

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

PRINTED: 06/23/2025

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____		X3) DATE SURVEY COMPLETED 05/22/2025	
NAME OF PROVIDER OR SUPPLIER AZALEA HILLS				STREET ADDRESS, CITY, STATE, ZIP COD 3700 LAFAYETTE PKWY FLOYDS KNOBS, IN 47119			
(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
R 0000 Bldg. 00	<p>This visit was for a State Residential Licensure Survey.</p> <p>Survey date: May 22, 2025</p> <p>Facility number: 012161</p> <p>Residential Census: 55</p> <p>This State Residential Finding is cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed on May 27, 2025.</p>			R 0000			
R 0092 Bldg. 00	<p>410 IAC 16.2-5-1.3(i)(1-2) Administration and Management - Noncompliance</p> <p>Based on record review and interview, the facility failed to ensure fire drills were completed quarterly on each shift or in-conjunction with the local fire department every 6 months for 12 of 12 months reviewed. This had the potential to affect 55 of 55 residents currently residing in the facility.</p> <p>Findings include:</p> <p>During an interview with the Executive Director, on 5/22/25 at 9:30 a.m., she indicated they had been trying to get the local fire department to come in to do demonstrations of the fire equipment and fire safety, but the fire department did not respond to their requests.</p> <p>The documentation related to contacting the local fire department was not provided.</p> <p>During the review of the Fire Drill Observation</p>			R 0092	<p>The Administrator and Maintenance Director were re-educated as to the Residential Rule requirements for fire drills, as well as documentation of all efforts of requesting the local fire department to participate in said drills.</p> <p>As all residents could be affected, the following corrective actions have been taken.</p> <p>The facility policy was reviewed and revised, as necessary to reflect the requirements of the Residential Rule and the Maintenance Director was advised of the necessity to alter hours of work when necessary to remain in compliance with the facility policy</p>		06/12/2025

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

TITLE

(X6) DATE

Melissa Prenatt

Administrator

06/06/2025

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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	<p>Sheets from May 2024 through April 2025, the following fire drills were identified:</p> <p>- On 5/31/24, a fire drill was conducted on the day shift.</p> <p>- On 7/24/24, a fire drill was conducted on the day shift.</p> <p>- On 8/6/24, a fire drill was conducted on the day shift.</p> <p>- On 11/29/24, a fire drill was conducted on the day shift.</p> <p>- On 3/31/25, a fire drill was conducted on the day shift.</p> <p>- On 2/26/25, a fire drill was conducted on the day shift.</p> <p>- On 1/15/25, a fire drill was conducted on the day shift.</p> <p>During an interview with the Maintenance Assistant, on 5/22/25 at 12:15 p.m., he indicated Maintenance was only budgeted for the day shift working hours. This was why all the fire drills were conducted on the day shift. He was not aware the fire drills had to be performed on the other shifts. Fire drills were conducted one time a month on the day shift.</p> <p>During a phone interview with the Maintenance Director, on 5/22/25 at 12:45 p.m., he indicated that he was only doing the fire drills on the day shift.</p> <p>The review of the facility's current policy on "Fire Disaster Plan," on 5/22/25 at 2:00 p.m., included, but was not limited to, "Education: 1. All Staff will</p>				<p>and residential rule. A calendar of tentative drills was provided to ensure compliance when followed. As a means to ensure continued compliance and quality assurance, the Administrator shall monitor adherence with the tentative schedule and shall report timely completion to the Regional director on no less than a quarterly basis ongoing. Should non-compliance be identified by the regional director, corrective action shall be taken.</p>		

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	be inservice annually by the local fire department. At a minimum, this in-service will include the following: fire hazards, how to use a fire extinguisher, and how to extinguish a fire. 2. Fire drills will be held monthly on alternating shifts so that each shift will experience a fire drill each quarter..."						