

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155727	X2) MULTIPLE CONSTRUCTION A. BUILDING: -- B. WING: _____	X3) DATE SURVEY COMPLETED 01/03/2023
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NAME OF PROVIDER OR SUPPLIER STONEBRIDGE HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP COD 3100 SHAWNEE DR S BEDFORD, IN 47421
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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: 01/03/23</p> <p>Facility Number: 003924 Provider Number: 155727 AIM Number: 200472040</p> <p>At this Emergency Preparedness survey, Stonebridge Health Campus 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 68 certified beds. At the time of the survey, the census was 48.</p> <p>Quality Review completed on 01/05/23</p>	E 0000	<p>Submission of this Plan of Correction does not indicate an admission by Stonebridge Health Campus that the findings and allegations contained herein are accurate and true representations of the quality of care and services provided to the residents of Stonebridge Health Campus. This facility recognized it's obligation to provide legally and medically necessary care and services to its residents in an economic and efficient manner. The facility herby maintains it is in substantial compliance with the requirements of participation for comprehensive health care facilities (for Title 18/19 programs). To this end, this plan of correction shall serve as the credible allegation of compliance with all state and federal requirements governing the management of this facility. It is thus submitted as a matter of statute only. We respectfully request paper review for this plan of correction</p> <p>If you need any information or paperwork, please do not hesitate to contact us at (812) 278-8195.</p> <p>Sincerely, Megan Alldredge Executive Director</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Megan Alldredge	TITLE Executive Director	(X6) DATE 01/20/2023
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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 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: 01/03/23</p> <p>Facility Number: 003924 Provider Number: 155727 AIM Number: 200472040</p> <p>At this Life Safety Code survey, Stonebridge Health Campus was found in substantial 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.</p> <p>This one story facility was determined to be of Type V (111) construction and was 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 68 and had a census of 48 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.</p> <p>Quality Review completed on 01/05/23</p>	K 0000	<p>Submission of this Plan of Correction does not indicate an admission by Stonebridge Health Campus that the findings and allegations contained herein are accurate and true representations of the quality of care and services provided to the residents of Stonebridge Health Campus. This facility recognized it's obligation to provide legally and medically necessary care and services to its residents in an economic and efficient manner. The facility herby maintains it is in substantial compliance with the requirements of participation for comprehensive health care facilities (for Title 18/19 programs). To this end, this plan of correction shall serve as the credible allegation of compliance with all state and federal requirements governing the management of this facility. It is thus submitted as a matter of statute only. We respectfully request paper review for this plan of correction</p> <p>If you need any information or paperwork, please do not hesitate to contact us at (812) 278-8195.</p> <p>Sincerely, Megan Alldredge Executive Director</p>	
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K 0353 SS=C Bldg. 01	<p>NFPA 101 Sprinkler System - Maintenance and Testing Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in 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 8 sprinkler system gauges on the wet sprinkler system riser were replaced every 5 years or documented as tested every 5 years by comparison with a calibrated gauge. NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 2011 Edition, Section 5.3.2.1 states gauges shall be replaced every 5 years or tested every 5 years by comparison with a calibrated gauge. Gauges not accurate to within 3 percent of the full scale shall be recalibrated or replaced. This deficient practice could affect all residents, staff, and visitors.</p> <p>Findings include:</p> <p>Based on observations on 01/03/23 between 9:15 a.m. and 12:30 p.m. during a tour of the facility</p>	K 0353	<p>K 353 – Sprinkler System – Maintenance and Testing</p> <p>(1) Corrective Action for the resident(s) affected by the alleged deficient practice: This deficient practice had the potential to affect all residents, staff and visitors at the time of this survey.</p> <p>(2) Corrective Actions taken for those resident(s) having the potential to be affected by the alleged deficient practice: No residents, staff or visitors were identified or reported any findings suggestive of having been affected by the deficient practice.</p> <p>(3) Corrective Actions including</p>	01/31/2023	

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	<p>with the Director of Plant Operations, there were two sprinkler gauges on the wet sprinkler system that had dates of 2014 which was past due for replacement or recalibration. No recalibration date information was affixed to the dry sprinkler system gauges. Based on interview at the time of the observation, the Director of Plant Operations confirmed the sprinkler system gauges had not been recalibrated within the most recent five year period and would have the gauges replaced as soon as possible.</p> <p>This finding was reviewed with the Executive Director and Director of Plant Operations during the exit conference.</p> <p>3.1-19(b)</p>		<p>measures/systemic changes put in place to assure the alleged deficient practice does not re occur:</p> <p>Immediate intervention The Director of Plant Operations contacted his sprinkler system inspection and maintenance contractor to have the 2 deficient gauges replaced with new gauges. The Director of Plant Operations was educated by the Executive Director on K 353 NFPA 101 Sprinkler System – Maintenance and Testing.</p> <p>NFPA 25, Standard for the inspection, testing and maintenance of water-based fire protection systems, 2011 Edition, Section 5.3.2.1 states gauges shall be replaced every 5 years or tested every 5 years by comparison with a calibrated gauge. Gauges not accurate to within 3 percent of the full scale shall be recalibrated or replaced.</p> <p>(4) Corrective Actions that will be monitored to ensure the alleged will not re occur: The Director of Plant Operations will inspect the deficient gauges to ensure they are compliant with code 1 x week for 1 month and 1 x a month for 3 months. Results of these inspections will be presented by Executive Director to the QA committee for further recommendations and continue until the Quality Assurance Team determines</p>	

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

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OMB NO. 0938-039

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			substantial compliance has been achieved. (5) The time frame the campus is alleging compliance: January 31, 2023		