STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155493	A. BUILDING -- B. WING	12/07/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
SCENIC HILLS AT THE MONASTERY	710 SUNRISE DRIVE FERDINAND, IN 47532

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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. --	An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73. Survey Date: 12/07/22 Facility Number: 000534 Provider Number: 155493 AIM Number: 100267220 At this Emergency Preparedness survey, Scenic Hills at the Monastery was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73 The facility has a capacity of 88 certified beds and had a census of 75 at the time of this visit. Quality Review completed on 12/12/22	E 0000	The submission of this plan of correction does not indicate an admission by Scenic Hills at the Monastery that the findings and allegations contained herein are accurate, true representation of the quality of care provided, and living environment provided to the residents of Scenic Hills at the Monastery. The facility recognizes its obligation to provide legally and medically necessary care and services to its residents in an economic and efficient manner. The facility hereby maintains it is in substantial compliance with the requirements of participation for skilled health care facilities. To this end, the 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. The facility respectfully requests from the department a desk review for substantial compliance.	
K 0000 Bldg. 03	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).	K 0000	The submission of this plan of correction does not indicate an admission by Scenic Hills at the Monastery that the findings and allegations contained herein are	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Bailey Sherman	Executive Director	12/22/2022

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.

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	155493	A. BUILDING 03 B. WING	12/07/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
SCENIC HILLS AT THE MONASTERY	710 SUNRISE DRIVE FERDINAND, IN 47532

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	Survey Date: 12/07/22 Facility Number: 000534 Provider Number: 155493 AIM Number: 100267220 At this Life Safety Code survey, Scenic Hills at the Monastery 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 18, New Health Care Occupancies and 410 IAC 16.2. This one story facility was determined to be of Type V (111) 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 88 certified beds and had a census of 75 at the time of this survey. Additionally, the 600 Unit of the facility which included 23 Assisted Living beds was surveyed due to the lack of a two hour fire barrier separation from the 700 Unit Memory Care which was for Comprehensive Care beds. All areas where residents have customary access were sprinklered and all areas providing facility services were sprinklered. Quality Review completed on 12/12/22		accurate, true representation of the quality of care provided, and living environment provided to the residents of Scenic Hills at the Monastery. The facility recognizes its obligation to provide legally and medically necessary care and services to its residents in an economic and efficient manner. The facility hereby maintains it is in substantial compliance with the requirements of participation for skilled health care facilities. To this end, the 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. The facility respectfully requests from the department a desk review for substantial compliance.	
K 0712 SS=C Bldg. 03	NFPA 101 Fire Drills Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected			

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	155493	A. BUILDING 03 B. WING	12/07/2022

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	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. 18.7.1.4 through 18.7.1.7 Based on record review and interview, the facility failed to provide complete quarterly fire drill documentation for 1 of 3 shifts during 1 of 4 quarters. This deficient practice could affect all residents in the facility. Findings include: Based on review of the facility's fire drill reports on 12/07/22 between 9:45 a.m. and 12:30 p.m. with the Director of Plant Operations and Regional Support person present, the facility lacked complete fire drill documentation for the second shift (evening) of the first quarter (January, February, and March) of 2022. There was a transmission of the alarm report from the facility's monitoring company dated 03/07/22 at 4:11 p.m., however, there was no fire drill report created by the facility in conjunction with the transmission of alarm report. Based on interview at the time of record review, the Director of Plant Operations said there was a fire drill performed on 03/07/22 at 4:11 p.m., but confirmed the lack of a fire drill report for that shift and quarter. This finding was reviewed with the Executive Director, Director of Plant Operations, and Regional Support person during the exit conference.	K 0712	1. No residents were affected by the alleged deficient practice. Residents were assessed with no concerns. 2. All residents have the potential to be affected. The Director of Plant Operations conducted second shift fire drill on 12/14/2022. The DPO was educated by the Executive Director on K712, NFPA 101, Fire Drills including the transmission of fire alarm signal and simulation of emergency fire conditions. Fire drills are held at varying 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 9:00pm and 6:00am, a coded announcement may be used instead of audible alarms. 3. As a measure of ongoing compliance, the ED or designee will complete an audit for verification of all documents of the fire drill process are completed 1x/month x6 months. **4. As a quality measure, the ED**	12/23/2022

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	3.1-19(b)		**or designee will review any findings and corrective action at least quarterly and ongoing until campus achieves one hundred percent compliance in the campus Quality Assurance Performance Improvement meetings. The plan will be reviewed and updated as warranted.**	