

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

PRINTED: 06/23/2025
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G636		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING		X3) DATE SURVEY COMPLETED 05/20/2025	
NAME OF PROVIDER OR SUPPLIER CORVILLA INC				STREET ADDRESS, CITY, STATE, ZIP COD 3202 S FELLOWS 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 483.475.</p> <p>Survey Date: 05/20/2025</p> <p>Facility Number: 001212 Provider Number: 15G636 AIM Number: 100240190</p> <p>At this Emergency Preparedness survey, Corvilla Inc. was found not in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.475 The facility has 8 certified beds. All 8 beds are certified for Medicaid. At the time of the survey, the census was 8.</p> <p>Quality Review completed on 05/21/25</p>			E 0000			
E 0039 Bldg. --	<p>403.748(d)(2), 416.54(d)(2), 418.113(d)(EP Testing Requirements</p> <p>Based on record review and interview, the facility failed to provide documentation of annual emergency preparedness exercises to test the emergency plan, in accordance with 42 CFR 483.475(d)(2).</p> <p>This deficient practice could affect all clients, staff and visitors.</p> <p>Findings include:</p> <p>Based on record review and interview with the Qualified Intellectual Disabilities Professional (QIDP), Maintenance Director, and Maintenance Assistant on 05/20/2025 at 9:56 a.m.,</p>			E 0039	<div>"">p="" paraid="1268555453" paraeid="{a612a50d-b538-4ee4-b3d2-a4a0a823507a}{24}">E039 Emergency Preparedness Testing Requirements – The DCCQA will schedule a facility-based exercise to be conducted by August 31, 2025. The second exercise will be tabletop to be conducted by 12/31/2025. DCCQA will maintain and review Emergency Preparedness Testing records quarterly for continuous planning</div>		06/20/2025

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

TITLE

(X6) DATE

JoAnne Jester

RN/DCCQA

06/13/2025

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 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>documentation of provided of exercises was more than a year old. Based on interview with the QIDP on 05/20/2025 at 9:56 a.m., she acknowledged no current documentation of a community based full scale or a second exercise of choice was available.</p> <p>This finding was reviewed with Qualified Intellectual Disabilities Professional (QIDP), Maintenance Director, and Maintenance Assistant at the exit conference.</p> <p>A Life Safety Code Recertification Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.470(j).</p> <p>Survey Date: 05/20/2025</p> <p>Facility Number: 001212 Provider Number: 15G636 AIM Number: 100240190</p> <p>At this Life Safety Code survey, Corvilla Inc. was found in compliance with Requirements for Participation in Medicaid, 42 CFR Subpart 483.470(j), Life Safety from Fire and the 2012 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 33, Existing Residential Board and Care Occupancies.</p> <p>This one-story building was determined to be fully sprinklered. The facility has a monitored fire alarm system with smoke detection in corridors, in client sleeping rooms and in all living areas. The facility has heat detection in the attic. The facility has a capacity of 8 and had a census of 8 at the time of this survey.</p>			K 0000	for 2026: Community-based April 2026 and Facility Based October 2026. Staff will be trained in the Emergency Preparedness Plan and Testing requirements prior to implementation of each exercise. This will occur for this facility and all facilities at Corvilla.		

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K S353 Bldg. 01	<p>Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Slow with an E-Score of 3.12.</p> <p>Quality Review completed on 05/21/25</p> <p>NFPA 101 Sprinkler System - Maintenance and Testing</p> <p>1.) Based on record review and interview, the facility failed to maintain the antifreeze solution in 1 of 1 sprinkler systems. LSC section 33.2.3.5.8.12 states antifreeze solutions shall be tested annually in accordance with 5.3.4 of NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. Section 5.3.4 states that the freezing point of solutions in antifreeze shall be tested annually by measuring the specific gravity with a hydrometer or refractometer and adjusting the solution if necessary. In accordance with NFPA 25 Figure A.5.3.4.1 the solution should be adjusted to -10 degrees Fahrenheit.</p> <p>This deficient practice affects all clients, staff, and visitors.</p> <p>Findings include:</p> <p>Based on record review with the Qualified Intellectual Disabilities Professional (QIDP), Maintenance Director, and Maintenance Assistant on 05/20/2025 at 10:28 a.m., the document titled "Report of Inspection" dated 05/06/2025 from the sprinkler service vendor, indicated the antifreeze measured at -2 degrees Fahrenheit. Based on interview with the Maintenance Director on 05/20/2025 at 10:28 a.m., he acknowledged the documentation indicated the</p>			K S353	<p>K S353- Sprinkler and Maintenance- Maintenance Director provided Backflow Device Testing documentation provided by South Bend Water Works. Document states Kropp Fire Protection, Inc tested system on May 6,2025: Incoming PSI 68, Valve #1 Held at 7.8 PSID and Relief Valve opened at 2.5 PSID. Inspection Tague was installed on May 6, 2025. Next test date is March 20, 2026. Kropp Fire Protection provided a quote on 5/22/2025 to address the freezing point of antifreeze in 1 of 1 sprinkler. The quote was signed on 6/10/2025 and faxed on the same date, with scheduled date to be determined. Kropp Fire Protection will replace the premix glycerin in the antifreeze fire sprinkler system to -20 degrees. DCCQA will monitor the Maintenance Director for the scheduled date and ensure completion of Kropp Fire Protection work.</p>		07/30/2025

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	<p>antifreeze solution measured -2.</p> <p>2.) Based on record review and interview, the facility failed to ensure 1 of 1 backflow prevention device in the sprinkler system piping was tested annually in accordance with NFPA 25. NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 2011 Edition, Section 13.6.2.1 states all backflow preventers installed in fire protection system piping shall be tested annually by conducting a forward flow test of the system at the designed flow rate, including hose stream demand, where hydrants or inside hose stations are located downstream of the backflow preventer. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on record review with the Qualified Intellectual Disabilities Professional (QIDP), Maintenance Director, and Maintenance Assistant on 05/20/2025 at 09:57 a.m., there was no documentation of an annual backflow preventer available for review over the past year on the backflow preventer device for the sprinkler system water supply. The Maintenance Director did provide a backflow prevention device inspection document dated 05/18/2023; however, based on interview, the Maintenance Director acknowledged the document was outdated and in regards to a current inspection, he stated "I'm not seeing one."</p> <p>This finding was reviewed with Qualified Intellectual Disabilities Professional (QIDP), Maintenance Director, and Maintenance Assistant at the exit conference.</p>						

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K S712 Bldg. 01	<p>NFPA 101 Fire Drills</p> <p>Based on record review and interview, the facility failed to provide documentation of 1 of 12 fire drills for the past 4 quarters. This deficient practice affects all clients, staff and visitors.</p> <p>Findings include:</p> <p>Based on record review with the Qualified Intellectual Disabilities Professional (QIDP), Maintenance Director, and Maintenance Assistant on 05/20/2025 at 10:28 a.m., The facility failed to provide documentation of a first shift fire drill conducted in the second quarter of 2024. Based on interview with the QIDP on 05/20/2025 at 10:28 a.m., when asked if she had documentation of a first shift fire drill conducted in the second quarter of 2024, she stated "I don't have one."</p> <p>This finding was reviewed with Qualified Intellectual Disabilities Professional (QIDP), Maintenance Director, and Maintenance Assistant at the exit conference.</p>			K S712	<p>K0712- Fire Drills- As a part of the Emergency Preparedness plan policy and procedures, evacuation Drills will be conducted and documented once for each shift quarterly. Going forward, our DCCQA will follow a schedule of evacuation drills to ensure that each quarter has a first shift (7 am-3 pm), second shift (3 pm-11 pm) and third shift (11pm- 7 am) drill scheduled at staggered times. The QIDP and DCCQA will monitor that drills have been conducted, documented and turned in for each month for the correct shift by the 20th of each month. If a drill has not been conducted for that month yet, the QIDP will speak with the house manager to ensure one is done. Each home will keep a schedule of the drills posted for staff reference, as well as maintain a copy of all completed fire drills. The original completed drills will be stored in the DCCQA's office, and a digital file will be saved on a shared drive by the QIDP. This will ensure that we have multiple copies of each drill should they be needed. The current Evacuation policy will be altered to include the above-mentioned procedures, including the need for drills on each shift quarterly, how to conduct and document drills, and when/ who to turn the</p>		06/03/2025

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					documentation into. All staff will be trained on the evacuation drill policy, as well as the drill schedule. This will occur for this facility and all facilities at Corvilla.		