

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

PRINTED: 02/08/2024  
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 01/23/2024
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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: 01/23/24</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 97.</p> <p>Quality Review completed on 01/24/24</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: 01/23/24</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	02/05/2024

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 0374 SS=E Bldg. 01	<p>Healthcare Center was found not in 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 97 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 P.O.D. storage trailer that was not sprinklered.</p> <p>Quality Review completed on 01/24/24</p> <p>NFPA 101 Subdivision of Building Spaces - Smoke Barrie Subdivision of Building Spaces - Smoke Barrier Doors 2012 EXISTING Doors in smoke barriers are 1-3/4-inch thick solid bonded wood-core doors or of construction that resists fire for 20 minutes. Nonrated protective plates of unlimited height are permitted. Doors are permitted to have fixed fire window assemblies per 8.5. Doors are self-closing or automatic-closing, do not require latching, and are not required to swing in the direction of egress travel. Door opening provides a minimum clear width of 32 inches for swinging or horizontal doors.</p>			

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	<p>19.3.7.6, 19.3.7.8, 19.3.7.9</p> <p>Based on observation and interview, the facility failed to ensure 1 of 6 sets of barrier doors would restrict the movement of smoke for at least 20 minutes. LSC, Section 19.3.7.8 requires that doors in smoke barriers shall comply with LSC, Section 8.5.4. LSC, Section 8.5.4.1 requires doors in smoke barriers to close the opening leaving only the minimum clearance necessary for proper operation which is defined as 1/8 inch to restrict the movement of smoke. This deficient practice affects 20 residents, as well as 4 staff and 2 visitors.</p> <p>Findings include:</p> <p>Based on observation made during a tour of the facility on 01/23/24 at 10:40 a.m. with the Maintenance Director, the set of barrier doors on the 500 Hall had a two-inch gap along the center where the doors came together in the closed position. Based on an interview at the time of the observation, the Maintenance Director agreed that the 500 Hall barrier door set did not fully close giving the measurement for the gap listed above adding that he would have the doors adjusted as soon as possible.</p> <p>This item was discussed at the exit conference on 01/23/24 at 2:15 p.m.</p> <p>3.1-19(b)</p>	K 0374	<p>Doors in smoke barriers are 1¾-inch thick solid bonded wood-core doors or of construction that resists fire for 20 minutes. Nonrated protective plates of unlimited height are permitted. Doors are permitted to have fixed fire window assemblies per 8.5. Doors are self-closing or automatic-closing, do not require latching, and are not required to swing in the direction of egress travel. Door opening provides a minimum clear width of 32 in for swinging or horizontal doors. Doors in smoke barriers have at least a 20-minute fire protection rating or are at least 1¾-inch thick solid bonded core wood. Required clear widths are provided per 18.3.7.6(4) and (5). Nonrated protective plates of unlimited height are permitted. Horizontal sliding doors comply with 7.2.1.14. Swinging doors shall be arranged so that each door swings in an opposite direction. Doors shall be self-closing and rabbets, bevels, or astragals are required at the meeting edges. Positive latching is not required.</p> <p><b>Corrective action for the residents found to have been affected by the deficient practice:</b></p> <p>There were no residents affected. Adjustments were made to closing mechanisms to ensure that door closed IAC Life Safety</p>	02/06/2024

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K 0916 SS=F Bldg. 01	<p>NFPA 101 Electrical Systems - Essential Electric Syste Electrical Systems - Essential Electric System Alarm Annunciator A remote annunciator that is storage battery powered is provided to operate outside of the generating room in a location readily observed by operating personnel. The annunciator is hard-wired to indicate alarm conditions of the emergency power source. A centralized computer system (e.g., building information system) is not to be substituted for the alarm annunciator. 6.4.1.1.17, 6.4.1.1.17.5 (NFPA 99)</p>		<p>Regulation(s). <b>Measures/systemic changes put into place to ensure the deficient practice does not recur:</b> ED in-serviced Maintenance Manager to ensure that when checking the fire doors that he will communicate to ED/RFMD if there are any discrepancies in functionality of mechanisms. <b>Corrective actions to be monitored to ensure the deficient practice will not recur:</b> Maintenance Director or his designee will initiate fire door closures to ensure proper closure 3x a week and 12 weeks and 1x a week thereafter for the next 12 weeks.</p>	

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	<p>Based on observation and interview, the facility failed to ensure 1 of 1 emergency generator was provided with an functional alarm annunciator in a location readily observed by operating personnel at a regular workstation. NFPA 99, 2012 Edition, Health Care Facilities Code, at 6.4.1.1.17 requires a remote annunciator that is storage battery powered shall be provided to operate outside of the generating room in a location readily observed by operating personnel at a regular workstation. The annunciator shall be hard-wired to indicate alarm conditions of the emergency or auxiliary power source as follows:</p> <p>(1) Individual visual signals shall indicate:</p> <p>a. When the emergency or auxiliary power source is operating to supply power to load.</p> <p>b. When the battery charger is malfunctioning.</p> <p>(2) Individual visual signals plus a common audible signal to warn of an engine-generator alarm condition shall indicate:</p> <p>a. Low lubricating oil pressure.</p> <p>b. Low water temperature.</p> <p>c. Excessive water temperature.</p> <p>d. Low fuel when the main fuel storage tank contains less than a 4-hour operating supply.</p> <p>e. Overcrank (failed to start).</p> <p>f. Overspeed.</p> <p>6.4.1.1.17.1 A remote, common audible alarm shall be provided as specified in 6.4.1.1.17.4 that is powered by the storage battery and located outside of the EPS service room at a work site observable by personnel.</p> <p>6.4.1.1.17.4 Individual alarm indication to annunciate any of the conditions listed in Table 6.4.1.1.16.2 shall have the following characteristics:</p> <p>(1) It shall be battery powered.</p> <p>(2) It shall be visually indicated.</p> <p>(3) It shall have additional contacts or circuits for</p>	K 0916	<p>A remote annunciator that is storage battery powered is provided to operate outside of the generating room in a location readily observed by operating personnel. The annunciator is hard-wired to indicate alarm conditions of the emergency power source. A centralized computer system (e.g., building information system) is not to be substituted for the alarm annunciator. 6.4.1.1.17, 6.4.1.1.17.5 (NFPA 99)</p> <p><b>Corrective action for the residents found to have been affected by the deficient practice:</b></p> <p>There were no residents affected. Facility had necessary maintenance completed on generator to correct cause of annunciator panel alarm.</p> <p><b>Measures/systemic changes put into place to ensure the deficient practice does not recur:</b></p> <p>ED in-serviced Maintenance Manager to ensure that when checking the generator panel that he is to notify ED/RFMD if there are any discrepancies in functionality of mechanisms.</p> <p><b>Corrective actions to be monitored to ensure the deficient practice will not recur:</b></p> <p>Maintenance Director or his designee will audit indicators on the generator panel 3 x a week for</p>	02/09/2024

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	<p>a common audible alarm that signals locally and remotely when any of the itemized conditions occurs</p> <p>(4) It shall have a lamp test switch(es) to test the operation of all alarm lamps.</p> <p>This deficient practice could affect all patients, as well as visitors and staff in the facility.</p> <p>Findings include:</p> <p>Based on interview during record review on 01/23/24 at 9:30 a.m., the Maintenance Director said the facility has a 400 kW Diesel powered emergency generator. When asked, the Maintenance Director said there was a remote alarm annunciator panel for the generator at the main nurse's station and it was continuous monitoring 24 hours a day by staff. This was confirmed during a tour of the facility with the Maintenance Director but when the panel was inspected, there was an orange trouble light on as well as a red light on the overcrank. When asked if the panel was making an audible signal, the Maintenance Director stated that there was none going off. Staff was asked if an audible alarm had been going off on the panel, they all claimed they had not heard one recently, but staff did know to call Maintenance if the audible alarm was sounding.</p> <p>It was later determined that the vendor was aware of this issue, a part had been ordered to fix the situation, and the vendor was just waiting for the part to arrive to have the panel repaired.</p> <p>This item was discussed at the exit conference on 01/23/24 at 2:15 p.m.</p> <p>3.1-19(b)</p>		12 weeks and 1x a week for the next 12 weeks.	