

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

PRINTED: 12/05/2023
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155614		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING		X3) DATE SURVEY COMPLETED 11/02/2023	
NAME OF PROVIDER OR SUPPLIER LINCOLN HILLS OF NEW ALBANY				STREET ADDRESS, CITY, STATE, ZIP COD 326 COUNTRY CLUB DRIVE NEW ALBANY, IN 47150			
(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
K 0000 Bldg. 01	<p>An investigation of Complaint Number IN00420897 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a) in conjunction with a Post Survey Revisit to the Life Safety Code Recertification and State Licensure Survey conducted on 09/27/23.</p> <p>Complaint Number IN00420897 - A Federal/State deficiency related to the allegation was cited at K712.</p> <p>Survey Date: 11/02/23</p> <p>Facility Number: 000321 Provider Number: 155614 AIM Number: 100286130</p> <p>At this Complaint survey, Lincoln Hills of New Albany 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 Type II (111) construction and was fully sprinklered. The facility has a fire alarm system with hard wired smoke detectors in the corridors and spaces open to the corridors, plus battery operated smoke alarms in all resident sleeping rooms. The facility has a capacity of 156 and had a census of 121 at the time of this survey.</p> <p>All areas where residents have customary access were sprinkled and all areas providing facility</p>			K 0000	<p>November 28, 2023</p> <p>Brenda Buroker, Director Long-Term Care Division Indiana State Department of Health 2 North Meridian Street Indianapolis, IN 46204</p> <p>Re: Allegation of Compliance</p> <p>Survey Event ID Q1Q621</p> <p>Dear Mrs. Buroker:</p> <p>Please find enclosed the Plan of Correction for the Complaint Survey conducted on November 2, 2023. This letter is to inform you that the plan of correction attached is to serve as Lincoln Hills of New Albany credible allegation of compliance. We allege substantial compliance on November 28,2023. We are requesting paper compliance for this plan of correction.</p> <p>If you have any further questions, please do not hesitate to contact me at 317-512-4655.</p> <p>Sincerely,</p> <p>Kim Povinelli, HFA</p>		

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

TITLE

(X6) DATE

Kimberly Povinelli

Administrator

11/28/2023

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 0712 SS=C Bldg. 01	<p>services were sprinkled. The facility has a detached wooden storage garage and a wooden storage shed which were not sprinkled.</p> <p>Quality Review completed on 11/09/23</p> <p>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 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</p>		<p>Lincoln Hills of New Albany</p> <p>Submission of this plan of correction in no way constitutes an admission by Lincoln Hills of New Albany or its management company that the allegations contained in the survey report is a true and accurate portrayal of the provision of nursing care or other services provided in this facility. The Plan of Correction is prepared and executed solely because it is required by Federal and State Law.</p> <p>This statement of deficiencies and plan of correction will be reviewed at the Monthly Quality Assurance/Assessment Committee meeting.</p>		

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	<p>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>19.7.1.4 through 19.7.1.7</p> <p>Based on record review and interview, the facility failed to ensure 1 of 1 fire drill report during the past one month included complete documentation of the transmission of a fire alarm signal to the monitoring company/fire department during the past twelve months. LSC 19.7.1.4 requires fire drills in health care occupancies shall include the transmission of the fire alarm signal and simulation of emergency conditions. This deficient practice could affect all residents.</p> <p>Findings include:</p> <p>Based on review of the facility's fire drill reports on 11/02/23 between 10:30 a.m. and 11:30 a.m. with the Administrator present, 1 of 1 fire drill report performed during the past one month period was not provided with documentation for the transmission of the alarm to the monitoring company. This drill was dated 10/31/23 at 6:00 a.m. Based on interview at the time of record review, the Administrator acknowledged there was no information on the 10/31/23 fire drill report to verify that the transmission of the alarm was received by the monitoring company. Based on interview via phone conversation from the facility, the Maintenance Supervisor said he ran a silent fire drill during the end of the third shift, but forgot to sound the alarm a short while later to verify the transmission of the alarm to the monitoring company.</p> <p>This finding was reviewed with the Administrator during the exit conference.</p>			K 0712	<p>K712 Fire Drills</p> <p>The facility failed to ensure a fire drill report during the past one month included complete transmission of a fire alarm signal to the monitoring company/fire department during the past twelve months.</p> <p>I. The corrective actions to be accomplished for those residents found to have been affected by the deficient practice.</p> <p>A fire drill has been conducted and includes the transmission of a fire alarm signal to the monitoring company/fire department.</p> <p>II. The facility will identify other residents that may potentially be affected by the deficient practice.</p> <p>This deficient practice could affect residents, staff, and visitors.</p> <p>III. The facility will put into place the following systematic changes to ensure that the deficient practice does not recur.</p>		11/28/2023

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	<p>This federal tag relates to complaint number IN00420897.</p> <p>3-1.19(b) 3.1-51(c)</p>		<p>The Maintenance Director will conduct fire drills according to the TELS schedule and check that documentation is complete. Corporate Facilities Staff will validate documentation when onsite.</p> <p>IV. The facility will monitor the corrective action by implementing the following measures.</p> <p>The Maintenance Director will conduct fire drills according to the TELS schedule and check that documentation is complete. Corporate Facilities Staff will validate documentation when onsite. Fire Drills will be reviewed during monthly QAA/QAPI meetings.</p> <p>V. Plan of Correction completion date. November 28, 2023</p> <p>This statement of deficiencies and plan of correction will be reviewed at the Monthly Quality Assurance/Assessment Committee meeting.</p>		