in the corridors were secured from non-authorized personnel. NFPA 70, 2011 edition states 230.62 Energized parts of service equipment shall be enclosed as specified in 230.62(B). (A) Enclosed. Energized parts shall be enclosed shall be installed on a switchboard, panelboard, or control board and guarded in accordance with 110.18 and 110.27. Where energized parts are guarded as provided in 110.27(A)(1) and (A)(2), a means for locking or sealing doors providing access to energized parts shall be provided. This deficient practice could affect staff in the service hall. Findings include: Based on observations with the Executive Director during a tour of the facility at 12:23 p.m. on 11/14/22, there was an electrical panel at the	PROVIDER OR SUPPLIER ND HEALTH CAMPUS SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (REGULATORY OR IS CIDENTIFYING INFORMATION) at the exit conference on 11/14/22 at 1:55 p.m. 3.1-19(b) NFPA 101 Utilities - Gas and Electric Equipment using gas or related gas piping 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. 28.ased on observation and interview, the facility failed to ensure all electrical panels in the corridors were secured from non-authorized personnel. NFPA 70, 2011 edition states 230.62 Energized parts of service equipment shall be enclosed as specified in 230.62(B) or guarded as specified in 230.62(B). (A) Enclosed. Energized parts shall be enclosed so that they will not be exposed to accidental contact or shall be guarded as in 230.62(B). (B) Guarded. Energized parts that are not enclosed shall be installed on a switchboard, panelboard, or control board and guarded in accordance with 110.18 and 110.27. Where energized parts are guarded as provided in 110.27(A)(1) and (A)(2), a means for locking or sealing doors providing access to energized parts shall be provided. This deficient practice could affect staff in the service hall. Findings include: Based on observations with the Executive Director will at electrical panel located at the barrier doors to the 100 / 200. halls and verify that it remains locked. Results of this audit will be presented by Executive Director will au electrical panel located at the barrier doors to the 100 / 200. halls and verify that it remains locked. Results of this audit will be presented by Executive Direct the QAPI committee for furthe the QAPI committee for	DEFORMECTION DESTIFICATION NUMBER 155736 ROYUDER OR SUPPLIER ND HEALTH CAMPUS SUMMARY STATEMENT OF DEFICIENCIE (BACH DEFICIENCY MUST BE PRICEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION at the exit conference on 11/14/22 at 1:55 p.m. 3.1-19(b) 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 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 all electrical panels in the corridors were secured from non-authorized personnel. NFPA 70, 2011 edition states 230.62 Energized parts of service equipment shall be enclosed as specified in 230.62(B). (A) Enclosed. Energized parts shall be enclosed shall be installed on a switchboard, panelboard, or control board and guarded in accordance with 110.18 and 110.27. Where energized parts are guarded as provided in 110.27(A)(1) and (A)(2), a means for locking or sealing doors providing access to energized parts that are not enclosed shall be installed on a switchboard, panelboard, or control board and guarded in accordance with 110.18 and 110.27. Where energized parts are guarded as provided in 110.27(A)(1) and (A)(2), a means for locking or sealing doors providing access to energized parts are guarded as provided in 110.27(A)(1) and (A)(2), a means for locking or sealing doors providing access to energized parts are guarded as provided in 110.27(A)(1) and (A)(2), a means for locking or sealing doors providing access to energized parts are guarded as provided in 110.27(A)(1) and (A)(2), a means for locking or sealing doors providing access to energized parts and lab provided. This deficient practice could affect staff in the service hall. Based on observations with the Executive Director to the Director during a tour of the facility at 12:23 p.m. on 11/14/2		

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

KIEX21

Facility ID: 004550

If continuation sheet Page 15 of 17

NT OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY			
OF CORRECTION	IDENTIFICATION NUMBER	A. BU	A. BUILDING <u>01</u>			COMPLETED	
	155736	B. Wl	B. WING			11/14/2022	
NAME OF PROVIDER OR SUPPLIER MILL POND HEALTH CAMPUS			STREET ADDRESS, CITY, STATE, ZIP COD 1014 MILL POND LANE GREENCASTLE, IN 46135				
SUMMARY STATEMENT OF DEFICIENCIE			ID			(X5)	
			PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE			COMPLETION	
REGULATORY OR	LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)	DATE		
unlocked when tested. Based on interview at the time of observation, the Executive Director stated the electrical panel would be locked as soon as he could locate the keys to do so. This finding was reviewed with the Administrator at the exit conference on 11/14/22 at 1:55 p.m.				determines substantial compliance has been achieved	d.		
3.1-19(b)							
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. 19.7.1.4 through 19.7.1.7							
failed to conduct qu quarters. LSC 19.7. conducted quarterly conditions. This def and residents. Findings include: Based on record rev with the Executive I could be provided re following: a) a first quarter (Jan	arterly fire drills for 2 of 4 1.6 requires drills to be on each shift under varied ficient practice affects all staff riew on 11/14/22 at 11:35 a.m. Director, no documentation egarding a fire drill for the nuary, February, and March)	K 0	712	alarm signal of emergency fire conditions. Fire drill s are held expected and unexpected time under varying conditions, at lea quarterly on each shift. Where	a es ast	11/23/2022	
•	PROVIDER OR SUPPLIER ND HEALTH CAMP SUMMARY: (EACH DEFICIEN REGULATORY OR unlocked when teste time of observation, the electrical panel could locate the key This finding was ret at the exit conference 3.1-19(b) NFPA 101 Fire Drills Fire Drills Fire drills include t alarm signal and s conditions. Fire dr and unexpected ti conditions, at leas The staff is familia aware that drills al routine. Where dr 9:00 PM and 6:00 announcement ma audible alarms. 19.7.1.4 through 1 Based on record rev failed to conduct qu quarters. LSC 19.7. conducted quarterly conditions. This def and residents. Findings include: Based on record rev with the Executive I could be provided re following: a) a first quarter (Ja	PROVIDER OR SUPPLIER ND HEALTH CAMPUS SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION unlocked when tested. Based on interview at the time of observation, the Executive Director stated the electrical panel would be locked as soon as he could locate the keys to do so. This finding was reviewed with the Administrator at the exit conference on 11/14/22 at 1:55 p.m. 3.1-19(b) NFPA 101 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. 19.7.1.4 through 19.7.1.7 Based on record review and interview, the facility failed to conduct quarterly fire drills for 2 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. Findings include: Based on record review on 11/14/22 at 11:35 a.m. with the Executive Director, no documentation could be provided regarding a fire drill for the	PROVIDER OR SUPPLIER ND HEALTH CAMPUS SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION unlocked when tested. Based on interview at the time of observation, the Executive Director stated the electrical panel would be locked as soon as he could locate the keys to do so. This finding was reviewed with the Administrator at the exit conference on 11/14/22 at 1:55 p.m. 3.1-19(b) NFPA 101 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. 19.7.1.4 through 19.7.1.7 Based on record review and interview, the facility failed to conduct quarterly fire drills for 2 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. Findings include: Based on record review on 11/14/22 at 11:35 a.m. with the Executive Director, no documentation could be provided regarding a fire drill for the following: a) a first quarter (January, February, and March)	PROVIDER OR SUPPLIER ND HEALTH CAMPUS SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION unlocked when tested. Based on interview at the time of observation, the Executive Director stated the electrical panel would be locked as soon as he could locate the keys to do so. This finding was reviewed with the Administrator at the exit conference on 11/14/22 at 1:55 p.m. 3.1-19(b) 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. 19.7.1.4 through 19.7.1.7 Based on record review and interview, the facility failed to conduct quarterly fire drills for 2 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. Findings include: Based on record review on 11/14/22 at 11:35 a.m. with the Executive Director, no documentation could be provided regarding a fire drill for the following: a) a first quarter (January, February, and March)	DEROVIDER OR SUPPLIER ND HEALTH CAMPUS SUMMARY STATEMENT OF DEFICIENCIE ((EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING ENFORMATION unlocked when tested. Based on interview at the time of observation, the Executive Director stated the electrical panel would be locked as soon as he could locate the keys to do so. This finding was reviewed with the Administrator at the exit conference on 11/14/22 at 1:55 p.m. 3.1-19(b) NFPA 101 Fire Drills 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. 19,7.1.4 through 19,7.1.7 Based on record review and interview, the facility failed to conduct quarterly fire drills for 2 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. Based on record review on 11/14/22 at 11:35 a.m. with the Executive Director, no documentation could be provided regarding a fire drill for the following: a) a first quarter (January, February, and March)	PROVIDER OR SUPPLIER ND HEALTH CAMPUS SUMMARY STATEMENT OF DEFICIENCE (EACH DEFICIENCY MUST BE PRICEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION unlocked when tested. Based on interview at the time of observation, the Executive Director stated the electrical panel would be locked as soon as he could locate the keys to do so. This finding was reviewed with the Administrator at the exit conference on 11/14/22 at 1:55 p.m. 3.1-19(b) 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 under varied conditions. This deficient practice affects all staff and residents. Findings include: Based on record review and interview, the facility failed to conduct quarterly fire drills for 2 of 4 quarters. LSC 19.7.1. or equives drills to be conducted quarterly on each shift under varied conditions. This deficient practice affects all staff and residents. Findings include: Based on record review on 11/14/22 at 11:35 a.m. with the Executive Director, no documentation could be provided regarding a fire drill for the following: a) a first quarter (January, February, and March)	

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

KIEX21

Facility ID: 004550

If continuation sheet Page 16 of 17

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

PRINTED: 12/06/2022 FORM APPROVED OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155736	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 11/14/2022		
NAME OF PROVIDER OR SUPPLIER MILL POND HEALTH CAMPUS			STREET ADDRESS, CITY, STATE, ZIP COD 1014 MILL POND LANE GREENCASTLE, IN 46135				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION		I	ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT TAG DEFICIENCY)		TE	(X5) COMPLETION DATE
	b) a second quarter (April, May, and June) of 2022 on the second or third shifts. Based on interview at the time of record review, the Executive Director acknowledged that there was no additional fire drill documentation available for review at the time of this survey and added that they had been without a Director of Plant Operations during the times of the missing drills and they were doing the best that they could to hire a new one as soon as possible. This finding was reviewed with the Administrator at the exit conference on 11/14/22 at 1:55 p.m. 3.1-19(b) 3.1-51(c)				announcement may be used instead of audible alarms. 19.7 through 19.7.1.7. The Executive Director will rewwritten records and TELS for fdrills conducted quarterly for eshift. 1 x Monthly X 6 months Results of this review will be presented by Executive Direct the QAPI committee for further recommendations and continuuntil the Quality Assurance Tedetermines substantial compliance has been achieved This deficient practice affects a staff and residents.	view ire each or to r ee am	

FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: KIEX21 Facility ID: 004550 If continuation sheet Page 17 of 17