

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155684	X2) MULTIPLE CONSTRUCTION A. BUILDING -- _____ B. WING _____	X3) DATE SURVEY COMPLETED 09/06/2022
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NAME OF PROVIDER OR SUPPLIER SOUTHFIELD VILLAGE	STREET ADDRESS, CITY, STATE, ZIP COD 6450 MIAMI CIR SOUTH BEND, IN 46614
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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: 09/06/22</p> <p>Facility Number: 002662 Provider Number: 155684 AIM Number: 200315930</p> <p>At this Emergency Preparedness survey, Southfield Village 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 60 certified beds. At the time of the survey, the census was 50.</p> <p>Quality Review completed on 09/12/22</p>	E 0000	<p>This Plan of Correction constitutes my written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law.</p>	
K 0000 Bldg. 01	<p>A Life Safety Code Recertification Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a).</p> <p>Survey Date: 09/06/2022</p> <p>Facility Number: 002662 Provider Number: 155684 AIM Number: 200315930</p> <p>At this Life Safety Code survey, Southfield Village, was found not in compliance with Requirements for Participation in</p>	K 0000	<p>This Plan of Correction constitutes my written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law.</p>	

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

TITLE

(X6) DATE

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 0321 SS=E Bldg. 01	<p>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. The 2020 Therapy addition, was evaluated under Life Safety Code (LSC), Chapter 18, New Health Care Occupancies</p> <p>This one-story facility was determined to be of Type V (111) construction, with a 2020 Therapy addition with Type II (000) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and spaces open to the corridors. The hard-wired smoke detection in the resident sleeping rooms is not supervised by the fire alarm system. The facility is connected to a three story Assisted Living facility, from which it is separated by a Fire Wall with a 2-Hour Fire Resistive Rating. The original facility and the 2020 addition are separated by a Fire Wall with a 1-hour Fire Resistive Rating. The Healthcare facility is fully protected by a diesel powered 200 kW generator. The facility has 60 certified beds. At the time of the survey, the census was 50.</p> <p>All areas where residents have customary access were sprinklered. All areas providing facility services were sprinklered.</p> <p>Quality Review completed on 09/12/22</p> <p>NFPA 101 Hazardous Areas - Enclosure Hazardous Areas - Enclosure Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4 hour fire rated doors) or an automatic fire extinguishing system in</p>			

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	<p>accordance with 8.7.1 or 19.3.5.9. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door.</p> <p>Describe the floor and zone locations of hazardous areas that are deficient in REMARKS. 19.3.2.1, 19.3.5.9</p> <p>Area Automatic Sprinkler Separation N/A</p> <p>a. Boiler and Fuel-Fired Heater Rooms b. Laundries (larger than 100 square feet) c. Repair, Maintenance, and Paint Shops d. Soiled Linen Rooms (exceeding 64 gallons) e. Trash Collection Rooms (exceeding 64 gallons) f. Combustible Storage Rooms/Spaces (over 50 square feet) g. Laboratories (if classified as Severe Hazard - see K322)</p> <p>Based on observation and interview, the facility failed to ensure 1 of 8 hazardous areas such as a soiled linen rooms was separated from other spaces by smoke resistant partitions and doors. Doors shall be self-closing or automatic closing in accordance with LSC 7.2.1.8. This deficient practice could affect 18 residents, 4 staff, and 2 visitors on the 100 Hall.</p> <p>Findings include: Based on observations made with the</p>	K 0321	<p>The doors to the Soiled Utility Room, Clean Linen Room and 200 Hall Storage Room had their closures adjusted and now fully close and latch, providing separation from the corridor.</p> <p>All other doors on the skilled unit were inspected and adjusted, if necessary, to assure they latched.</p>	10/06/2022

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K 0363 SS=E Bldg. 01	<p>Environmental Services Coordinator during a tour of the facility on 09/06/22 between 12:10 p.m. and 1:18 p.m., the following was noted:</p> <p>a) The corridor door to the Soiled Utility room on the 100 Hall was equipped with a self-closing device, was a hazardous room of approximately 80 square feet in size, but the door failed to fully close and latch into the door frame when tested three separate times.</p> <p>b) The corridor door to the clean linen room on the 100 Hall was equipped with a self-closing device, was a hazardous room of approximately 80 square feet in size, but the door failed to fully close and latch into the door frame when tested three separate times.</p> <p>c) The storage room next to the barrier door set on the 200 Hall was equipped with a self-closing device, was a hazardous room of approximately 100 square feet in size, but the door failed to fully close and latch into the door frame when tested three separate times.</p> <p>Based on interview at the time of each observation, the Environmental Services Coordinator acknowledged the corridor doors to the aforementioned hazardous area failed to fully self-close and latch into the door frames. During the exit conference with the facility Administrator and the Environmental Services Coordinator at 2:00 p.m., no additional information or evidence could be provided contrary to this deficient finding.</p> <p>3.1-19(b)</p> <p>NFPA 101 Corridor - Doors Corridor - Doors Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas resist the passage</p>		<p>All fire/smoke and hazardous doors will be inspected during each fire drill, to assure they fully close and latch. The Fire Drill Form has been revised to include this procedure. The Fire Drill Reports will be reviewed after each fire drill, by the facility QAPI Committee for the next 6 months or until 100% compliance is achieved, whichever is longer. Once 100% compliance is obtained, the QAPI Committee will assure the doors are functioning properly at least twice a year.</p>	

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	<p>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.</p> <p>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.</p> <p>19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485</p> <p>Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc.</p> <p>Based on observation and interview, the facility failed to ensure 1 of 50 sets of resident room doors to the corridor would close completely and</p>	K 0363	The door to Room 112 has been adjusted and it now fully closes and latches.	10/06/2022

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K 0511 SS=E Bldg. 01	<p>latch into the door frame. This deficient practice could affect as many as 16 residents, 4 staff, and 2 visitors.</p> <p>Findings include:</p> <p>Based on observations made with the Environmental Services Coordinator during a tour of the facility on 09/06/22 at 12:25 p.m., the corridor door to resident room # 112 failed to close and latch into the frame. This is important if needing to shelter-in-place in the event of a fire emergency. Based on interview at the time of observations, the Environmental Services Coordinator acknowledged the aforementioned condition adding that he would adjust to door as soon as he had time to do so. During the exit conference with the facility Administrator and the Environmental Services Coordinator at 2:00 p.m., no additional information or evidence could be provided contrary to this deficient finding.</p> <p>3.1-19(b)</p> <p>NFPA 101 Utilities - Gas and Electric Utilities - Gas and Electric Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life. 18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2 Based on observation and interview, the facility failed to ensure 1 of over 8 wet locations were provided with ground fault circuit interrupter (GFCI) protection against electric shock. LSC 19.5.1.1 requires utilities comply with Section 9.1. LSC 9.1.2 requires electrical wiring and equipment</p>	K 0511	<p>All other resident room doors on the skilled unit were inspected, no others were found not to latch.</p> <p>All resident room doors will be inspected during each fire drill, to assure they fully close and latch. The Fire Drill Form has been revised to include this procedure. The Fire Drill Reports will be reviewed after each fire drill, by the facility QAPI Committee for the next 6 months or until 100% compliance is achieved, whichever is longer. Once 100% compliance is obtained, the QAPI Committee will assure the doors are functioning properly at least twice a year.</p> <p>A ground fault circuit interrupter (GFCI) to protect the light switch, has been ordered and will be immediately installed when it is received. This situation has existed since the original</p>	10/06/2022

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	<p>to comply with NFPA 70, National Electrical Code. NFPA 70, NEC 2011 Edition at 210.8 Ground-Fault Circuit-Interrupter Protection for Personnel, states, ground-fault circuit-interruption for personnel shall be provided as required in 210.8(A) through (C). The ground-fault circuit-interrupter shall be installed in a readily accessible location.</p> <p>(B) Other Than Dwelling Units. All 125-volt, single-phase, 15- and 20-ampere receptacles installed in the locations specified in 210.8(B)(1) through (8) shall have ground-fault circuit-interrupter protection for personnel.</p> <p>(1) Bathrooms (2) Kitchens (3) Rooftops (4) Outdoors</p> <p>Exception No. 1 to (3) and (4): Receptacles that are not readily accessible and are supplied by a branch circuit dedicated to electric snow-melting, deicing, or pipeline and vessel heating equipment shall be permitted to be installed in accordance with 426.28 or 427.22, as applicable.</p> <p>Exception No. 2 to (4): In industrial establishments only, where the conditions of maintenance and supervision ensure that only qualified personnel are involved, an assured equipment grounding conductor program as specified in 590.6(B)(2) shall be permitted for only those receptacle outlets used to supply equipment that would create a greater hazard if power is interrupted or having a design that is not compatible with GFCI protection.</p> <p>(5) Sinks - where receptacles are installed within 1.8 m (6 ft.) of the outside edge of the sink.</p> <p>Exception No. 1 to (5): In industrial laboratories, receptacles used to supply equipment where removal of power would introduce a greater hazard shall be permitted to be installed without GFCI protection.</p>		<p>construction 22 years ago.</p> <p>An inspection was conducted and there are no other findings like this on the entire skilled nursing unit.</p> <p>The facility QAPI Committee has verified the device has been ordered. Furthermore, the Committee will confirm the installation by visual inspection and documentation from the electrical contractor. There is no further on going monitoring necessary at this time.</p>	

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	<p>Exception No. 2 to (5): For receptacles located in patient bed locations of general care or critical care areas of health care facilities other than those covered under 210.8(B)(1), GFCI protection shall not be required.</p> <p>(6) Indoor wet locations (7) Locker rooms with associated showering facilities (8) Garages, service bays, and similar areas where electrical diagnostic equipment, electrical hand tools.</p> <p>NFPA 70, 517-20 Wet Locations, requires all receptacles and fixed equipment within the area of the wet location to have ground-fault circuit interrupter (GFCI) protection. Note: Moisture can reduce the contact resistance of the body, and electrical insulation is more subject to failure. This deficient practice could affect staff while at the hand washing sink in the Dining Room.</p> <p>Findings include:</p> <p>Based on observations made with the Environmental Services Coordinator during a tour of the facility on 09/06/22 at 12:58 p.m., there was a hand-washing sink located within the 300 Hall storage room. This sink had a light switch approximately twenty-nine inches from the water source located therein. Based on an interview at the time of the observation, the Environmental Services Coordinator stated that he would add a GFCI protected switch there as soon as he could. During the exit conference with the facility Administrator and the Environmental Services Coordinator at 2:00 p.m., no additional information or evidence could be provided contrary to this deficient finding.</p> <p>3.1-19(b)</p>			

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K 0923 SS=E Bldg. 01	<p>NFPA 101</p> <p>Gas Equipment - Cylinder and Container Storage</p> <p>Gas Equipment - Cylinder and Container Storage</p> <p>Greater than or equal to 3,000 cubic feet Storage locations are designed, constructed, and ventilated in accordance with 5.1.3.3.2 and 5.1.3.3.3.</p> <p>>300 but <3,000 cubic feet Storage locations are outdoors in an enclosure or within an enclosed interior space of non- or limited- combustible construction, with door (or gates outdoors) that can be secured. Oxidizing gases are not stored with flammables, and are separated from combustibles by 20 feet (5 feet if sprinklered) or enclosed in a cabinet of noncombustible construction having a minimum 1/2 hr. fire protection rating.</p> <p>Less than or equal to 300 cubic feet In a single smoke compartment, individual cylinders available for immediate use in patient care areas with an aggregate volume of less than or equal to 300 cubic feet are not required to be stored in an enclosure. Cylinders must be handled with precautions as specified in 11.6.2.</p> <p>A precautionary sign readable from 5 feet is on each door or gate of a cylinder storage room, where the sign includes the wording as a minimum "CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING."</p> <p>Storage is planned so cylinders are used in order of which they are received from the supplier. Empty cylinders are segregated from full cylinders. When facility employs cylinders with integral pressure gauge, a threshold pressure considered empty is established. Empty cylinders are marked to</p>			

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	<p>avoid confusion. Cylinders stored in the open are protected from weather. 11.3.1, 11.3.2, 11.3.3, 11.3.4, 11.6.5 (NFPA 99)</p> <p>Based on observation and interview, the facility failed to ensure a minimum distance of at least five feet separated combustible materials from oxygen storage equipment in 1 of 1 oxygen storage areas. NFPA 99, Section 11.3.2.3 requires oxidizing gases such as oxygen shall be separated from combustibles by one of the following: (1) a minimum distance of 20 feet. (2) a minimum distance of 5 feet if the required storage location is protected by an automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. (3) Enclosed cabinet of noncombustible construction having a minimum fire protection rating of ½ hour. This deficient practice could affect any resident, staff, or visitor in the vicinity of the oxygen storage and transfilling room.</p> <p>Findings include:</p> <p>Based on observations made with the Environmental Services Coordinator during a tour of the facility on 09/06/22 at 12:58 p.m., the oxygen transfilling room was lined with shelving. Throughout the entire room there was miscellaneous plastic covered respiratory therapy items stored in plastic tubs and bins. Furthermore, there was 200 plastic mouth rinse bins, 300 plastic bed bathtubs. Based on interview at the time of observation, the Environmental Services Coordinator acknowledged that combustible materials were stored within five feet of stationary liquid oxygen containers. During the exit conference with the facility Administrator and the Environmental Services Coordinator at 2:00 p.m., no additional information or evidence could be</p>	K 0923	<p>All combustible materials have been removed from the room or moved to a distance of 5 feet or greater from any gaseous container.</p> <p>There is only one oxygen storage area on the skilled unit.</p> <p>The oxygen storage room will be inspected during each fire drill, to assure it is free of combustible material. The Fire Drill Form has been revised to include this procedure. The Fire Drill Reports will be reviewed after each fire drill, by the facility QAPI Committee for the next 6 months or until 100% compliance is achieved, whichever is longer. Once 100% compliance is obtained, the QAPI Committee will assure the area is free of combustible material at least twice a year.</p>	10/06/2022

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K 0000 Bldg. 03	<p>provided contrary to this deficient finding.</p> <p>3.1-19(b)</p> <p>A Life Safety Code Recertification Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a).</p> <p>Survey Date: 09/06/22</p> <p>Facility Number: 002662 Provider Number: 155684 AIM Number: 200315930</p> <p>At this Life Safety Code survey, Southfield Village, 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 18, New Health Care Occupancies and 410 IAC 16.2. The 2020 Therapy addition, was evaluated under Life Safety Code (LSC), Chapter 18, New Health Care Occupancies</p> <p>This one-story facility was determined to be of Type V (111) construction, with a 2020 Therapy addition with Type II (000) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and spaces open to the corridors. The hard-wired smoke detection in the resident sleeping rooms is not supervised by the fire alarm system. The facility is connected to a three story Assisted Living facility, from which it is separated by a Fire Wall with a 2-Hour Fire Resistive Rating. The</p>	K 0000	<p>This Plan of Correction constitutes my written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law.</p>	
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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