STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	155126	A. BUILDING -- B. WING	03/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
SPRINGS VALLEY MEADOWS	457 S SR 145 FRENCH LICK, IN 47432

(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
E 0000 Bldg. --	An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73. Survey Date: 03/17/25 Facility Number: 000054 Provider Number: 155126 AIM Number: 100287850 At this Emergency Preparedness survey, Springs Valley Meadows was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73. The facility has 74 certified beds. At the time of the survey, the census was 73. Quality Review completed on 03/18/25	E 0000	This Plan of Correction constitutes the written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. The Plan of Correction is submitted to meet requirements established by state and federal law. Springs Valley Meadows desires this Plan of Correction to be considered the facility's Allegation of Compliance.	
K 0000 Bldg. 01	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). Survey Date: 03/17/25 Facility Number: 000054 Provider Number: 155126 AIM Number: 100287850 At this Life Safety Code survey, Springs Valley Meadows was found not in compliance with	K 0000	This Plan of Correction constitutes the written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. The Plan of Correction is submitted to meet requirements established by state and federal law. Springs Valley Meadows desires this Plan of Correction to be considered the facility's	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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	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. This one story facility was determined to be of Type V (000) construction and was fully sprinklered. The facility has a fire alarm system with hard wired smoke detectors in the corridors and spaces open to the corridors, plus battery operated smoke detectors in all resident sleeping rooms. The facility has a capacity of 74 and had a census of 73 at the time of this survey. All areas where residents have customary access were sprinklered and all areas providing facility services were sprinklered, except a detached laundry building, as well as two small detached wood sheds used for facility storage and bio hazard storage. Quality Review completed on 03/18/25		Allegation of Compliance.	
K 0353 SS=E Bldg. 01	NFPA 101 Sprinkler System - Maintenance and Testing Based on observation and interview, the facility failed to ensure sprinkler heads in 1 of 7 smoke compartments covered with corrosion were replaced. NFPA 25, 2011 edition, at 5.2.1.1.1 sprinklers shall not show signs of leakage; shall be free of corrosion, foreign materials, paint, and physical damage; and shall be installed in the correct orientation (e.g., up-right, pendent, or sidewall). Furthermore, at 5.2.1.1.2 any sprinkler that shows signs of any of the following shall be replaced: (1) Leakage (2) Corrosion (3) Physical Damage (4) Loss of fluid in the glass bulb heat	K 0353	1 What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? No residents were affected by the alleged deficient practice. 2 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?	04/16/2025

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	responsive element (5) Loading (6) Painting unless painted by the sprinkler manufacturer. This deficient practice could affect at least 20 resident, as well as staff and visitors in the north unit. Findings include: Based on observations on 03/17/25 at 12:30 p.m. during a tour of the facility with the Executive Director, Maintenance Director, and Regional Maintenance Director, there were two pendent sprinkler heads in the north unit shower room covered with corrosion. Based on interview at 12:30 p.m., the Maintenance Director agreed the two sprinkler heads in the north unit shower room were covered with corrosion and should be replaced. This finding was reviewed with the Executive Director, Maintenance Director, and Regional Maintenance Director during the exit conference. 3.1-19(b)		All residents within the facility have the potential to be affected by this alleged deficient practice. Integrated Electronics, Inc (IEI) arrived at the facility on 3/18/25 to obtain measurements for replacement sprinkler heads. Materials were ordered by IEI with estimated date of delivery 14 days out. Once materials arrive, IEI will return to facility to install new sprinkler heads. 3 What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur? The maintenance director was in-serviced on NFPA 25, 2011 edition at 5.2.1.1.1 and 5.2.1.1.2 (sprinkler head inspection and replacement). 4 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? The maintenance director will be responsible for the completion of sprinkler head inspections and coordination of replacements with vendor.	
K 0921 SS=F Bldg. 01	NFPA 101 Electrical Equipment - Testing and Maintenanc			

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	Based on record review, observation, and interview, the facility failed to conduct the required maintenance and maintain complete documentation of inspections for Patient Care Related Electrical Equipment (PCREE). NFPA 99 2012 edition, sections 10.3 and 10.5 states the physical integrity, resistance, leakage current, and touch current tests for fixed and portable PCREE is performed as required in 10.3. Testing intervals are established with policies and protocols. All PCREE used in patient care rooms is tested in accordance with 10.3.5.4 or 10.3.6 before being put into service and after any repair or modification. Any system consisting of several electrical appliances demonstrates compliance with NFPA 99 as a complete system. Service manuals, instructions, and procedures provided by the manufacturer include information as required by 10.5.3.1.1 and are considered in the development of a program for electrical equipment maintenance. Electrical equipment instructions and maintenance manuals are readily available, and safety labels and condensed operating instructions on the appliance are legible. A record of electrical equipment tests, repairs, and modifications is maintained for a period of time to demonstrate compliance in accordance with the facility's policy. Personnel responsible for the testing, maintenance and use of electrical appliances receive continuous training. This deficient practice could affect all residents. Findings include: Based on record review on 03/17/25 at 11:30 a.m. with the Executive Director, Maintenance Director, and Regional Maintenance Director present, there was no documentation for the testing of PCREE, such as electric beds, nebulizers, oxygen concentrators, air pumps for air mattresses, and	K 0921	1 What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? No residents were affected by the alleged deficient practice. PCREE testing will be completed by April 16, 2025. 2 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? All residents utilizing PCREE within the facility have the potential to be affected by this alleged deficient practice. PCREE testing will be completed by April 16, 2025. 3 What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur? Education provided to Maintenance Director related to PCREE testing and maintenance. 4 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? The maintenance director will be responsible for ensuring the completion of PCREE testing and maintenance either through ASC processes or vendor coordination. Results of the PCREE testing will be reported to the QAPI committee.	04/16/2025

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	other electrical medical equipment. Based on interview at 11:35 a.m., the Maintenance Director said the facility has not yet tested and documented the PCREE items. Based on observations between 11:45 a.m. and 2:00 p.m. during a tour of the facility with the Executive Director, Maintenance Director and Regional Maintenance Director, it was revealed the facility provided PCREE such as electric beds, oxygen concentrators, air pumps for air mattresses, and other electrical medical equipment was present in the facility. This finding was reviewed with the Executive Director, Maintenance Director, and Regional Maintenance Director during the exit conference. 3.1-19(b)			