

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

PRINTED: 11/12/2024
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155462		X2) MULTIPLE CONSTRUCTION A. BUILDING: -- B. WING: --		X3) DATE SURVEY COMPLETED 10/23/2024	
NAME OF PROVIDER OR SUPPLIER SWISS VILLA NURSING AND REHABILITATION				STREET ADDRESS, CITY, STATE, ZIP CODE 1023 W MAIN ST VEVAY, IN 47043			
(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>An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73.</p> <p>Survey Date: 10/23/24</p> <p>Facility Number: 000494 Provider Number: 155462 AIM Number: 100291450</p> <p>At this Emergency Preparedness survey, Swiss Villa Nursing and Rehabilitation 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 72 certified beds. At the time of the survey, the census was 47.</p> <p>Quality Review completed on 10/24/24</p>			E 0000	<p>The creation and submission of this plan of correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation.</p> <p>We respectfully request paper compliance/desk review of all citations as none are deemed immediate jeopardy. Please contact Kyle Stout, HFA @ 812-427-2803 with any questions. Thank you for your time.</p>		
K 0000 Bldg. 01	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a).</p> <p>Survey Date: 10/23/24</p> <p>Facility Number: 000494 Provider Number: 155462 AIM Number: 100291450</p> <p>At this Life Safety Code survey, Swiss Villa</p>			K 0000	<p>The creation and submission of this plan of correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation.</p> <p>We respectfully request paper compliance/desk review of all citations as none are deemed immediate jeopardy. Please</p>		

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

TITLE

(X6) DATE

Kyle Stout

Executive Director

11/01/2024

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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NAME OF PROVIDER OR SUPPLIER SWISS VILLA NURSING AND REHABILITATION				STREET ADDRESS, CITY, STATE, ZIP CODE 1023 W MAIN ST VEVAY, IN 47043			
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K 0372 SS=E Bldg. 01	<p>Nursing and Rehabilitation 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 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, spaces open to the corridor and has battery operated smoke detectors in all resident sleeping rooms. The facility has a capacity of 72 and had a census of 47 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. All areas providing facility storage were sprinklered.</p> <p>Quality Review completed on 10/24/24</p> <p>NFPA 101 Subdivision of Building Spaces - Smoke Barrie</p> <p>Based on observation and interview, the facility failed to ensure the penetrations caused by the passage of wire and/or conduit through 1 of 1 smoke barrier walls near the Medical Records office was protected to maintain the smoke resistance of each smoke barrier. LSC Section 19.3.7.5 requires smoke barriers to be constructed in accordance with LSC Section 8.5 and shall have a minimum ½ hour fire resistive rating. This deficient practice could affect staff, at least 10 residents, and visitors in this smoke compartment.</p> <p>Findings include:</p>			K 0372	<p>contact Kyle Stout, HFA @ 812-427-2803 with any questions. Thank you for your time.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <ul style="list-style-type: none"> No residents, staff or visitors were affected by the alleged deficient practice. Education regarding K372 smoke barriers must separate other spaces from hazardous areas was completed with the Maintenance Supervisor on 10/24/2024. 		10/24/2024

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	<p>Based on observation during a tour of the facility on 10/23/2024 between 1:30 PM and 3:00 PM with the Maintenance Supervisor and the Executive Director, a 2 inch penetration was observed in the barrier wall by the medical records office on the medical records side of the barrier wall around 10 wires. Based on interview at the time of observation, the Maintenance Supervisor agreed there was a penetration in the aforementioned area and provided the measurments.</p> <p>This finding was reviewed with the Executive Director and the Maintenance Supervisor at the exit conference.</p> <p>3.1-19(b)</p>				<p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none">· A review was completed on 10/24/2024 to ensure smoke barriers are sealed per K372. Concerns were immediately corrected. <p>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?</p> <ul style="list-style-type: none">· The identified wire penetration in the smoke barrier wall outside of medical records office was fire stopped/sealed.· The Maintenance Supervisor/designee will audit that penetrations are sealed to comply with K372. This review will be completed semi-annually.· Any discrepancy will be immediately corrected. <p>How the corrective action (s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</p> <ul style="list-style-type: none">· The Executive Director/designee will review the Audit Tool semi-annually.· The results of the ED/designee review will be forwarded to the QAPI committee for review and recommendation.· Non-compliance will be		

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				addressed including use of progressive discipline up to and including termination.	