

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155813		X2) MULTIPLE CONSTRUCTION A. BUILDING      -- B. WING            _____		X3) DATE SURVEY COMPLETED 04/10/2025	
NAME OF PROVIDER OR SUPPLIER  VILLAGES AT HISTORIC SILVERCREST THE				STREET ADDRESS, CITY, STATE, ZIP COD 1 SILVERCREST DRIVE NEW ALBANY, IN 47150			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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 investigation of Complaint Number IN00456847 along with Emergency Preparedness was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73.</p> <p>Survey Date: 04/10/25</p> <p>Facility Number: 012619 Provider Number: 155813 AIM Number: 201238590</p> <p>At this Complaint and Emergency Preparedness survey, The Villages at Historic Silvercrest 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 a capacity of 54 and had a census of 39 for the Skilled Care Unit, and a capacity of 100 and had a total census of 73 for the entire facility at the time of this survey.</p> <p>Quality Review completed on 04/15/25</p>			E 0000			
K 0000  Bldg. 01	<p>An investigation of Complaint Number IN00456847 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a).</p> <p>Complaint Number IN00456847 - Federal/State deficiencies related to the allegation were cited at K324 and K711.</p>			K 0000			

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

TITLE

(X6) DATE

Stephanie Miller

Executive Director

04/29/2025

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 0324 SS=E Bldg. 01	<p>Survey Date: 04/10/25</p> <p>Facility Number: 012619 Provider Number: 155813 AIM Number: 201238590</p> <p>At this Complaint Survey, The Villages at Historic Silvercrest 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 five story facility with a basement was determined to be of Type II (222) construction and was fully sprinkled. The entire facility was surveyed with the exception of the Assisted Living on the fourth and fifth floors. The facility has a fire alarm system with hard wired smoke detectors in the corridors, spaces open to the corridors, and all resident sleeping rooms. The facility has a capacity of 54 and had a census of 39 for the Skilled Care Unit, and a capacity of 100 and had a total census of 73 for the entire facility at the time of this survey.</p> <p>All areas where residents have customary access were sprinkled and all areas providing facility services were sprinkled.</p> <p>Quality Review completed on 04/15/25</p> <p>NFPA 101 Cooking Facilities</p> <p>Based on observation and interview, the facility failed to ensure staff were instructed in the proper use of the UL 300 hood fire suppression system in</p>			K 0324	The submission of this plan of correction does not indicate an admission by Villages at		04/16/2025

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	<p>1 of 1 kitchens. NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, Section 10.5.7 states instruction shall be provided to employees regarding the proper use of portable fire extinguishers and the manual activation of fire-extinguishing equipment. Section 11.1.4 states instructions for manually operating the fire extinguishing system shall be posted conspicuously in the kitchen and shall be reviewed with employees by management. This deficient practice could affect kitchen staff.</p> <p>Findings include:</p> <p>Based on observations on 04/10/25 at 11:45 a.m. during a tour of the kitchen with the Executive Director and a cook, the kitchen was provided with a UL 300 hood system. Based on interview at 11:45 a.m., when the cook was asked how long she had been working in the kitchen and if she has had fire safety training in conjunction with the range hood, she said she has worked in the kitchen for several months and she has not had fire safety training during that time. Furthermore, when asked if she knew where the pull station for the range hood suppression system was located, she said the fire alarm pull station was located in the hall outside the kitchen, but then recalled the range hood suppression pull station was located on the wall near the outside exit door from the kitchen, which it was.</p> <p>This finding was reviewed with the Executive Director during the exit conference.</p> <p>3.1-19(b)</p> <p>This federal tag relates to Complaint Number IN00456847</p>				<p>Silvercrest that the findings and allegations contained herein are accurate, true representation of the quality of care provided, and the living environment provided to the residents of Villages at Silvercrest. The facility recognizes its obligation to provide legally and medically necessary care and services to its residents in an economic and efficient manner. The facility hereby maintains it is in substantial compliance with all state and federal requirements governing the management of this facility. It is thus submitted as a matter of statute only. The facility respectfully requests from the department a desk review for substantial compliance. Correction to be completed by 4/16/2025</p> <p><b>K324 and K711: Cooking Facilities</b></p> <p>The facility failed to ensure staff were instructed to use the UL 300 hood fire suppression system in 1 Of 1 kitchens</p> <p>The Director of Food Services immediately was educated on use of fire hood system and fire evacuation plan in accordance with NFPA 96 standard for ventilation control and fire protection of commercial cooking operations</p> <p>The Director of Plant Operations and Director of Food Services</p>		

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K 0711 SS=E Bldg. 01	<p>NFPA 101 Evacuation and Relocation Plan</p> <p>Based on record review and interview the facility failed to ensure the fire safety plan, in regard to the extinguishment of fire for the protection of kitchen staff, accurately addressed all life safety systems, plus a system addressing all items required by NFPA 101, 2012 edition, Section 19.7.2.2. LSC 19.7.2.2 requires a written health care occupancy fire safety plan that shall provide for the following:</p> <ul style="list-style-type: none"> <li>(1) Use of alarms</li> <li>(2) Transmission of alarm to fire department</li> <li>(3) Emergency phone call to fire department</li> <li>(4) Response to alarms</li> <li>(5) Isolation of fire</li> <li>(6) Evacuation of immediate area</li> <li>(7) Evacuation of smoke compartment</li> </ul>		K 0711	<p>educated cooking staff on use of hood fire suppression system and fire evacuation plan in accordance with NFPA 96 standard for ventilation control and fire protection of commercial cooking operations.</p> <p>The Director of Food Services will ask staff 1 x week for 1 month and 1 x a month for 3 months about when to use the hood hire suppression system and review policy.</p> <p>Results of these inspections will be presented by Executive Director to the QA committee for recommendations and continue until the Quality Assurance Team determines substantial compliance has been achieved.</p> <p>The submission of this plan of correction does not indicate an admission by Villages at Silvercrest that the findings and allegations contained herein are accurate, true representation of the quality of care provided, and the living environment provided to the residents of Villages at Silvercrest. The facility recognizes its obligation to provide legally and medically necessary care and services to its residents in an economic and efficient manner. The facility hereby maintains it is in substantial</p>		04/16/2025	

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	<p>(8) Preparation of floors and building for evacuation</p> <p>(9) Extinguishment of fire</p> <p>Section 19.2.3.4(4) states that any required aisle or corridor shall not be less than 48 inches in clear width where serving as means of egress from patient sleeping rooms. Projections into the required width shall be permitted for wheeled equipment provided the relocation of wheeled equipment during a fire or similar emergency is addressed in the written fire safety plan and training program for the facility. The wheeled equipment is limited to:</p> <ul style="list-style-type: none"> <li>i. Equipment in use and carts in use</li> <li>ii. Medical emergency equipment not in use</li> <li>iii. Patient lift and transport equipment</li> </ul> <p>This deficient practice could affect kitchen staff in the event of an emergency.</p> <p>Findings include:</p> <p>Based on review of the "Fire Emergency" plan on 04/10/25 at 11:10 a.m. with the Executive Director present, the plan indicated at</p> <p>9. B. "NOTE: Kitchen fire extinguishers are Type K and should ONLY be used after the ANSUL hood extinguishing system has been activated and emptied." Based on interview at 11:10 a.m., the Executive Director said there was a fire that started in the kitchen oven on 04/03/25 at 5:30 a.m. and the breakfast cook was able to extinguish the fire with a fire extinguisher. When asked, the Executive Director said the range hood suppression system was not automatically activated or manually activated when the fire was discovered. Based on observations at 11:45 a.m. during a tour of the kitchen, the oven/stove was located directly under the range hood suppression system. Based on interview at 11:45 a.m., the cook on duty said the cook that</p>				<p>compliance with all state and federal requirements governing the management of this facility. It is thus submitted as a matter of statute only. The facility respectfully requests from the department a desk review for substantial compliance. Correction to be completed by 4/16/2025</p> <p><b>K324 and K711: Cooking Facilities</b></p> <p>The facility failed to ensure staff were instructed to use the UL 300 hood fire suppression system in 1 Of 1 kitchens</p> <p>The Director of Food Services immediately was educated on use of fire hood system and fire evacuation plan in accordance with NFPA 96 standard for ventilation control and fire protection of commercial cooking operations</p> <p>The Director of Plant Operations and Director of Food Services educated cooking staff on use of hood fire suppression system and fire evacuation plan in accordance with NFPA 96 standard for ventilation control and fire protection of commercial cooking operations.</p> <p>The Director of Food Services will ask staff 1 x week for 1 month and 1 x a month for 3 months about when to use the hood fire suppression system and review policy.</p>		

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	<p>extinguished the fire was not working this day, but verified that the cook had extinguished the oven fire with a fire extinguisher instead of activating the range hood suppression system by pulling the proper pull station and following for Fire Emergency plan for a fire under the range hood.</p> <p>This finding was reviewed with the Executive Director during the exit conference.</p> <p>3.1-19(b)</p> <p>This federal tag relates to Complaint Number IN00456847</p>				<p>Results of these inspections will be presented by Executive Director to the QA committee for recommendations and continue until the Quality Assurance Team determines substantial compliance has been achieved.</p>		