

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

PRINTED: 06/17/2025
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155587		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING _____		X3) DATE SURVEY COMPLETED 05/27/2025	
NAME OF PROVIDER OR SUPPLIER APERION CARE SUMMERFIELD				STREET ADDRESS, CITY, STATE, ZIP COD 34 SOUTH MAIN STREET CLOVERDALE, IN 46120			
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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: 05/27/25</p> <p>Facility Number: 000415 Provider Number: 155587 AIM Number: 100291250</p> <p>At this Emergency Preparedness survey, Aperion Care Summerfield 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 43 certified beds. At the time of the survey, the census was 40.</p> <p>Quality Review completed on 06/02/25</p>			E 0000	<p>K000</p> <p>The Plan of correction is prepared and or executed solely as required. The facility request the place of correction be considered the allegation of complince effective to the Life Saftey Code Survey conducted .</p> <p>This Plan of Correction consitutes my written allegation of compliancefor the deficiencies cited. However, submission of this Plan of Corretion to show plan to defend deficency cited. The plan of correction is submitted to meet the Federal an State law.</p> <p>We are requesting desk review.</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: 05/27/25</p> <p>Facility Number: 000415 Provider Number: 155587 AIM Number: 100291250</p> <p>At this Life Safety Code survey, Aperion Care Summerfield was found not in compliance with</p>			K 0000	<p>K000</p> <p>The Plan of correction is prepared and or executed solely as required. The facility request the place of correction be considered the allegation of complince effective to the Life Saftey Code Survey conducted .</p> <p>This Plan of Correction consitutes my written allegation of compliancefor the deficiencies cited. However, submission of this Plan of Corretion to show plan to</p>		

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

TITLE

(X6) DATE

Tasheena Duncan

HFA

06/12/2025

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 0211 SS=E Bldg. 01	<p>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 one story facility with two partial basements 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, spaces open to the corridors, and all resident sleeping rooms. The facility has a capacity of 43 and had a census of 40 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered and all areas providing facility services were sprinklered, except one detached wood framed building used for facility storage.</p> <p>Quality Review completed on 06/02/25</p> <p>NFPA 101 Means of Egress - General</p> <p>Based on observation and interview the facility failed to ensure 2 of 2 basement exits were maintained to provide adequate headroom. LSC 7.1.5.1 Means of egress shall be designed and maintained to provide headroom in accordance with other sections of this Code, and such headroom shall be not less than 7 feet, 6 inches with projections from the ceiling not less than 6 feet, 8 inches with a tolerance of -3/4 inches, above the finished floor. This deficient practice could affect a pattern number of residents and an unknown number of staff.</p> <p>Findings include:</p>			K 0211	<p>defend deficency cited. The plan of correction is submitted to meet the Federal an State law. We are requesting desk review.</p>		06/10/2025
	<p>K 211 The facility failed to ensure adequate height in the basement. This portion of the facility was constructed prior to 1991and is a one story building with two partial basements constructed of nonrated wood construction. This building is classified as type V(000) construction. Two additions were added to this building; one in 1991 and one in 1993. The additions are classified as type V(111) and are separated from this</p>						

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	<p>1. On 05/27/25 at 3:05 p.m., observation revealed that in the north basement the headroom clearance at a pipe was 6 feet 1 inch and at a doorway was 6 feet 0 inches.</p> <p>2. On 05/27/25 at 3:10 p.m., observation revealed that in the south basement the headroom clearance at a duct was 5 foot 3 inches.</p> <p>Based on interview at the time of observations, the Administrator stated the facility will utilize an FSES to show equivalency to the Life Safety Code (LSC).</p> <p>These findings were confirmed by the Administrator at the times of discovery and exit conference.</p> <p>3.1-19(b)</p>				<p>building with 2-hr fire barriers. One exit stair has been provided from this zone. The stair discharge is on the first floor and is directly to the exterior. The lack of a second exit was cited by CMS as well as the fact that throughout the basement projections from the ceiling result in head room clearance of less 6'8". Both of these citations are addressed by the score selected for this category. The exit discharge path to the public way passes through a courtyard that has a section only 30" in width. This deficiency was not cited by CMS but is also addressed by the score selected for this category. Equivalent life safety has been achieved without the installation of a second exit, without altering the discharge path width and without altering the headroom clearance. Travel distance from the most remote point on this floor to an exit is approximately 55 feet which complies with that permitted in Sec. 19.2.6, NFPA 101</p> <p>The entire basement is classified a non-patient-care suite of rooms. The suite is separated from the remainder of the building with smoke resistant construction. The walls forming the suite separations meet the requirements of sections 19.3.6.2, 19.2.3.6.4 & 19.3.6.5 for corridors as required by section 19.2.5.7.1.2, NFPA 101.</p> <p>The zone is 32 feet in length</p>		

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			<p>without a dead end corridor in excess of 30 feet in length. The basement does not have any patient sleeping rooms and is not subdivided into smoke zones as summarized on Worksheets 4.7.9, 4.7.10 and 4.7.11 was achieved in both basements without altering the existing headroom clearance.</p> <p>A life safety consultant, RTM Consultants, Inc., was engaged to assess the facility and to prepare FSES equivalency documentation. The FSES for the headroom clearance deficiency in the north basement (Zone BA) and the south basement (Zone BB) is scored in Safety Parameter 10 on Worksheet 4.7.6 as "<2 Routes" and is assigned a score of -8. (This deficiency would have been scored as "Deficient" with a score of -2 if not for the K 241 tag which requires the more severe score of -8.) A passing FSES score demonstrating the level of life safety in each basement is at least equivalent to that prescribed by the Life Safety Code as summarized on Worksheets 4.7.9, 4.7.10 and 4.7.11 was achieved in both basements without altering the existing headroom clearance.</p> <p>A life safety consultant, RMT Consultants, INC., was engaged to assess the facility to prepare FSES See (exhibit 1) K 311 The facility failed to provide proper</p>		

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			enclosure o vertical openings as required by NFPA 101-2012 edition. This portion of the building was constructed at an unknown date but prior to 1991. The facility is a 1 story structure with a basement in two separate sections. This portion of the building is constructed of unprotected wood frame construction and is classified as type V(000) construction. Interior finishes consist of painted gypsum wall board and masonry. The interior finishes in the smoke compartment are class A. [K 311] Vertical openings in this zone have not been enclosed within fire rated shafts. The stair shaft is constructed of wood frame, brick and gypsum and has been upgraded as necessary to achieve a 1-hour fire resistive rating on the 1st floor stair discharge level. The existing stair door has been replaced with a 90-minute, self closing positive latching fire door assembly. Numerous ducts penetrate the first floor and have not been protected with fire dampers. Each duct penetration of the floor is accomplished with steel ducts which form a smoke resistant separation between the basement and the first floor. This issue was cited by CMS and is addressed in this category by scoring the vertical openings as "less than		

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			<p>1-hr". Equivalent life safety has been achieved without the installation of fire dampers. Smoke control has not been accomplished by smoke barrier walls. The basement does not have any patient sleeping rooms A complete manual fire alarm system has been installed throughout the building and automatically transmits to the fire department.</p> <p>A automatic fire suppression system with standard response sprinklers has been installed throughout the building.</p> <p>A life safety consultant, RTM Consultants, Inc., was engaged to assess the facility and to prepare FSES equivalency documentation. All instances of duct penetrations of the floor without fire dampers occur in Zone 1B which is comprised of the original building which includes the north and south wings. Each floor penetration is accomplished with steel ducts which form a smoke resistant separation between the basements and the first floor. The FSES for the vertical opening enclosure deficiency in Zones BA, BB and 1B is scored in Safety Parameter 7 on Worksheet 4.7.6 as "< 1 hr" and is assigned a score of 0. A passing FSES score demonstrating the level of life safety in Zones BA, BB and 1B is at least equivalent to that prescribed by the Life Safety Code</p>		

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K 0241 SS=E Bldg. 01	<p>NFPA 101 Number of Exits - Story and Compartment</p> <p>Based on observation and interview, the facility failed to provide two exits from each of the two basement areas in accordance with the requirements of NFPA 101 - 2012 edition, Section 19.2, 19.2.4, 19.2.4.2, 19.2.2.2, 19.2.2.3, 3.3.268, 7.2.1.4 and 7.2.1.4.2. This deficient practice had the potential to affect a pattern number of residents and an unknown number of staff.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. On 05/27/25 at 3:05 p.m., observation revealed that the north partial basement only had one exit. 2. On 05/27/25 at 3:10 p.m., observation revealed that the south partial basement only had one exit. <p>Based on interview at the time of observations, the Administrator stated the facility will utilize a FSES to show equivalency to the Life Safety Code (LSC).</p> <p>These findings were confirmed by the Administrator at the times of discovery and the exit conference.</p> <p>3.1-19(b)</p>		K 0241	<p>as summarized on Worksheets 4.7.9, 4.7.10 and 4.7.11 was achieved without installing shafts and fire dampers A life safety consultant, RMT Consultants, INC., was engaged to assess the facility to prepare FSES equivalency documentation. The FSES See (exhibit 1)</p> <p>K 241 The facility failed to ensure means of egress did not have more than one exit from the two facility basements. This portion of the building was constructed at an unknown date but prior to 1991. The facility is a 1 story structure with a basement in two separate sections. This portion of the building is constructed of unprotected wood frame construction and is classified as type V(000) construction. The entire basement is classified a non-patient-care suite of rooms. The suite is separated from the remainder of the building with smoke resistant construction. The walls forming the suite separations meet the requirements of sections 19.3.6.2, 19.2.3.6.4 & 19.3.6.5 for corridors as required by section 19.2.5.7.1.2, NFPA 101 This entire basement zone is classified as a hazardous room.</p>		06/10/2025	

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			<p>The basement is sprinklered and separated from the rest of the building with smoke resistant construction</p> <p>One exit stair has been provided from this zone. The stair discharge is on the first floor and is directly to the exterior. The lack of a second exit was cited by CMS as well as the fact that throughout the basement projections from the ceiling result in head room clearance of less 6'8". Both of these citations are addressed by the score selected for this category. The exit discharge path to the public way passes through a courtyard that has a section only 30" in width. This deficiency was not cited by CMS but is also addressed by the score selected for this category. Equivalent life safety has been achieved without the installation of a second exit, without altering the discharge path width and without altering the headroom clearance. Travel distance from the most remote point on this floor to an exit is approximately 55 feet which complies with that permitted in Sec. 19.2.6, NFPA 101.</p> <p>A life safety consultant, RMT Consultants, INC., was engaged to assess the facility to prepare FSES equivalency documentation. The FSES Vertical openings in this zone have not been enclosed within fire rated shafts. The stair shaft is constructed of wood</p>		

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K 0311 SS=E Bldg. 01	<p>NFPA 101 Vertical Openings - Enclosure</p> <p>Based on observation and interview the facility failed to provide the proper enclosure of vertical openings as required by NFPA 101 - 2012 edition, Sections 19.3.1, 19.3.1.1, 8.3, 8.3.4, 8.6, 8.6.2 and 8.6.4, as well as, NFPA 90A - 2012 edition sections 5.3, 5.3.2, 5.3.2.1 and Figure A.5.3. This deficient practice could affect approximately 25 of the 40 residents.</p> <p>Findings include:</p>			K 0311	<p>frame, brick and gypsum and has been upgraded as necessary to achieve a 1-hour fire resistive rating on the 1st floor stair discharge level. The existing stair door has been replaced with a 60-minute, self-closing positive latching fire door assembly. Numerous ducts penetrate the first floor and have not been protected with fire dampers. Each duct penetration of the floor is accomplished with steel ducts which form a smoke resistant separation between the basement and the first floor. This issue was cited by CMS and is addressed in this category by scoring the vertical openings as "less than 1-hr". Equivalent life safety has been achieved without the installation of fire dampers. See (exhibit 1 FSES) FSES completed by RMT on 6-10-25 compliance date is effective as of 6-10-25</p> <p>K 311 The facility failed to provide proper enclosure o vertical openings as required by NFPA 101-2012 edition. This portion of the building was constructed at an unknown date but prior to 1991. The facility is a 1 story structure with a basement in two separate sections. This</p>		06/10/2025

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	<p>1. On 05/27/25 at 3:20 p.m., observation revealed that throughout the south wing there were air supply and return duct penetrations to the floor below that were not protected by fire dampers. Vents in the floor with no fire damper protection were observed in the corridor by rooms 1S, 2S, 6S and 8S. An interview with the Administrator at 3:21 p.m. revealed that each room on this wing had vents to the floor below that were not protected by fire dampers.</p> <p>2. On 05/27/25 at 3:30 p.m., observation revealed that throughout the north wing there were air supply and return duct penetrations to the floor below that were not protected by fire dampers. Vents in the floor with no fire damper protection were observed in the corridor by rooms 4N and 6N. An interview with the Administrator at 3:31 p.m. revealed that each room on this wing had vents to the floor below that were not protected by fire dampers.</p> <p>Based on interview at 3:44 p.m., the Administrator stated the facility will utilize a FSES to show equivalency to the Life Safety Code (LSC).</p> <p>This finding was reviewed with the Administrator at the exit conference.</p> <p>3.1-19(b)</p>				<p>portion of the building is constructed of unprotected wood frame construction and is classified as type V(000) construction.</p> <p>Interior finishes consist of painted gypsum wall board and masonry. The interior finishes in the smoke compartment are class A.</p> <p>[K 311] Vertical openings in this zone have not been enclosed within fire rated shafts. The stair shaft is constructed of wood frame, brick and gypsum and has been upgraded as necessary to achieve a 1-hour fire resistive rating on the 1st floor stair discharge level. The existing stair door has been replaced with a 90-minute, self closing positive latching fire door assembly.</p> <p>Numerous ducts penetrate the first floor and have not been protected with fire dampers. Each duct penetration of the floor is accomplished with steel ducts which form a smoke resistant separation between the basement and the first floor. This issue was cited by CMS and is addressed in this category by scoring the vertical openings as "less than 1-hr". Equivalent life safety has been achieved without the installation of fire dampers. Smoke control has not been accomplished by smoke barrier walls. The basement does not have any patient sleeping rooms</p> <p>A complete manual fire alarm</p>		

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			<p>system has been installed throughout the building and automatically transmits to the fire department.</p> <p>A automatic fire suppression system with standard response sprinklers has been installed throughout the building.</p> <p>A life safety consultant, RTM Consultants, Inc., was engaged to assess the facility and to prepare FSES equivalency documentation. All instances of duct penetrations of the floor without fire dampers occur in Zone 1B which is comprised of the original building which includes the north and south wings. Each floor penetration is accomplished with steel ducts which form a smoke resistant separation between the basements and the first floor. The FSES for the vertical opening enclosure deficiency in Zones BA, BB and 1B is scored in Safety Parameter 7 on Worksheet 4.7.6 as "< 1 hr" and is assigned a score of 0. A passing FSES score demonstrating the level of life safety in Zones BA, BB and 1B is at least equivalent to that prescribed by the Life Safety Code as summarized on Worksheets 4.7.9, 4.7.10 and 4.7.11 was achieved without installing shafts and fire dampers</p> <p>A life safety consultant, RMT Consultants, INC., was engaged to assess the facility to prepare FSES equivalency documentation.</p>		

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NAME OF PROVIDER OR SUPPLIER APERION CARE SUMMERFIELD				STREET ADDRESS, CITY, STATE, ZIP COD 34 SOUTH MAIN STREET CLOVERDALE, IN 46120			
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K 0920 SS=D Bldg. 01	<p>NFPA 101 Electrical Equipment - Power Cords and Extens</p> <p>Based on observation and interview, the facility failed to ensure power strips were not used as a substitute for fixed wiring in the Activities office. LSC 19.5.1 requires utilities to comply with Section 9.1. LSC 9.1.2 requires electrical wiring and equipment to comply with NFPA 70, National Electrical Code, 2011 Edition. NFPA 70, Article 400.8 requires that, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice could affect staff only.</p> <p>Findings include:</p> <p>Based on observation on 05/27/25 at 3:37 p.m. during a tour of the facility with the Administrator, the Activities Office had a microwave oven plugged into a power strip. This was confirmed by the Administrator at the time of observation and the microwave was unplugged from the power strip at the time of observation.</p> <p>This finding was reviewed with the Administrator during the exit conference.</p> <p>3.1-19(b)</p>			K 0920	<p>The FSES See (exhibit 1)</p> <p>K 920 Facility failed to ensure all power cords and extension used properly. All patients had potential to be affected as it was located in the Activities Directors office. Upon discovery is was immediately corrected. The activities director was educated on proper use of power strips. Maintenance director and or designee will check offices for the next 6 months every month to ensure compliance with proper use of power strips. Then quarterly. Date of compliance was 5-28-25</p>		06/10/2025