

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

PRINTED: 12/11/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155855		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING		X3) DATE SURVEY COMPLETED 11/21/2024	
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 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 Post Survey Revisit to the Emergency Preparedness Survey conducted on 10/22/24 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73. Survey Date: 11/21/24 Facility Number: 000545 Provider Number: 155855 AIM Number: 100267350 At this PSR Emergency Preparedness survey, McGivney Health Care Center was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73 The facility has 37 certified beds. At the time of the survey, the census was 32. Quality Review completed on 11/22/24			E 0000			
K 0000 Bldg. 01	A Post Survey Revisit to the Life Safety Code Recertification and State Licensure Survey conducted on 10/22/24 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a). Survey Date: 11/21/24 Facility Number: 000545 Provider Number: 155855 AIM Number: 100267350			K 0000			

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

TITLE

(X6) DATE

Randall Shera

Executive Director

12/09/2024

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that 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 0363 SS=E Bldg. 01	<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 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 32 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 11/22/24</p> <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>			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>		12/06/2024

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	<p>Findings include:</p> <p>Based on a facility tour and interview with the Director of Operations (DO) on 11/21/24 between 2:00 p.m. and 2:45 p.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. A telephone call with the Maintenance Director revealed that the incorrect closing mechanism was provided to the facility, and they were waiting on the correct one to arrive.</p> <p>This finding was acknowledged by the DO at the time of discovery and again at the exit conference with the DO present.</p> <p>This deficiency was cited on 10/22/24. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>3.1-19(b)</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>		