PRINTED: 06/03/2024 FORM APPROVED

CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-039							IB NO. 0938-039
AND PLAN OF CORRECTION IDI		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155718	(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING		ONSTRUCTION	(X3) DATE SURVEY  COMPLETED  05/20/2024	
	PROVIDER OR SUPPLIE		•	1235 W	ADDRESS, CITY, STATE, ZIP COD V CROSS ST RSON, IN 46011		
(X4) ID	X4) ID SUMMARY STATEMENT OF DEFICIENCIE			ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	, i	NCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	: :IATE	COMPLETION
TAG E 0000	REGULATORY O	R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCE.		DATE
Bldg	A Post Survey Revisit (PSR) to the Emergency Preparedness Survey conducted on 04/09/24 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73.  Survey Date: 05/20/24  Facility Number: 000562 Provider Number: 155718 AIM Number: 100267150  At this PSR Emergency Preparedness survey, Northview Health and Living was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73.  The facility has 101 certified beds. At the time of the PSR survey, the census was 68.		E 0	000	This Plan of Correction constitutes the written allegation of compliance for deficiency cited May 20th, 2024. The submission of this Plan of Correction is not an admission that a deficiency exists or that it was cited correctly. The Plan of Correction is submitted to meet requirements established by state and federal law.		
	Quality Review co	mpleted on 05/22/24					
K 0000							
Bldg. 01	Code Recertification conducted on 04/09	0/24 000562 155718	K 0	000	This Plan of Correction cons the written allegation of compliance for deficiency cit May 20th, 2024. The submis of this Plan of Correction is r admission that a deficiency or that it was cited correctly. Plan of Correction is submitt meet requirements establish state and federal law.	ed sion not an exists The ed to	

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

TITLE (X6) DATE

Kimberley Carlson **HFA** 05/30/2024

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: NTCV22 Facility ID: 000562 If continuation sheet Page 1 of 5

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

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STATEMENT OF DEFICIENCIES XI) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155718		(X2) MULTIPLE C A. BUILDING B. WING	onstruction 01	COM	(X3) DATE SURVEY COMPLETED 05/20/2024	
		1235 V	V CROSS ST	OD OD		
(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SH	OULD BE	(X5) COMPLETION DATE	
Health and Living with Requirements Medicare/Medicaid Life Safety from Fir National Fire Protect Life Safety Code (L Health Care Occupa  This one-story facil Type V (000) const The facility has a fir detection in the corr corridors, battery or resident rooms in the capacity of 101 and of this PSR visit.  All areas where resi were sprinklered an services were sprinklered.	was found not in compliance for Participation in , 42 CFR Subpart 483.90(a), re and the 2012 edition of the etion Association (NFPA) 101, LSC), Chapter 19, Existing ancies and 410 IAC 16.2. ity was determined to be of ruction and fully sprinklered. re alarm system with smoke ridors, spaces open to the perated smoke detectors in all the building. The facility has a had a census of 68 at the time detected and a census of 68 at the time detected smoke detectors in all the building. The facility has a had a census of 68 at the time detected and a census of 68 at the time detected except for two detached orage which were not					
NFPA 101 Egress Doors Egress Doors Doors in a require be equipped with a requires the use of egress side unless special locking arr CLINICAL NEEDS LOCKING Where special loc	d means of egress shall not a latch or a lock that if a tool or key from the susing one of the following rangements: SOR SECURITY THREAT king arrangements for the					
	PROVIDER OR SUPPLIER  //EW HEALTH AND  SUMMARY (EACH DEFICIEN REGULATORY OF  At this PSR Life Sa Health and Living with Requirements Medicare/Medicaid Life Safety from Fi National Fire Protect Life Safety Code (I Health Care Occupated)  This one-story facil Type V (000) const The facility has a fi detection in the corr corridors, battery of resident rooms in the capacity of 101 and of this PSR visit.  All areas where resi were sprinklered an services were sprint garages used for sto sprinklered.  Quality Review core  NFPA 101 Egress Doors Egress Doors Doors in a require be equipped with requires the use of egress side unless special locking arr CLINICAL NEEDS LOCKING Where special loc clinical security ne	DENTIFICATION NUMBER 155718  PROVIDER OR SUPPLIER  //EW HEALTH AND LIVING  SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION  At this PSR Life Safety Code survey, Northview Health and Living was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.90(a), Life Safety from Fire and the 2012 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.  This one-story facility was determined to be of Type V (000) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors, battery operated smoke detectors in all resident rooms in the building. The facility has a capacity of 101 and had a census of 68 at the time of this PSR visit.  All areas where residents have customary access were sprinklered and all areas providing facility services were sprinklered except for two detached garages used for storage which were not sprinklered.  Quality Review completed on 05/22/24  NFPA 101  Egress Doors  Egress Doors  Doors in a required means of egress shall not be equipped with a latch or a lock that requires the use of a tool or key from the egress side unless using one of the following special locking arrangements:  CLINICAL NEEDS OR SECURITY THREAT	DENTIFICATION NUMBER 155718  A BUILDING B. WING	OF CORRECTION  DENTIFICATION NUMBER 155718  A BUILDING B WING  STREET ADDRESS, CITY, STATE, ZIP OF 1225 W CROSS ST ANDERSON, IN 46011  SUMMARY STATEMENT OF DEFICIENCIE (BACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION  At this PSR Life Safety Code survey, Northview Health and Living was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.90(a), Life Safety from Fire and the 2012 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 LAC 16.2.  This one-story facility was determined to be of Type V (000) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors, battery operated smoke detectors in all resident rooms in the building. The facility has a capacity of 101 and had a census of 68 at the time of this PSR visit.  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CITY, STATE, ZIP COD 1235 W CROSS ST ANDERSON, IN 46011  SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION  At this PSR Life Safety Code survey, Northview Health and Living was found not in compliance with Requirements for Participation in Medicare Medicaid, 42 CFR Subpart 483.90(a), 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 fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors, battery operated smoke detectors in all resident rooms in the building. The facility has a capacity of 101 and had a census of 68 at the time of this PSR visit.  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DICARE & MEDICA				ОМ	B NO. 0938-039	
		(X2) MULTIPLE CO	ONSTRUCTION	(X3) DATE	SURVEY	
ORRECTION	IDENTIFICATION NUMBER	A. BUILDING <u>01</u>		COMPLETED		
	155718	B. WING		05/20/	20/2024	
VIDER OR SUPPLIER		1235 W	CROSS ST			
SUMMARY S	STATEMENT OF DEFICIENCIE	ID	PROVIDENCE N. I.V. OF CORRECTION		(X5)	
(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE		COMPLETION	
		TAG	DEFICIENCY)	AIE	DATE	
ermitted on each made for the rain made for the	door and provisions shall pid removal of occupants of locks; keying of all ed by staff at all times; or means available to the 2.2.6, 19.2.2.2.5.1,  LOCKING Sking arrangements for the expatient are used, all of curity Locking requirements addition, the locks must be at fail safely so as to of power to the device; the ed by a supervised or system and the locked by a complete smoke for is constantly monitored action within the locked fies prinkler and detection god to unlock the doors 2.2.5.2, TIA 12-4 SS LOCKING Sking accordance with the permitted on door golow and ordinary hazard gos protected throughout by servised automatic fire or an approved, supervised or system.  2.4 OLLED EGRESS IGEMENTS Egress Door assemblies					
TRO	TIDER OR SUPPLIER V HEALTH AND  SUMMARY S (EACH DEFICIENCE PREGULATORY OR TIME on each and for the rather such reliable aff at all times. 1.2.2.2.5.1, 18.2.1 1.2.2.2.6 PECIAL NEEDS RRANGEMENTS there special lock fety needs of the respecial locks that he see upon loss allding is protected at the compact of the respecial locks that he respectively and both the stems are arranged at the respective of the respectiv	TOPPICIENCIES ORRECTION  XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155718  TIDER OR SUPPLIER  V HEALTH AND LIVING  SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION  Immitted on each door and provisions shall made for the rapid removal of occupants remote control of locks; keying of all cks or keys carried by staff at all times; or mer such reliable means available to the aff at all times.  2.2.2.2.5.1, 18.2.2.2.6, 19.2.2.2.5.1, 2.2.2.6  PECIAL NEEDS LOCKING RRANGEMENTS here special locking arrangements for the fety needs of the patient are used, all of the Clinical or Security Locking requirements the being met. In addition, the locks must be the being met. In addition, the locks must be the extrical locks that fail safely so as to the ease upon loss of power to the device; the tilding is protected by a supervised thomatic sprinkler system and the locked ace is protected by a complete smoke tection system (or is constantly monitored an attended location within the locked ace); and both the sprinkler and detection stems are arranged to unlock the doors	DEFICIENCIES ORRECTION  IDENTIFICATION NUMBER 155718  IDENTIFICATION NUMBER 1235 W ANDEF  SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION IT mitted on each door and provisions shall made for the rapid removal of occupants : remote control of locks; keying of all exists or keys carried by staff at all times; or ner such reliable means available to the aff at all times. 2.2.2.5.1, 18.2.2.2.6, 19.2.2.2.5.1, 2.2.2.6  PECIAL NEEDS LOCKING RRANGEMENTS here special locking arrangements for the fety needs of the patient are used, all of e Clinical or Security Locking requirements e being met. In addition, the locks must be extrical locks that fail safely so as to extrical locks that fail safely so as to lease upon loss of power to the device; the ilding is protected by a complete smoke tection system (or is constantly monitored an attended location within the locked ace is protected by a complete smoke tection system (or is constantly monitored an attended location within the locked ace); and both the sprinkler and detection stems are arranged to unlock the doors on activation. 2.2.2.5.2, 19.2.2.2.5.2, TIA 12-4 ELAYED-EGRESS LOCKING RRANGEMENTS proved, listed delayed-egress locking stems installed in accordance with 2.1.6.1 shall be permitted on door semblies serving low and ordinary hazard ntents in buildings protected throughout by approved, supervised automatic fire stection system or an approved, supervised tomatic sprinkler system. 2.2.2.4, 19.2.2.2.4 CCESS-CONTROLLED EGRESS DCKING ARRANGEMENTS CCESS-CONTROLLED EGRESS DCKING ARRANGEMENTS CCESS-CONTROLLED EGRESS DCKING ARRANGEMENTS	DEFICIENCIES ORRECTION   DENTIFICATION NUMBER   155718	DEPICIENCIES  ORRECTION  IDENTIFICATION NUMBER  1.55718  IDENTIFICATION NUMBER  1.55718  IDENTIFICATION NUMBER  ID	

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STATEMENT OF DEFICIENCIES		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRU		ONSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER			COMPLETED		
155718		B. W	B. WING 05/20/2024				
NAME OF PROVIDER OR SUPPLIER					ADDRESS, CITY, STATE, ZIP COD		
					/ CROSS ST		
NORTHVIEW HEALTH AND LIVING				ANDEF	RSON, IN 46011	<u>.                                    </u>	
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIE			ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE	(X5)	
PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL			PREFIX	CROSS-REFERENCED TO THE APPROPRIA	TE COMPLET	
TAG		R LSC IDENTIFYING INFORMATION	-	TAG	DEI CHENCTY	DATE	
	be permitted. 18.2.2.2.4, 19.2.2.	2.4					
		.2.4 BY EXIT ACCESS					
	LOCKING ARRAN						
		t access door locking in					
		7.2.1.6.3 shall be permitted					
		es in buildings protected					
		approved, supervised					
		ection system and an					
		ised automatic sprinkler					
	system.						
	18.2.2.2.4, 19.2.2.	.2.4					
	Based on observation and interview, the facility		K 0	222	K 222 (SS E) What Corrective	05/30/2	2024
	failed to ensure 2 of over 6 delayed egress locking		"		Action will be accomplished		
		installed in accordance with			those residents found to have		
	LSC 7.2.1.6.1(3) w	hich states an irreversible			been affected by this deficie	nt	
	process shall release	e the lock in the direction of			Practice:		
	egress within 15 sec	conds, or 30 seconds where			A sign will be posted at each		
	approved by the aut	thority having jurisdiction,			egress with instructions on ho	w to	
	upon application of	a force to the release device			get out the door. Code will be		
	required in 7.2.1.5.1	10 under all of the following			easily visible for staff and visit	ors	
	conditions:				to exit both doors mentioned.		
		not be required to exceed 15 lbf			How will other residents hav	ing	
	(67 N).				the potential to be affected b	-	
		not be required to be			the same deficient practice b		
	* * *	ed for more than 3 seconds.			identified and what corrective	e	
		the release process shall			action will be taken:		
		signal in the vicinity of the			Residents were not affected b	- I	
	door opening.	1 1 11 3			this deficient practice due doo	r	
	* *	as been released by the			was able to open with code,		
		to the releasing device,			though code was not posted		
	_	y manual means only. This			appropriately.	4-	
	deficient practice could affect 35 residents if			What measures wi		το	
	needing to exit the	іасініў.			place and what systemic		
	Findings include:				changes will be made to ensure that the deficient		
	r manigs include:						
	Rased on observation	ons and interviews during a			practice does not occur.	ach	
		with the Administrator on			Signage has been placed at e		
					egress noted with clear direction		
05/20/24 between 12:30 p.m. and 1:15 p.m., the (1)			ı		on exiting through those doors	).	

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

Event ID:

NTCV22 Facility ID: 000562

If continuation sheet Page 4 of 5

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155718	(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING			(X3) DATE SURVEY COMPLETED 05/20/2024	
NAME OF PROVIDER OR SUPPLIER  NORTHVIEW HEALTH AND LIVING			STREET ADDRESS, CITY, STATE, ZIP COD 1235 W CROSS ST ANDERSON, IN 46011				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE  (EACH DEFICIENCY MUST BE PRECEDED BY FULL  REGULATORY OR LSC IDENTIFYING INFORMATION		I	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	Exit door from the lounge on the 300 Hall and (2) the Therapy Exit on the 300 Hall each equipped with 15 second delayed egress, failed to actuate when tested. When the exit doors were tested the irreversible process to release the lock was not initiated. Based on interview at the time of observation, the Administrator stated that they had the doors worked on and they would need to have the contractor come back out.  This finding was acknowledged by the Administrator at the time of discovery and again at the exit.  This deficiency was cited on 04/09/24. The facility failed to implement a systemic plan of correction to prevent recurrence.				Sign to be changed on the first day of the month per maintena staff. (See Attachment)  How will the corrective action be monitored to ensure the deficient practice will not recur?  Sign with direction will be post at each egress on the first day the month. Visual checks will done weekly to ensure the sign in good condition and easy to by staff and visitors. Will be monitored and reviewed at QA 6 months.  Date completed: 5-30-2024	ed of be n is read	

FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: NTCV22 Facility ID: 000562 If continuation sheet Page 5 of 5