

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155855	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	(X3) DATE SURVEY COMPLETED 11/28/2022
NAME OF PROVIDER OR SUPPLIER MCGIVNEY HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP COD 2907 EAST SMOKY ROW CARMEL, IN 46033		
(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>A Post Survey Revisit (PSR) to the Post Survey Revisit (PSR) conducted on 10/11/22 to the Life Safety Code Recertification and State Licensure Survey conducted on 08/15/22 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a).</p> <p>Survey Date: 11/28/22</p> <p>Facility Number: 000545 Provider Number: 155855 AIM Number: 100267350</p> <p>At this second PSR Life Safety Code survey, McGivney Health Care Center was found not in 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 with a basement was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, all areas open to the corridor and hard-wired smoke detectors in all resident sleeping rooms. The basement was included in this survey. The basement, without 2 hour separation, has 8 apartment residences and at the time of this survey 3 of the apartments were occupied by the public. The facility has a capacity of 37 and had a census of 33 at the time of this PSR survey.</p> <p>All areas where residents have customary access were sprinklered. All areas providing facility</p>	K 0000		

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

TITLE

(X6) DATE

Randall Shera

Executive Director

12/08/2022

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 0222 SS=F Bldg. 01	<p>services were sprinklered except for a detached storage building which was not sprinklered.</p> <p>Quality Review completed on 11/30/22</p> <p>NFPA 101</p> <p>Egress Doors</p> <p>Egress Doors</p> <p>Doors in a required means of egress shall not be equipped with a latch or a lock that requires the use of a tool or key from the egress side unless using one of the following special locking arrangements:</p> <p>CLINICAL NEEDS OR SECURITY THREAT LOCKING</p> <p>Where special locking arrangements for the clinical security needs of the patient are used, only one locking device shall be permitted on each door and provisions shall be made for the rapid removal of occupants by: remote control of locks; keying of all locks or keys carried by staff at all times; or other such reliable means available to the staff at all times.</p> <p>18.2.2.2.5.1, 18.2.2.2.6, 19.2.2.2.5.1, 19.2.2.2.6</p> <p>SPECIAL NEEDS LOCKING ARRANGEMENTS</p> <p>Where special locking arrangements for the safety needs of the patient are used, all of the Clinical or Security Locking requirements are being met. In addition, the locks must be electrical locks that fail safely so as to release upon loss of power to the device; the building is protected by a supervised automatic sprinkler system and the locked space is protected by a complete smoke detection system (or is constantly monitored at an attended location within the locked space); and both the sprinkler and detection</p>			

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	<p>systems are arranged to unlock the doors upon activation.</p> <p>18.2.2.2.5.2, 19.2.2.2.5.2, TIA 12-4</p> <p>DELAYED-EGRESS LOCKING ARRANGEMENTS</p> <p>Approved, listed delayed-egress locking systems installed in accordance with 7.2.1.6.1 shall be permitted on door assemblies serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system or an approved, supervised automatic sprinkler system.</p> <p>18.2.2.2.4, 19.2.2.2.4</p> <p>ACCESS-CONTROLLED EGRESS LOCKING ARRANGEMENTS</p> <p>Access-Controlled Egress Door assemblies installed in accordance with 7.2.1.6.2 shall be permitted.</p> <p>18.2.2.2.4, 19.2.2.2.4</p> <p>ELEVATOR LOBBY EXIT ACCESS LOCKING ARRANGEMENTS</p> <p>Elevator lobby exit access door locking in accordance with 7.2.1.6.3 shall be permitted on door assemblies in buildings protected throughout by an approved, supervised automatic fire detection system and an approved, supervised automatic sprinkler system.</p> <p>18.2.2.2.4, 19.2.2.2.4</p> <p>Based on observation and interview, the facility failed to ensure the means of egress through 7 of 7 exits were readily accessible for residents without a clinical diagnosis requiring specialized security measures. Doors within a required means of egress shall not be equipped with a latch or lock that requires the use of a tool or key from the egress side unless otherwise permitted by LSC</p> <p>19.2.2.2.4. Door-locking arrangements shall be permitted in accordance with 19.2.2.2.5.2. This</p>	K 0222	<p>K222</p> <p>1. the facility failed to ensure the means of egress through 7 of 7 exits were readily accessible for residents without a clinical diagnosis requiring specialized security measures.</p> <p>2. All Residents have the potential to be affected by this deficient practice.</p>	12/07/2022

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	<p>deficient practice could affect all residents and visitors.</p> <p>Findings include:</p> <p>Based on observations and interview during a tour of the facility with the Maintenance Director on 11/28/22 between 9:20 a.m. and 10:00 a.m., 7 of 7 facility exit doors, marked as a facility exits, were magnetically locked and could be opened by entering a four-digit code but a code not requiring special knowledge was not posted at the exits. The Maintenance Director stated that they had ordered signage to post the approved codes near the keypads, but the signage had not arrived yet. At the original survey from 08/15/22 the surveyor was told that the entire facility was a licensed memory care facility. Further investigation between the 8/15/22 survey and this PSR revealed the facility is not a licensed memory care facility and not all residents have a clinical diagnosis on file.</p> <p>This finding was acknowledged by the Maintenance Director at the time of observation and again at the exit conference with the Maintenance Director present.</p> <p>This deficiency was cited on 11/23/21 and on 01/19/22. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>3.1-19(b)</p>			<p>3. McGivney Maintenance placed the roman numeral passcode lettering above or below the keypads. II 0 II III 2023.</p> <p>4. McGivney ED will monitor the numbers are correct with updated passwords.</p>	