

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

PRINTED: 05/02/2025
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155522		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING _____		X3) DATE SURVEY COMPLETED 04/15/2025	
NAME OF PROVIDER OR SUPPLIER ELWOOD HEALTH AND LIVING				STREET ADDRESS, CITY, STATE, ZIP CODE 2300 PARKVIEW LN ELWOOD, IN 46036			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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. --	<p>A Post Survey Revisit (PSR) to the Emergency Preparedness Survey that exited on 03/13/25 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.475.</p> <p>Survey Date: 04/15/25</p> <p>Facility Number: 000372 Provider Number: 155522 AIM Number: 100289060</p> <p>At this PSR survey, Elwood Health and Living 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 85 certified beds. At the time of the survey, the census was 72.</p> <p>Quality Review completed on 04/16/25</p>			E 0000	<p>Submission of this plan of correction shall not constitute or be construed as an admission by Elwood Health and Living that the allegations in the survey report are accurate or reflect accurately the provisions of care and services to the residents at Elwood Health and Living. The facility requests the following plan of correction be considered its allegation of compliance.</p>		
K 0000 Bldg. 01	<p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 03/13/25 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a).</p> <p>Survey Date: 04/15/25</p> <p>Facility Number: 000372 Provider Number: 155522 AIM Number: 100289060</p>			K 0000	<p>Submission of this plan of correction shall not constitute or be construed as an admission by Elwood Health and Living that the allegations in the survey report are accurate or reflect accurately the provisions of care and services to the residents at Elwood Health and Living. The facility requests the following plan of correction be considered its allegation of compliance.</p>		

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

TITLE

(X6) DATE

Penny

Broshar

04/24/2025

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 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 0741 SS=F Bldg. 01	<p>At this PSR survey, Elwood Health and Living was found not in compliance with Requirements for Participation 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 (000) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, in all areas open to the corridor and has battery-operated smoke detectors in all resident sleeping rooms. The facility is partly protected by a TYPE II 65 Kw propane generator. The facility has a capacity of 85 and had a census of 72 at the time of this visit.</p> <p>All areas where residents have customary access were sprinklered. All areas providing facility services were sprinklered except for a detached storage building.</p> <p>Quality Review completed on 04/16/25</p> <p>NFPA 101 Smoking Regulations</p> <p>Based on observation, record review, and interview, the facility failed to enforce 1 of 1 non-smoking policies. This deficient practice could affect staff and visitors near the service hall exit.</p> <p>Findings include:</p> <p>Based on observation with the Administrator on 04/15/25 at 2:38 p.m., at least 9 cigarette butts were spewed on the ground near the service hall exit.</p>			K 0741	<p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>Communications were sent out to families on 4/16/25 reminding all families to dispose of all smoking materials properly when on facility grounds. We are a</p>		04/23/2025

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	<p>Based on an interview at the time of observation, the Administrator stated staff were not allowed to smoke of the property and the cigarette butts were from visitors using the service hall exit to visit residents in the Memory Care unit.</p> <p>Based on records review during the recertification survey at 1:10 p.m. on 03/13/25 with the Maintenance Director, the smoking policy stated smoking is not allowed on the facility's property.</p> <p>This finding was reviewed with the Administrator during the exit conference at 2:45 p.m..</p> <p>This deficiency was cited on 03/13/25. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>3.1-19(b)</p>				<p>smoke free campus. All smoking materials need to be disposed of prior to entering the grounds. We also have smoking receptacles at both entrances to ensure these products get disposed of properly. The housekeeping staff was inserviced on 4/16/25 about checking entrances daily to ensure no cigarette butts are on the ground. All staff was inserviced on this material again on 4/22/2025.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken?</p> <p>All residents have the potential to be affected by this deficient practice. All discarded cigarettes were removed. Housekeeping was inserviced on 4/16/25 on daily rounding and keeping area free of smoking debris, families were reminded again of the facility policy. All staff were inserviced on 4/22/25 on the facility policy and proper disposal of smoking materials. A smoking receptacle was added to the back entrance to the facility.</p> <p>What measures will be put into place and what systemic change will be made to ensure that the deficient practice does not recur?</p> <p>The Maintenance Director or the</p>		

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					<p>Housekeeping Supervisor will audit entrances to the facility daily (M-F)for compliance. Results of audits will be submitted tot he Administrator. If non-compliance is noted, education will be provided to those not following the facility policy. If non compliance continues, visitors could have their visitation restricted from this facility. If staff is noted being non compliant, disciplinary action will result.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, IE what quality assurance program will be put into place?</p> <p>The Maintenance Director and Housekeeping Supervisor will bring results from this audit to QAPI to discuss with IDT members. Once one quarter of 100% compliance is reached, Maintenance Director and Housekeeping Supervisor may request for this audit to be reduced or discontinued.</p> <p>We are requesting paper compliance. All proof of compliance has been attached.</p>		