

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

PRINTED: 11/02/2023
FORM APPROVED
OMB NO. 0938-039

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|--|--|---|--|--|--|--|----------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155754 | | X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING | | X3) DATE SURVEY COMPLETED 10/12/2023 | |
| NAME OF PROVIDER OR SUPPLIER HUBBARD HILL ESTATES INC | | | | STREET ADDRESS, CITY, STATE, ZIP COD 28070 CR 24 ELKHART, IN 46517 | | | |
| (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 |
| 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: 10/12/23</p> <p>Facility Number: 001131 Provider Number: 155754 AIM Number: 200823940</p> <p>At this Emergency Preparedness survey, Hubbard Hill Estates, Inc 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 66 certified beds. At the time of the survey, the census was 58.</p> <p>Quality Review completed on 10/16/23</p> | | | E 0000 | | | |
| K 0000 Bldg. 02 | <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: 10/12/23</p> <p>Facility Number: 001131 Provider Number: 155754 AIM Number: 200823940</p> <p>At this Life Safety Code survey, Hubbard Hill Estates, Inc. was found in substantial compliance</p> | | | K 0000 | | | |

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

TITLE

(X6) DATE

Terry Schollmeier

LNHA

10/27/2023

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 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 0353 SS=C Bldg. 02 | <p>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.</p> <p>The Healthcare facility is one story facility with a walkout lower level; was determined to be of Type V (111) construction and was fully sprinklered except for the lower level elevator machine room which was protected with a clean agent system. The lower level, which is an Assisted Living occupancy, is separated from the Healthcare facility by a Floor/Ceiling Assembly with a 2-Hour Fire Resistive Rating. The Healthcare facility is connected to an Assisted Living facility on the east, from which it is separated by a Fire Wall with a Two-Hour Fire Resistive Rating. The facility has a fire alarm system with smoke detection in the corridor and in all areas open to the corridor. The facility has smoke detectors hard wired to the fire alarm system installed in all resident sleeping rooms. The building is fully protected by a 400 kW diesel powered generator. The facility has a capacity of 66 and had a census of 58 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered. All areas providing facility services were sprinklered except for the garage which was used for a maintenance shop.</p> <p>Quality Review completed on 10/16/23</p> <p>NFPA 101 Sprinkler System - Maintenance and Testing Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in</p> | | | | | | |

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| | <p>accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available.</p> <p>a) Date sprinkler system last checked</p> <p>b) Who provided system test</p> <p>c) Water system supply source</p> <p>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 Based on observation and interview, the facility failed to ensure 2 of 2 sprinkler systems were provided with spare sprinklers, a spare sprinkler cabinet large enough to fit all spare sprinkler heads, and a sprinkler wrench on the premises. NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 2011 Edition, Section 5.4.1.4 states a supply of spare sprinklers (never fewer than six) shall be maintained on the premises so that any sprinklers that have been operated or damaged in any way can be promptly replaced. The sprinklers shall correspond to the types and temperature ratings of the sprinklers on the property. The sprinklers shall be kept in a cabinet located where the temperature in which they are subjected will at no time exceed 100 degrees Fahrenheit. A special sprinkler wrench shall be provided and kept in the cabinet to be used in the removal and installation of sprinklers. This deficient practice could affect all residents and staff in the facility.</p> <p>Findings include:</p> | | | K 0353 | <p>What corrective actions will be accomplished for those residents affected? No residents were affected. A Spare Sprinkler Head Cabinet was ordered on 10/22/23 and installed on 10/27/2023.</p> <p>How other residents have the potential to be affected by same deficient practice? All residents have the potential to be affected. No residents were affected. A Spare Sprinkler Head Cabinet was ordered on 10/22/23 and installed on 10/27/23.</p> <p>What measures will be put into place and what systemic changes will be made to ensure the deficient practice will not recur? 1 A Spare Sprinkler Head Cabinet was installed on 10/27/23 and all spare sprinkler heads were</p> | | 10/27/2023 |

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| | <p>Based on observation with the Maintenance Supervisor on 10/12/23 between 11:18 a.m. and 12:38 p.m., the spare sprinkler cabinet in the riser room next to the storage room in the basement was not large enough to contain all sprinkler heads and prevent damage to the sprinkler heads. When the cabinet in riser room was opened, the cabinet contained approximately six more sprinkler heads than spots available. Based on interview at the time of the observations, the Maintenance Supervisor agreed the cabinet was not large enough to contain all spare sprinkler heads.</p> <p>This finding was reviewed with the Maintenance Supervisor, Chief Operating Officer and Director of Nursing during the exit conference.</p> <p>3.1-19(b)</p> | | | | <p>placed in individual slots so each will be secure.</p> <p>2 The spare sprinkler heads will be checked monthly by the Maintenance supervisor or designee, to ensure each is secure in an individual slot.</p> <p>How the corrective action will be monitored to ensure the deficient practice will not recur?</p> <p>1 Maintenance Supervisor audits will be reviewed quarterly at the QA meeting to assure continued compliance.</p> | | |