

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

PRINTED: 07/11/2024

FORM APPROVED

OMB NO. 0938-039

|   |  |   |  |  |  |  |                            |
|---|--|---|--|--|--|--|----------------------------|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION           |  | X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER<br><br>155797 |  | X2) MULTIPLE CONSTRUCTION<br>A. BUILDING      --<br>B. WING            _____           |  | X3) DATE SURVEY<br>COMPLETED<br>06/27/2024 |                            |
| NAME OF PROVIDER OR SUPPLIER<br><br>ASPEN PLACE HEALTH CAMPUS |  |   |  | STREET ADDRESS, CITY, STATE, ZIP COD<br>2320 N MONTGOMERY ROAD<br>GREENSBURG, IN 47240 |  |  |                            |
| (X4) ID<br>PREFIX<br>TAG                                      | SUMMARY STATEMENT OF DEFICIENCIE<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)  |   |  | ID<br>PREFIX<br>TAG  | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY)   |  | (X5)<br>COMPLETION<br>DATE |
| E 0000<br><br>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: 06/27/24</p> <p>Facility Number: 012854<br/>Provider Number: 155797<br/>AIM Number: 201104690</p> <p>At this Emergency Preparedness survey, Aspen Place 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 64 certified beds. At the time of the survey, the census was 44.</p> <p>Quality Review completed on 06/28/24</p> |   |  | E 0000   | <p>Preparation or execution of this plan of correction does not constitute admission or agreement of provider of the truth of the facts alleged or conclusions set forth on the Statement of Deficiencies. The Plan of Correction is prepared and executed solely because it is required by the position of Federal and State Law. The Plan of Correction is submitted to respond to the allegations of noncompliance cited during the Annual Life Safety Survey conducted June 27, 2024. Please accept this Plan of Correction as the provider's credible allegation of compliance as of July 10, 2024. The provider respectfully requests desk review with paper compliance to be considered in establishing that the provider is in substantial compliance.</p> |  |                            |
| K 0000<br><br>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: 06/27/24</p> <p>Facility Number: 012854<br/>Provider Number: 155797</p>  |   |  | K 0000   | <p>Preparation or execution of this plan of correction does not constitute admission or agreement of provider of the truth of the facts alleged or conclusions set forth on the Statement of Deficiencies. The Plan of Correction is prepared and executed solely because it is required by the position of Federal</p>  |  |                            |

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

TITLE

(X6) DATE

Kellee Couch

Executive Director

07/10/2024

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 0712<br>SS=F<br>Bldg. 01                                    | <p>AIM Number: 201104690</p> <p>At this Life Safety Code survey, Aspen Place Health Campus 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.</p> <p>This one story facility was determined to be of Type V (111) construction and fully sprinkled. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors and hard wired smoke detectors in all resident sleeping rooms. The healthcare portion of the facility has a capacity of 64 and had a census of 44 at the time of this visit.</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 06/28/24</p> <p>NFPA 101<br/>Fire Drills<br/>Fire Drills<br/>Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms.</p> |  |  |  | <p>and State Law. The Plan of Correction is submitted to respond to the allegations of noncompliance cited during the Annual Life Safety Survey conducted June 27, 2024. Please accept this Plan of Correction as the provider's credible allegation of compliance as of July 10, 2024. The provider respectfully requests desk review with paper compliance to be considered in establishing that the provider is in substantial compliance.</p> |  |                            |

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|   | <p>19.7.1.4 through 19.7.1.7</p> <p>1. Based on record review and interview, the facility failed to conduct fire drills on each shift for 1 of 4 quarters. LSC 19.7.1.6 states drills shall be conducted quarterly on each shift to familiarize facility personnel (nurses, interns, maintenance engineers, and administrative staff) with the signals and emergency action required under varied conditions. This deficient practice affects all staff and residents.</p> <p>Findings include:</p> <p>Based on records review and interview with the Director of Plant Operations (DPO) on 06/27/24 between 10:20 a.m. and 11:45 a.m., no documentation was available to show a third shift fire drill for the third quarter of 2023 was conducted. Based on interview at the time of record review, the DPO stated the aforementioned drill was not conducted due to there was no Maintenance Professional during that time.</p> <p>This finding was reviewed with the DPO at the time of discovery and again during the exit conference.</p> <p>2. Based on record review and interview, the facility failed to conduct quarterly fire drills on unexpected days and at unexpected times under varying conditions. This deficient practice could affect all residents, staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on records review and interview with the Director of Plant Operations (DPO) on 06/27/24 between 10:20 a.m. and 11:45 a.m., 8 of 11 quarterly fire drills available for review were conducted near the end of the month, around the 30th day of the</p> |   |  | K 0712   | <p><b>(1 1. Corrective Action for the resident(s) affected by the alleged deficient practice:</b><br/>This deficient practice had the potential to affect all residents, staff and visitors at the time of the survey.</p> <p><b>(2 2. Corrective Actions taken for those resident(s) having the potential to be affected by the alleged deficient practice:</b><br/>No resident's, staff or visitors were identified or reported any findings suggestive of having been affected by the deficient practice.</p> <p><b>(3 3. Corrective Actions including Measures/Systemic changes put in place to assure the alleged deficient practice does not re occur:</b><br/>The Executive Director and/or designee provided re-education to the Director of Plant Operations on Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 19.7.1.4 through 19.7.1.7</p> |  | 07/10/2024                 |

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|   | month. These conditions do not allow fire drills to<br>be conducted at on unexpected and unpredictable<br>days.<br><br>This finding was reviewed with the DPO at the<br>time of discovery and again during the exit<br>conference.<br><br>3.1-19(b)<br>3.1-51(c) |   |  |   | <b>(4 4. Corrective Actions that<br/>will be monitored to ensure the<br/>alleged will not re occur:</b><br>The Director of Plant Operations<br>and/or Designee developed a<br>weekly fire drill inspection audit<br>that includes monitoring that fire<br>drills conducted will include<br>activation of the fire alarm system<br>and transmission of the fire alarm<br>signal at the time the drill is<br>conducted. The Director of Plant<br>Operations and/or Designee will<br>perform the observation audits<br>three times a week, for three<br>months. Findings will be reviewed<br>during the quarterly QA<br>Committee in order to determine<br>the frequency for ongoing<br>monitoring. Findings suggestive of<br>100% compliance may result in<br>cessation of the monitoring plan<br>based on review. |  |                            |