

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

PRINTED: 02/10/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155823	X2) MULTIPLE CONSTRUCTION A. BUILDING: -- B. WING: _____	X3) DATE SURVEY COMPLETED 01/24/2023
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NAME OF PROVIDER OR SUPPLIER SOUTHPOINTE HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP COD 4904 WAR ADMIRAL DRIVE INDIANAPOLIS, IN 46237
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(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. --	<p>An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73.</p> <p>Survey Date: 01/24/23</p> <p>Facility Number: 013126 Provider Number: 155823 AIM Number: 201256070</p> <p>At this Emergency Preparedness survey, Southpointe Healthcare Center 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 100 certified beds. At the time of the survey, the census was 96.</p> <p>Quality Review completed on 01/25/23</p>	E 0000		
K 0000 Bldg. 01	<p>A Life Safety Code Certification and State Licensure Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a).</p> <p>Survey Date: 01/24/23</p> <p>Facility Number: 013126 Provider Number: 155823 AIM Number: 201256070</p> <p>At this Life Safety Code survey, Southpointe</p>	K 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Sara Kelley	Executive Director	02/07/2023

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 0345 SS=C Bldg. 01	<p>Healthcare Center was found in substantial compliance with Requirements for Participation 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 was determined to be of Type V (111) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, in all areas open to the corridors with hard wired smoke detectors in all resident rooms. The facility has a capacity of 100 and had a census of 96 at the time of this visit.</p> <p>All areas where residents have customary access were sprinklered. All areas providing facility services were sprinklered except for a detached POD storage trailer that was not sprinklered.</p> <p>Quality Review completed on 01/25/23</p> <p>NFPA 101 Fire Alarm System - Testing and Maintenance Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 Based on observation and interview, the facility failed to maintain the fire alarm system to assure that it had accurate time and date information in accordance with the requirements of NFPA 101-</p>	K 0345	Preparation or execution of this plan of correction does not constitute admission or agreement of the provider of the truth of the	02/03/2023

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	<p>2012 edition, Sections 19.3.4 and 9.6 and NFPA 72 - 2010 edition, Sections 14.1, 14.1.1. This deficient practice could affect all residents, staff, and visitors.</p> <p>Findings include:</p> <p>Based on observation of the fire alarm control panel on 01/24/23 at 1:45 a.m. during a tour of the facility with the Director of Maintenance, the time and date on the fire alarm control panel were incorrect. The display on the main fire alarm control panel indicated the date was correct but the time displayed was 4:04 p.m. at 1:58 p.m. Based on interview at the time of observation, the Director of Maintenance indicated he was unaware of the discrepancy and would contact the alarm company to have the displayed time updated on the fire alarm control panel.</p> <p>During the exit conference with the Director of Maintenance and the Executive Director on 01/24/23 at 2:32 p.m., no additional information or evidence could be provided contrary to this deficient finding.</p>		<p>facts alleged or conclusions set forth on this statement of deficiencies. The plan of correction is prepared and executed solely because it's required by the position of federal and state law. The plan of correction is submitted in order to respond to the allegation of noncompliance cited during a recertification survey on January 24, 2023. Please accept this plan of correction as the provider's credible allegation of compliance.</p> <p><u>K 345 Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101 Fire Alarm System</u> - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72</p> <p>Corrective action for the residents found to have been affected by the deficient practice: There were no residents affected Measures/systemic changes put into place to ensure the</p>	

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			<p>deficient practice does not recur: ED in-serviced Maintenance Manager to ensure that when checking the Fire Panel for operational ability that he also verify that the clock/time on the panel is correct.</p> <p>Corrective actions to be monitored to ensure the deficient practice will not recur: Maintenance Director or his designee will audit the time on the fire panel 1 x week for 12 weeks and 1x a month thereafter for the next 9 months.</p>	