STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	155745	A. BUILDING -- B. WING	10/21/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
HOLY CROSS VILLAGE AT NOTRE DAME INC	54515 STATE ROAD 933 NORTH NOTRE DAME, IN 46556

(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
E 0000 Bldg. --	A Emergency Preparedness Preoccupancy Survey for the addition of resident rooms and renovation of an office/conference room turned into a new corridor, corridor expansion to an 8 foot corridor outside room 111, conversion of a portion of existing corridor to a stair discharge into expanded corridor, offices and conference room turned into resident rooms 97 and 98, existing lobby and vestibule reconfiguration, addition of two licensed beds for rooms 97 and 98 for one bed in each room, was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73. Survey Date: 10/21/22 Facility Number: 002668 Provider Number: 155745 AIM Number: 200325990 At this Emergency Preparedness survey, Holy Cross Village at Notre Dame, Inc., was found not in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73 Quality Review completed on 10/26/22 The requirement at 42 CFR, Subpart 483.73 is NOT MET as evidenced by:	E 0000		
E 0020 SS=F Bldg. --	403.748(b)(3), 416.54(b)(2), 418.113(b)(6)(ii), 441.184(b)(3), 482.15(b)(3), 483.475(b)(3), 483.73(b)(3), 485.625(b)(3), 485.68(b)(1), 485.727(b)(1), 485.920(b)(2), 491.12(b)(1), 494.62(b)(2) Policies for Evac. and Primary/Alt. Comm.			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Jack Mueller	Administrator	11/05/2022

Any defiencystatement 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 disclo 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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	155745	A. BUILDING -- B. WING	10/21/2022

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HOLY CROSS VILLAGE AT NOTRE DAME INC	54515 STATE ROAD 933 NORTH NOTRE DAME, IN 46556

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	§403.748(b)(3), §416.54(b)(2), §418.113(b)(6)(ii), §441.184(b)(3), §460.84(b)(3), §482.15(b)(3), §483.73(b)(3), §483.475(b)(3), §485.68(b)(1), §485.625(b)(3), §485.727(b)(1), §485.920(b)(2), §491.12(b)(1), §494.62(b)(2) [(b) Policies and procedures. The [facilities] must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan at paragraph (c) of this section. The policies and procedures must be reviewed and updated at least every 2 years [annually for LTC facilities]. At a minimum, the policies and procedures must address the following:] [(3) or (1), (2), (6)] Safe evacuation from the [facility], which includes consideration of care and treatment needs of evacuees; staff responsibilities; transportation; identification of evacuation location(s); and primary and alternate means of communication with external sources of assistance. *[For RNHCIs at §403.748(b)(3) and ASCs at §416.54(b)(2):] Safe evacuation from the [RNHCI or ASC] which includes the following: (i) Consideration of care needs of evacuees. (ii) Staff responsibilities. (iii) Transportation. (iv) Identification of evacuation location(s). (v) Primary and alternate means of communication with external sources of assistance. * [For CORFs at §485.68(b)(1), Clinics,			

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	155745	A. BUILDING -- B. WING	10/21/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
HOLY CROSS VILLAGE AT NOTRE DAME INC	54515 STATE ROAD 933 NORTH NOTRE DAME, IN 46556

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	Rehabilitation Agencies, OPT/Speech at §485.727(b)(1), and ESRD Facilities at §494.62(b)(2):] Safe evacuation from the [CORF; Clinics, Rehabilitation Agencies, and Public Health Agencies as Providers of Outpatient Physical Therapy and Speech-Language Pathology Services; and ESRD Facilities], which includes staff responsibilities, and needs of the patients. * [For RHCs/FQHCs at §491.12(b)(1):] Safe evacuation from the RHC/FQHC, which includes appropriate placement of exit signs; staff responsibilities and needs of the patients.			
	Based on record review and interview, the facility failed to ensure emergency preparedness policies and procedures include information for safe evacuation from the LTC facility, which includes consideration of care and treatment needs of evacuees; staff responsibilities; transportation; identification of evacuation location(s); and primary and alternate means of communication with external sources of assistance in accordance with 42 CFR 483.73(b)(3). This deficient practice could affect all occupants. Findings include: Based on record review with the Administrator and Maintenance Technician #1 on 10/21/22 at 11:15 a.m., the facility's Emergency Preparedness plan did not include an evacuation policy and procedure. Based on interview at the time of records review, the Administrator and Maintenance Technician #1 agreed they could not provide a documented evacuation plan at the time of the survey.	E 0020	This plan of correction also represents the facility's allegations of compliance. The following combined plan of correction and allegations of compliance is submitted solely because it is required by law and is not an admission to any of the alleged deficiencies or violations. Furthermore, none of the actions taken in this plan of correction are an admission that additional steps should have or could have been taken by the facility to prevent the alleged deficiency. These steps are only included because a plan of correction is required by law. Holy Cross Village requests consideration for the desk review for all citations. 1. What corrective action(s) will be accomplished for those residents found to have been	11/07/2022

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	155745	A. BUILDING -- B. WING	10/21/2022

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	Findings were reviewed with the Administrator and Maintenance Technician #1 at exit conference.		affected by the deficient practice? Holy Cross Village updated the Emergency Preparedness policy, streamlining all procedures into one accessible policy 2. How will other residents who have the potential to be affected be identified and what corrective action will be taken? All residents were at potential risk. 3. What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur? Emergency Preparedness Evacuation Policy will be reviewed and updated accordingly no less than annually by IDT. Emergency Preparedness drills will be completed in accordance with state/federal guideline. 4. How will the corrective actions be monitored to ensure the deficient practice will not recur? 5. Review of Emergency Preparedness policy and procedure will be reviewed quarterly at QAPI for 6 months. If continued concerns are noted, monitoring will be continued for an additional 6 months. 6. By what date will the systemic changes for each	

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			deficiency be completed? 11/7/22	
K 0000 Bldg. 01	A Life Safety Code Preoccupancy Survey for the addition of resident rooms and renovation of an office/conference room turned into a new corridor, corridor expansion to an 8 foot corridor outside room 111, conversion of a portion of existing corridor to a stair discharge into expanded corridor, offices and conference room turned into resident rooms 97 and 98, existing lobby and vestibule reconfiguration, addition of two licensed beds for rooms 97 and 98 for one bed in each room, was conducted by the Indiana Department of Health in accordance with 42 CFR 483 Subpart B. Survey Date: 10/21/22 Facility Number: 002668 Provider Number: 155745 AIM Number: 200325990 At this preoccupancy survey, Holy Cross Village at Notre Dame, Inc., 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. Quality Review completed on 10/26/22	K 0000		
K 0363 SS=D	NFPA 101 Corridor - Doors			

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	155745	A. BUILDING 01 B. WING	10/21/2022

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Bldg. 01	Corridor - Doors Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas resist the passage of smoke and are made of 1 3/4 inch solid-bonded core wood or other material capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Corridor doors and doors to rooms containing flammable or combustible materials have positive latching hardware. Roller latches are prohibited by CMS regulation. These requirements do not apply to auxiliary spaces that do not contain flammable or combustible material. Clearance between bottom of door and floor covering is not exceeding 1 inch. Powered doors complying with 7.2.1.9 are permissible if provided with a device capable of keeping the door closed when a force of 5 lbf is applied. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies. 19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485 Show in REMARKS details of doors such as fire protection ratings, automatics closing			

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	devices, etc. Based on observation and interview, the facility failed to ensure 1 of 12 office corridor doors on the Dujaire House wing was provided with a means suitable for keeping the door closed, had no impediment to closing, latching and would resist the passage of smoke. Clearance between bottom of corridor door and floor covering is not exceeding 1 inch. This deficient practice could affect 2 staff.. Findings include: Based on observation with the Maintenance Technician #1 on 10/21/22 at 11:09 a.m., the corridor door to the Brothers of Holy Cross Office did not latch into the frame when tested. Additionally, there was one and one half inch gap between the floor covering and the bottom of the door. Based on interview at the time of observation, the Maintenance Director stated the corridor door would not latch into the door frame because the pocket door was not designed to latch and will replace the door and try to resolve the issue with the gap at the bottom of the door. The finding was reviewed with the Administrator and the Maintenance Director during the exit conference. 3.1-19(b)	K 0363	**K 363** This plan of correction also represents the facility's allegations of compliance. The following combined plan of correction and allegations of compliance is submitted solely because it is required by law and is not an admission to any of the alleged deficiencies or violations. Furthermore, none of the actions taken in this plan of correction are an admission that additional steps should have or could have been taken by the facility to prevent the alleged deficiency. These steps are only included because a plan of correction is required by law. Holy Cross Village requests consideration for the desk review for all citations. 1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? Holy Cross Village with replace the pocket door and latch with a new door and positive latching hardware. The clearance between the bottom of the door and floor will not exceed 1 inch. 2. How will other residents who have the potential to be affected be identified and what corrective action will be taken? No residents were affected by the door. The current door will be	11/30/2022

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			replaced by November 30, 2022. 3. What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur? Door will be put on Preventative Maintenance form to be checked weekly. The safety committee will review the Preventative Maintenance checklist and report to the QAPI committee to assure door is working correctly for the next three months. 4. How will the corrective actions be monitored to ensure the deficient practice will not recur? New Pocket Door with bottom sweep to be installed by November 30, 2022. (Attachment Lazzaro Door proposal. 5.By what date will the systemic changes for each deficiency be completed? Door has been ordered and paid for. The door will be installed by November 30, 2022	