PRINTED: 12/07/2022 FORM APPROVED

CENTERS FOR	R MEDICARE & MEDIC				0	OMB NO. 0938-039	
AND PLAN OF CORRECTION IDEN		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155237	(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING		COM	E SURVEY PLETED 7/2022	
	PROVIDER OR SUPPLIEF	3	3518 S	ADDRESS, CITY, STATE, ZIP COL SHELBY ST APOLIS, IN 46227	)		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APP DEFICIENCY)	JLD BE	(X5) COMPLETION DATE	
K 0000							
Bldg. 01	Code Recertification conducted on 09/20	isit (PSR) to the Life Safety on and State Licensure Survey 0/22 was conducted by the t of Health in accordance with	K 0000				
	Survey Date: 11/07	7/22					
	Facility Number: 0 Provider Number: AIM Number: 100	155237					
	not in compliance we Participation in Me Subpart 483.90(a), 2012 Edition of the Association (NFPA and 410 IAC 16.2. 0202, the Therapy I	, Bethany Village was found with Requirements for dicare/Medicaid, 42 CFR Life Safety from Fire and the National Fire Protection a) 101, Life Safety Code (LSC) Building 0101 and Building Room addition constructed in reeyed using Chapter 19, re Occupancies.					
	building of Type V 0101 was determine construction and fu was determined to l construction and fu has a fire alarm systhe corridors and in The facility has smifire alarm system in rooms. The facility a census of 83 at the	Illy sprinklered. The facility tem with smoke detection in all areas open to the corridor. oke detectors hard wired to the installed in all resident sleeping has a capacity of 100 and had e time of this visit.					
	All areas where res	idents have customary access					

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

(X6) DATE

TITLE

Paige Metzler Executive Director 11/28/2022

Any defiency statement 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 disclodays 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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		(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING		(X3) DATE SURVEY COMPLETED 11/07/2022	
ROVIDER OR SUPPLIER		3	518 S SHELBY ST		
(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL	PRE	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPR		
were sprinklered an services were sprink storage shed.	d all areas providing facility delered, except for one detached				
services were sprinklered, except for one detached storage shed.  Quality Review completed on 11/09/22  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.  a) Date sprinkler system last checked  b) Who provided system test  c) Water system supply source  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 record review and interview, the facility failed to ensure a full hydrostatic flush was performed on 1 of 2 automatic sprinkler piping systems which failed a three-year trip test conducted pursuant to Section 13.4.4.2.2. of NFPA 25, Standard for the Inspection, Testing and Maintenance of Water-Based Fire Protection Systems, 2011 Edition. NFPA 25, Section 14.3.1(3) states an obstruction investigation shall be conducted for system piping whenever foreign		K 0353	be accomplished for those residents found to have be affected by the deficient practice: Facility requesting temporary waiver. Facility having 631 lifeet of sprinkler pipe replace to sprinkler flush. How other residents having potential to be affected by same deficient practice will	en  / neal d prior g the the	
	SUMMARY S (EACH DEFICIEN REGULATORY OR Were sprinklered an services were sprink storage shed.  Quality Review con NFPA 101 Sprinkler System - Sprinkler System - Automatic sprinkle are inspected, test accordance with N Inspection, Testing Water-based Fire Records of system inspection and test secure location and a) Date sprinkler b) Who provided  c) Water system  Provide in REMAF coverage for any rautomatic sprinkle 9.7.5, 9.7.7, 9.7.8, Based on record reversible failed to ensure a further performed on 1 of 2 systems which faile conducted pursuant NFPA 25, Standard and Maintenance of Systems, 2011 Editistates an obstruction conducted for system materials are in dry Section 14.3.3, states	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Were sprinklered and all areas providing facility services were sprinklered, except for one detached storage shed.  Quality Review completed on 11/09/22  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.  a) Date sprinkler system last checked  b) Who provided system test  c) Water system supply source  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 record review and interview, the facility failed to ensure a full hydrostatic flush was performed on 1 of 2 automatic sprinkler piping systems which failed a three-year trip test conducted pursuant to Section 13.4.4.2.2. of NFPA 25, Standard for the Inspection, Testing and Maintenance of Water-Based Fire Protection Systems, 2011 Edition. NFPA 25, Section 14.3.1(3) states an obstruction investigation shall be	TOURIER OF CORRECTION IDENTIFICATION NUMBER 155237  A. BUILD B. WING 155237  AUDITION OF LSC IDENTIFYING INFORMATION Were sprinklered and all areas providing facility services were sprinklered, except for one detached storage shed.  Quality Review completed on 11/09/22  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.  a) Date sprinkler system last checked  b) Who provided system test  c) Water system supply source  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 record review and interview, the facility failed to ensure a full hydrostatic flush was performed on 1 of 2 automatic sprinkler piping systems which failed a three-year trip test conducted pursuant to Section 13.4.4.2.2. of NFPA 25, Standard for the Inspection, Testing and Maintenance of Water-Based Fire Protection Systems, 2011 Edition. NFPA 25, Section 14.3.1(3) states an obstruction investigation shall be conducted for system piping whenever foreign materials are in dry pipe valves or in check valves. Section 14.3.3, states if an obstruction	TOVIDER OR SUPPLIER  OVILAGE  SUMMARY STATEMENT OF DEFICIENCIE  (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION were sprinklered and all areas providing facility services were sprinklered, except for one detached storage shed.  Quality Review completed on 11/09/22  NFPA 101 Sprinkler System - Maintenance and Testing Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in a secure location and readily available. a) Date sprinkler system last checked  b) Who provided system lest  c) Water system supply source  Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system.  Systems, System, S	

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

PRINTED: 12/07/2022 FORM APPROVED OMB NO. 0938-039

STATEMENT OF DEFICIENCIES X1) PROV		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		ONSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER	A. BUILDING <u>01</u>		01	COMPLETED	
155		155237	B. WING			11/07/2022	
				CTREET	ADDRESS STEW STATE ZID SOD		
NAME OF PROVIDER OR SUPPLIER					ADDRESS, CITY, STATE, ZIP COD		
DETUANIVA (III. A OE					SHELBY ST		
BETHANY VILLAGE				INDIAN	APOLIS, IN 46227		
(X4) ID	SUMMARY S	STATEMENT OF DEFICIENCIE		ID	(X5)		
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL		PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	COMPLETION	
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)	DATE	
	material to obstruct	pipe or sprinklers, a complete			action(s) will be taken:		
	flushing program sh	all be conducted by qualified			Facility has complete fire alarn	n	
	personnel. This def	icient practice could affect all		detection/alarm system coverage.		ige.	
	residents, staff, and	visitors.			Facility is also a fully sprinkled		
					facility.		
	Findings include:				What measures will be put in	to	
					place and what systemic		
	Based on review of	the sprinkler system			changes will be made to		
	inspection contracto	or's "Form for Inspection,			ensure that the deficient		
	Testing and Mainter	nance of Dry Pipe Fire			practice does not recur:		
	Sprinkler Systems"	documentation dated 07/28/22			The Executive Director and/or		
	with the Director of	Property Management, the			Maintenance Supervisor will		
	Field Maintenance S	Supervisor, and the			monitor the sprinkler system		
	Maintenance Direct	or during record review from			inspection, tests, and		
	9:45 a.m. to 12:45 p.m. on 09/20/22, the facility's				maintenance documentation to	)	
	dry sprinkler system failed the three-year trip test				ensure continued compliance.		
	conducted pursuant to Section 13.4.4.2.2. of				How the corrective action(s)		
	NFPA 25, Standard for the Inspection, Testing				will be monitored to ensure t	he	
	and Maintenance of	Water-Based Fire Protection			deficient practice will not		
	Systems, 2011 Editi	ion due to the presence of			recur:		
		ency Summary" section of the			A contracted vendor will be		
	_	report stated, "An obstruction			complete the inspections and		
	-	ommended and due to finding			make recommendations as		
	-	we recommend a system			necessary. The Maintenance		
		tion supplied by the sprinkler			Supervisor/designee will repor	t	
	•	ontractor dated 08/31/22			these recommendations to the Executive Director for further	,	
		rinkler system was 3-year trip					
	tested again and found it had been clogged with			review and action as deemed			
		prinkler system inspection			appropriate.		
	-	ler System Flush" proposal			By what date the systemic		
		d 09/20/22 indicated "Upon			changes for each deficiency		
	_	15/22 it was noted that the test			will be completed:		
		and are calling for a full system			3/15/2023		
		terview at the time of record					
	review, the Director of Property Management and the Field Maintenance Supervisor stated the						
		ng conducted 07/28/22,					
		22 showed debris was					
		d stated the facility was					
	awaiting a flushing	proposal from the sprinkler					

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

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		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155237	A. BU	MULTIPLE CONSTRUCTION BUILDING <u>01</u> WING		(X3) DATE SURVEY COMPLETED 11/07/2022	
NAME OF PROVIDER OR SUPPLIER BETHANY VILLAGE			STREET ADDRESS, CITY, STATE, ZIP COD 3518 S SHELBY ST INDIANAPOLIS, IN 46227				
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID		(X5)	
PREFIX				PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE	BE	COMPLETION
TAG	•			TAG	CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	DATE
	_						
	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION inspection contractor which was received on 09/20/22 during the survey.  Based on review of sprinkler system inspection contractor's "Purchase Agreement: Air Leak Investigation" documentation dated 10/17/22 with the Executive Director and the Maintenance Director during record review from 10:40 a.m. to 11:15 a.m. on 11/07/22, the inspection contractor highly recommends completing an air leak test on the dry sprinkler system before introducing water to sprinkler piping for the system flush. Based on review of the sprinkler system inspection contractor's "Purchase Agreement: Sprinkler Pipe Replacement" documentation dated 10/27/22, sprinkler piping air leaks were found from the recent air leak testing done and it was recommended to replace 631 feet of sprinkler piping before any sprinkler system flushing would be performed. The Executive Director provided an approved "Capital Expenditure Request" for the facility dated 10/28/22 for sprinkler pipe replacement at the time of record review. Based on interview at the time of record review, the Executive Director stated sprinkler system flushing has not yet been performed as the facility was awaiting sprinkler piping replacement prior to the system flush.  This finding was reviewed with the Executive Director and the Maintenance Director during the exit conference.  This deficiency was cited on 09/20/22. The facility failed to implement a systemic plan of correction to prevent recurrence.						
	3.1-19(b)						

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING COMPLETED 01 B. WING 11/07/2022 155237 STREET ADDRESS, CITY, STATE, ZIP COD NAME OF PROVIDER OR SUPPLIER 3518 S SHELBY ST INDIANAPOLIS, IN 46227 **BETHANY VILLAGE** (X4) ID SUMMARY STATEMENT OF DEFICIENCIE ID (X5) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX PREFIX COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG DEFICIENCY) DATE K 0761 SS=E Bldg. 01 Based on record review, observation, and K 0761 What corrective action(s) will 11/11/2022 interview; the facility failed to ensure the proper be accomplished for those operation was maintained for 2 of 2 rolling steel residents found to have been fire doors in accordance with NFPA 80. LSC 4.5.8 affected by the deficient requires any device, equipment, system, practice: condition, arrangement, level of protection, or any New roll up doors were installed other feature is required for compliance with the on 11/11/2022. provision of this Code, such device, equipment, How other residents having the system, condition, arrangement, level of potential to be affected by the protection, or other feature shall thereafter be same deficient practice will be maintained unless the Code exempts such identified and what corrective maintenance. NFPA 80, 2010 Edition, the action(s) will be taken: Standard for Fire Doors and Other Opening This alleged deficient practice has Protectives, Section 11.4.1.1 requires an the potential to affect few automatic-closing device shall be installed on residents, visitors, staff. every rolling steel door. Section 11.4.1.2 states What measures will be put into rolling steel doors shall close automatically upon place and what systemic activation or release of a fusible link or detector. changes will be made to Section 11.4.2.2.1 states after the automatic ensure that the deficient closing is activated, the door shall remain in the practice does not recur: closed position until the automatic-closing device The Executive Director or has been reset. This deficient practice could Maintenance Supervisor will affect over 20 residents, staff, and visitors in the monitor documentation of Main Dining room. maintenance, inspection, and testing of fire door assemblies to Findings include: ensure continued compliance. How the corrective action(s) Based on review of the rolling fire door inspection will be monitored to ensure the contractor's "Fire Door Drop Test" documentation deficient practice will not dated 06/24/22 with the Director of Property recur: Management, the Field Maintenance Supervisor, A contracted vendor will be and the Maintenance Director during record complete the inspections and review from 9:45 a.m. to 12:45 p.m. on 09/20/22, the make recommendations as rolling fire door in the kitchen and the rolling fire necessary. The Maintenance door in the dish room in the kitchen both failed Supervisor/designee will report annual testing conducted within the most recent these recommendations to the

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twelve-month period. The "Deficiency Summary"

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**Executive Director for further** 

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STATEMENT OF DEFICIENCIES		X1) PROVIDER/SUPPLIER/CLIA	(X2) M	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER	A. B	a. Building <u>01</u>		COMPLETED	
		155237	B. WING 11/07/2022				2022
NAME OF P	DROWNER OF GURPLIEF			STREET A	ADDRESS, CITY, STATE, ZIP COD	•	
NAME OF PROVIDER OR SUPPLIER				3518 S	SHELBY ST		
BETHANY VILLAGE				INDIAN	APOLIS, IN 46227		
(X4) ID		STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	·	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	COMPLETION
TAG		R LSC IDENTIFYING INFORMATION		TAG			DATE
		/22 report stated the kitchen seed visual inspection but			review and action as deemed		
		"Deficiency Summary" section			appropriate.		
	_	ort stated the dish room rolling			By what date the systemic changes for each deficiency		
	_	hen failed visual inspection			will be completed:		
		"Parts are rusted-unable to			11/11/2022		
	_	sted it is not even capable of			, . , . ,		
		interview at the time of record					
		r of Property Management and					
		nce Supervisor stated rolling					
	fire door repairs had	d not been completed and					
	1	loor repair documentation on or					
	after 06/24/22 was 1	not available for review.					
		ons with the Maintenance					
		our of the facility from 10:25					
		on 11/07/22, the rolling fire door					
		or had affixed a tag to the door indicating the most recent					
		icker was dated June 2020.					
	The rolling fire door inspection contractor also affixed a tag to the dish room rolling fire door						
	indicating the most recent inspection on the						
	sticker was dated June 2019. Based on interview						
		oservations, the Maintenance					
		rolling fire doors have not yet					
	been repaired or rep	placed as the facility was					
	awaiting parts from	the rolling fire door inspection					
	contractor.						
		t distant to the					
	_	viewed with the Executive					
	Director and the Ma exit conference.	aintenance Director during the					
	exit conference.						
	This deficiency was	s cited on 09/20/22. The facility					
	1	a systemic plan of correction					
	to prevent recurrence	•					
	3.1-19(b)						

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