

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>--</u> B. WING <u> </u>	(X3) DATE SURVEY COMPLETED 10/22/2024
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 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 Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73.</p> <p>Survey Date: 10/22/24</p> <p>Facility Number: 000545 Provider Number: 155855 AIM Number: 100267350</p> <p>At this Emergency Preparedness survey, McGivney Health Care Center was found in substantial compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73</p> <p>The facility has 37 certified beds. At the time of the survey, the census was 33.</p> <p>Quality Review completed on 10/23/24</p> <p>482.15(e), 483.73(e), 485.542(e), 485.62 Hospital CAH and LTC Emergency Power</p> <p>Based on record review and interview, the facility failed to implement the emergency power system inspection, testing, and maintenance requirements found in the Health Care Facilities Code, NFPA 110, and Life Safety Code in accordance with 42 CFR 483.73(e)(2). This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on records review and interview with the Maintenance Director on 10/22/24 between 11:15</p>	E 0000		
E 0041 SS=C Bldg. --		E 0041	<p>K041</p> <p>1 the facility failed to implement the emergency power system inspection, testing, and maintenance requirements found in the Health Care Facilities Code, NFPA 110, and Life Safety Code in accordance with 42 CFR 483.73(e)(2).</p> <p>2 All Occupants have the potential to be affected by this deficient practice.</p>	11/01/2024

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

TITLE

(X6) DATE

Randall Shera

Executive Director

11/04/2024

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 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 0000 Bldg. 01	<p>a.m. and 1:30 p.m., no documentation was available for review to show the available percentage of load placed upon the generator during monthly load tests. Based on an interview at the time of record review, the Maintenance Director stated he was unsure how to calculate the percentage of load placed upon the generator during the monthly load tests.</p> <p>This finding was acknowledged by the Maintenance Director at the time of discovery and again at the exit conference with the Maintenance Director present.</p> <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: 10/22/24</p> <p>Facility Number: 000545 Provider Number: 155855 AIM Number: 100267350</p> <p>At this 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</p>	K 0000	3 McGivney Maintenance calculated the percentage of load for all 12 months.	

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K 0351 SS=E Bldg. 01	<p>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 apartment residences and at the time of this survey at least 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 survey.</p> <p>All areas where residents have customary access were sprinklered. All areas providing facility services were sprinklered except for a detached storage building which was not sprinklered.</p> <p>Quality Review completed on 10/23/24</p> <p>NFPA 101 Sprinkler System - Installation</p> <p>Based on observation and interview, the facility failed to maintain the ceiling construction in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. NFPA 13, 2010 edition, Section 6.2.7.1 states plates, escutcheons, or other devices used to cover the annular space around a sprinkler shall be metallic, or shall be listed for use around a sprinkler. This deficient practice could affect staff and up to 2 staff.</p> <p>Findings include:</p> <p>Based on a facility tour and interview with the Director of Operations (DO) and Assistant Director of Operations (ADO) on 10/22/24 between 9:45 a.m. and 11:00 a.m., in the janitors closet near the activities room, 1 of 1 sprinkler head was missing an escutcheon leaving a gap around the sprinkler head. This condition could delay the activation of the sprinkler.</p> <p>This finding was acknowledged by the ADO at</p>	K 0351	<p>K351</p> <p>1 The facility failed to ensure 4 of 4 portable fire extinguishers in the Maintenance Room area were installed in accordance with NFPA 10, Standard for Portable Fire Extinguishers, 2010 Edition.</p> <p>Section 6.1.3.4 states portable fire extinguishers other than wheeled extinguishers shall be installed using any of the following means</p> <p>2 Staff have the potential to be affected by this deficient practice.</p> <p>3 McGivney Maintenance replaced the missing escutcheon plate.</p>	10/30/2024

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K 0355 SS=E Bldg. 01	<p>the time of discovery and again at the exit conference with the Maintenance Director present.</p> <p>3.1-19(b)</p> <p>NFPA 101 Portable Fire Extinguishers</p> <p>Based on observation and interview, the facility failed to ensure 4 of 4 portable fire extinguishers in the Maintenance Room area were installed in accordance with NFPA 10, Standard for Portable Fire Extinguishers, 2010 Edition. Section 6.1.3.4 states portable fire extinguishers other than wheeled extinguishers shall be installed using any of the following means. (1) Securely on a hanger intended for the extinguishers. (2) In the bracket supplied by the extinguisher manufacturer. (3) In a listed bracket approved for such purpose. (3) In a cabinet or wall recess. This deficient practice was not in a resident care area but could affect staff.</p> <p>Findings include:</p> <p>Based on a facility tour and interview with the Director of Operations (DO) and Assistant Director of Operations (ADO) on 10/22/24 between 9:45 a.m. and 11:00 a.m., 4 ABC portable fire extinguishers were sitting on the floor near the corridor door, unsecured. Based on interviews at the time of observation, the ADO agreed the extinguishers were not secured and stated that they were being swapped out.</p> <p>This finding was acknowledged by the ADO at the time of discovery and again at the exit conference with the Maintenance Director present.</p> <p>3.1-19(b)</p>	K 0355	<p>K355</p> <p>1 The facility failed to ensure 4 of 4 portable fire extinguishers in the Maintenance Room area were installed in accordance with NFPA 10, Standard for Portable Fire Extinguishers, 2010 Edition. Section 6.1.3.4 states portable fire extinguishers other than wheeled extinguishers shall be installed using any of the following means.</p> <p>2 Staff have the potential to be affected by this deficient practice.</p> <p>3 McGivney Maintenance hung the 4 fire extinguishers on a secure hanger intended for extinguisher.</p>	10/30/2024

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K 0363 SS=E Bldg. 01	<p>NFPA 101 Corridor - Doors</p> <p>Based on observation and interview, the facility failed to ensure 1 of over 30 corridor doors had no impediment to closing and latching into the door frame and would resist the passage of smoke. This deficient practice could affect 5 staff and 23 residents in the dining area.</p> <p>Findings include:</p> <p>Based on a facility tour and interview with the Director of Operations (DO) and Assistant Director of Operations (ADO) on 10/22/24 between 9:45 a.m. and 11:00 a.m., the corridor double doors leading from the dining area into the corridor, equipped with self-closing devices, failed to close and latch positively into the door frame. One of the two double doors had the self-closing mechanism disabled.</p> <p>This finding was acknowledged by the ADO at the time of discovery and again at the exit conference with the Maintenance Director present.</p> <p>3.1-19(b)</p>	K 0363	<p>K363</p> <p>1. The facility failed to ensure 1 of over 30 corridor doors had no impediment to closing and latching into the door frame and would resist the passage of smoke</p> <p>2. 5 staff and 23 residents in the dining area have the potential to be affected by this deficient practice.</p> <p>3. McGivney Maintenance replaced the self-closing mechanism on the double doors.</p>	10/30/2024
K 0372 SS=E Bldg. 01	<p>NFPA 101 Subdivision of Building Spaces - Smoke Barrie</p> <p>Based on observation and interview, the facility failed to ensure all smoke barriers walls were 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 1/2 hour fire resistive rating. LSC Section 8.5.2.1 requires smoke barriers to be continuous from an outside wall to an outside wall, from a floor to a</p>	K 0372	<p>K372</p> <p>1. The facility failed to ensure all smoke barriers walls were protected to maintain the smoke resistance of each smoke barrier</p> <p>2. 16 residents and staff have the potential to be affected by this deficient practice.</p> <p>3. McGivney Maintenance</p>	10/29/2024

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K 0712 SS=F Bldg. 01	<p>floor, or from a smoke barrier to a smoke barrier, or by use of a combination thereof. 8.5.6.2 requires penetrations for cables, cable trays, conduits, pipes, tubes, vents, wires, and similar items to accommodate electrical, mechanical, plumbing, and communications systems that pass through a wall, floor, or floor/ceiling assembly constructed as a smoke barrier, or through the ceiling membrane of the roof/ceiling of a smoke barrier assembly, shall be protected by a system or material capable of restricting the movement of smoke. This deficient practice could affect staff and at least 16 residents and staff.</p> <p>Findings include:</p> <p>Based on a facility tour and interview with the Director of Operations (DO) and Assistant Director of Operations (ADO) on 10/22/24 between 9:45 a.m. and 11:00 a.m., the smoke barrier ceiling in the basement (1) Maintenance room and (2) the sprinkler riser closet was missing tiles, had large gaps and would not provide a comprehensive smoke barrier within the aforementioned locations.</p> <p>This finding was acknowledged by the ADO at the time of discovery and again at the exit conference with the Maintenance Director present.</p> <p>3.1-19(b)</p> <p>NFPA 101 Fire Drills</p> <p>Based on record review and interview, the facility failed to conduct quarterly fire drills on unexpected days and at unexpected times under varying conditions. This deficient practice could</p>		K 0712	replaced missing tiles.
				K712 1 The facility failed to conduct quarterly fire drills on unexpected days and at unexpected times

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K 0918 SS=C Bldg. 01	<p>affect all residents, staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on records review and interview with the Maintenance Director on 10/22/24 between 11:15 a.m. and 1:30 p.m., 10 of 12 quarterly fire drills were conducted near the end of the month, between the 25th and 30th day of the month. These conditions do not allow fire drills to be conducted on unexpected and unpredictable days.</p> <p>This finding was acknowledged by the Maintenance Director at the time of discovery and again at the exit conference with the Maintenance Director present.</p> <p>3.1-19(b)</p> <p>NFPA 101 Electrical Systems - Essential Electric Systems</p> <p>Based on record review and interview, the facility failed to exercise the generator for 12 of 12 months to meet the requirements of NFPA 110, 2010 Edition, the Standard for Emergency and Standby Powers Systems. Chapter 6.4.4.1.1.4(a) of 2012 NFPA 99 requires monthly testing of the generator serving the emergency electrical system to be in accordance with NFPA 110, Chapter 8. NFPA 110 Section 8.4.2 states diesel generator sets in service shall be exercised at least once monthly, for a minimum of 30 minutes, using one of the following methods:</p> <p>(1) Loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer</p> <p>(2) Under operating temperature conditions and at not less than 30 percent of the EPS (Emergency Power Supply) nameplate kW rating.</p> <p>Section 8.4.2.3 states diesel-powered EPS</p>		K 0918	<p>under varying conditions.</p> <p>2 All residents, staff, and visitors have the potential to be affected by this deficient practice.</p> <p>3 McGivney Maintenance will space out fire drills to become less predictable over the next 12 months.</p> <p>K918</p> <p>1 The facility failed to exercise the generator for 12 of 12 months to meet the requirements of NFPA 110, 2010 Edition, the Standard for Emergency and Standby Powers Systems.</p> <p>2 All Occupants have the potential to be affected by this deficient practice.</p> <p>3 McGivney Maintenance calculated the percentage of load for all 12 months.</p>	11/01/2024

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	<p>installations that do not meet the requirements of 8.4.2 shall be exercised monthly with the available EPSS (Emergency Power Supply System) load and shall be exercised annually with supplemental loads at not less than 50 percent of the EPS nameplate kW rating for 30 continuous minutes and at not less than 75 percent of the EPS nameplate kW rating for 1 continuous hour for a total test duration of not less than 1.5 continuous hours Chapter 6.4.4.2 of NFPA 99 requires a written record of inspection, performance, exercising period, and repairs for the generator to be regularly maintained and available for inspection by the authority having jurisdiction. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on records review and interview with the Maintenance Director on 10/22/24 between 11:15 a.m. and 1:30 p.m., no documentation was available for review to show the available percentage of load placed upon the generator during monthly load tests. Based on an interview at the time of record review, the Maintenance Director stated he was unsure how to calculate the percentage of load placed upon the generator during the monthly load tests.</p> <p>This finding was acknowledged by the Maintenance Director at the time of discovery and again at the exit conference with the Maintenance Director present.</p> <p>3.1-19(b)</p>			