PRINTED: 02/08/2024 FORM APPROVED

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

OMB NO. 0938-039 STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING COMPLETED B. WING 01/23/2024 155823 STREET ADDRESS, CITY, STATE, ZIP COD NAME OF PROVIDER OR SUPPLIER 4904 WAR ADMIRAL DRIVE SOUTHPOINTE HEALTHCARE CENTER INDIANAPOLIS. IN 46237 (X4) ID SUMMARY STATEMENT OF DEFICIENCIE ID (X5) PROVIDER'S PLAN OF CORRECTION EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) PREFIX PREFIX COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG DATE E 0000 Bldg. --An Emergency Preparedness Survey was E 0000 conducted by the Indiana Department of Health in accordance with 42 CFR 483.73. Survey Date: 01/23/24 Facility Number: 013126 Provider Number: 155823 AIM Number: 201256070 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. The facility has 100 certified beds. At the time of the survey, the census was 97. Quality Review completed on 01/24/24 K 0000 Bldg. 01 A Life Safety Code Certification and State K 0000 Licensure Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a). Survey Date: 01/23/24 Facility Number: 013126 Provider Number: 155823 AIM Number: 201256070 At this Life Safety Code survey, Southpointe

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATU	RE	TITLE	(X6) DATE
Sara Kelley	Executive Director		02/05/2024

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclo 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.

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED **CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-039 STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING COMPLETED 01 B. WING 01/23/2024 155823 STREET ADDRESS, CITY, STATE, ZIP COD NAME OF PROVIDER OR SUPPLIER 4904 WAR ADMIRAL DRIVE SOUTHPOINTE HEALTHCARE CENTER INDIANAPOLIS. IN 46237 (X4) ID SUMMARY STATEMENT OF DEFICIENCIE ID (X5) PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX PREFIX COMPLETION TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG DEFICIENCY) DATE 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. 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. 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. Quality Review completed on 01/24/24 K 0374 **NFPA 101** SS=E Subdivision of Building Spaces - Smoke Bldg. 01 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. E23C21 Event ID: Facility ID: 013126 If continuation sheet Page 2 of 6 FORM CMS-2567(02-99) Previous Versions Obsolete

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DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-039 STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING COMPLETED 01 B. WING 01/23/2024 155823 STREET ADDRESS, CITY, STATE, ZIP COD NAME OF PROVIDER OR SUPPLIER 4904 WAR ADMIRAL DRIVE SOUTHPOINTE HEALTHCARE CENTER INDIANAPOLIS. IN 46237 (X4) ID SUMMARY STATEMENT OF DEFICIENCIE ID (X5) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX COMPLETION TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG DEFICIENCY) DATE 19.3.7.6, 19.3.7.8, 19.3.7.9 Based on observation and interview, the facility K 0374 Doors in smoke barriers are 02/06/2024 failed to ensure 1 of 6 sets of barrier doors would 1³/₄-inch thick solid bonded restrict the movement of smoke for at least 20 wood-core doors or of construction minutes. LSC, Section 19.3.7.8 requires that doors that resists fire for 20 minutes. in smoke barriers shall comply with LSC, Section Nonrated protective plates of 8.5.4. LSC, Section 8.5.4.1 requires doors in smoke unlimited height are permitted. barriers to close the opening leaving only the Doors are permitted to have fixed minimum clearance necessary for proper operation fire window assemblies per 8.5. which is defined as 1/8 inch to restrict the Doors are self-closing or movement of smoke. This deficient practice automatic-closing, do not require affects 20 residents, as well as 4 staff and 2 latching, and are not required to visitors. swing in the direction of egress travel. Door opening provides a Findings include: minimum clear width of 32 in for swinging or horizontal doors. Based on observation made during a tour of the Doors in smoke barriers have at facility on 01/23/24 at 10:40 a.m. with the least a 20-minute fire protection Maintenance Director, the set of barrier doors on rating or are at least 1³/₄-inch thick the 500 Hall had a two-inch gap along the center solid bonded core wood. Required where the doors came together in the closed clear widths are provided per position. Based on an interview at the time of the 18.3.7.6(4) and (5). Nonrated observation, the Maintenance Director agreed protective plates of unlimited that the 500 Hall barrier door set did not fully height are permitted. Horizontal close giving the measurement for the gap listed sliding doors comply with above adding that he would have the doors 7.2.1.14. Swinging doors shall be adjusted as soon as possible. arranged so that each door swings in an opposite direction. Doors This item was discussed at the exit conference on shall be self-closing and rabbets, 01/23/24 at 2:15 p.m. bevels, or astragals are required at the meeting edges. Positive 3.1-19(b) latching is not required. Corrective action for the residents found to have been affected by the deficient practice: There were no residents affected. Adjustments were made to closing mechanisms to ensure that door closed IAC Life Safety FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: E23C21 Facility ID: 013126 Page 3 of 6 If continuation sheet

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155823		IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION A. BUILDING D B. WING		COMI	OMB NO. 0938-039 X3) DATE SURVEY COMPLETED 01/23/2024	
NAME OF	PROVIDER OR SUPPLIE	R		ADDRESS, CITY, STATE, ZIP CO VAR ADMIRAL DRIVE	DC		
SOUTH	POINTE HEALTHC	ARE CENTER	INDIA	NAPOLIS, IN 46237			
(X4) ID PREFIX TAG	(EACH DEFICIE)	STATEMENT OF DEFICIENCIE NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AF DEFICIENCY)	RECTION OULD BE PPROPRIATE	(X5) COMPLETION DATE	
€ 0916 SS=F Bldg. 01	NFPA 101 Electrical System Electrical System System Alarm Ar A remote annunc powered is provid	s - Essential Electric Syste s - Essential Electric s - Essential Electric inunciator iator that is storage battery led to operate outside of the		Regulation(s). Measures/systemic ch into place to ensure the deficient practice does recur: ED in-serviced Mainten Manager to ensure that checking the fire doors communicate to ED/RF are any discrepancies i functionality of mechan Corrective actions to b monitored to ensure the deficient practice will a recur: Maintenance Director of designee will initiate fire closures to ensure prop 3x a week and 12 week week thereafter for the weeks.	ne s not ance t when that he will MD if there n isms. be he not or his e door ber closure (s and 1x a	DATE	
	observed by oper annunciator is ha conditions of the centralized comp						

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DEPARTMENT OF HEALTH AND HU CENTERS FOR MEDICARE & MEDIC STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION NAME OF PROVIDER OR SUPPLIE	CAID SERVICES X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155823	A. BU	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING STREET ADDRESS, CITY, STATE, ZIP COD 4904 WAR ADMIRAL DRIVE			PRINTED: 02/08/2024 FORM APPROVED OMB NO. 0938-039 X3) DATE SURVEY COMPLETED 01/23/2024		
	ARE CENTER		INDIAN	IAPOLIS, IN 46237		•		
PREFIX (EACH DEFICIEN			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	D BE COMPLETI			
failed to ensure 1 of provided with an ful location readily ob at a regular workst Health Care Facilit remote annunciator powered shall be p the generating roor by operating person The annunciator sh alarm conditions of power source as fo (1) Individual visu a. When the emerg is operating to supp b. When the batter (2) Individual visu	REGULATORY OR LSC IDENTIFYING INFORMATIONBased 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:(1) Individual visual signals shall indicate: a. When the emergency or auxiliary power source is operating to supply power to load. b. When the battery charger is malfunctioning. (2) Individual visual signals plus a common audible signal to warn of an engine-generator		916	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) Corrective action for the residents found to have been affected by the deficient practice: There were no residents affected.		02/09/2024		

(-)	procession in the second
audible signal to warn of an engine-generator	There were no residents affected.
alarm condition shall indicate:	Facility had necessary
a. Low lubricating oil pressure.	maintenance completed on
b. Low water temperature.	generator to correct cause of
c. Excessive water temperature.	annunciator panel alarm.
d. Low fuel when the main fuel storage tank	Measures/systemic changes put
contains less than a 4-hour operating supply.	into place to ensure the
e. Overcrank (failed to start).	deficient practice does not
f. Overspeed.	recur:
	ED in-serviced Maintenance
6.4.1.1.17.1 A remote, common audible alarm shall	Manager to ensure that when
be provided as specified in 6.4.1.1.17.4 that is	checking the generator panel that
powered by the storage battery and located	he is to notify ED/RFMD if there
outside of the EPS service room at a work site	are any discrepancies in
observable by personnel.	functionality of mechanisms.
6.4.1.1.17.4 Individual alarm indication to	Corrective actions to be
annunciate any of the conditions listed in Table	monitored to ensure the
6.4.1.1.16.2 shall have the following	deficient practice will not
characteristics:	recur:
(1) It shall be battery powered.	Maintenance Director or his
(2) It shall be visually indicated.	designee will audit indicators on
(3) It shall have additional contacts or circuits for	the generator panel 3 x a week for

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OF CORRECTION		. ,	UL HPLE C		(AS) DA	TE SURVEY
	IDENTIFICATION NUMBER	A. BU	JILDING	<u>01</u>	- 1	APLETED
	155823	B. W	NG		. 01/:	23/2024
ROVIDER OR SUPPLIER			STREET	ADDRESS, CITY, STATE, ZIP CO	D	
OINTE HEALTHCA	RE CENTER		INDIAN	NAPOLIS, IN 46237		
SUMMARY	STATEMENT OF DEFICIENCIE		ID			(X5)
(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL		PREFIX	CROSS-REFERENCED TO THE AP	ULD BE PROPRIATE	COMPLET
			TAG			DATE
				k for the		
	of the itemized conditions		next 12 weeks.			
	-					
operation of all alar	m lamps.					
This deficient pract	ice could affect all patients, as					
Findings include:						
	6					
-	-					
-						
	the autible alarm was					
-	ned that the vendor was aware					
This item was discu	ussed at the exit conference on					
01/23/24 at 2:15 p.r	n.					
3.1-19(b)						
	SUMMARY (EACH DEFICIEN REGULATORY OR a common audible a remotely when any occurs (4) It shall have a la operation of all alar This deficient pract well as visitors and Findings include: Based on interview 01/23/24 at 9:30 a.r said the facility has emergency generato Maintenance Direct alarm annunciator p main nurse's station monitoring 24 hour confirmed during a Maintenance Direct inspected, there was well as a red light o the panel was makin Maintenance Direct going off. Staff was been going off on th had not heard one re call Maintenance if sounding. It was later determin of this issue, a part situation, and the ve part to arrive to hav This item was discu 01/23/24 at 2:15 p.r	 (4) It shall have a lamp test switch(es) to test the operation of all alarm lamps. This deficient practice could affect all patients, as well as visitors and staff in the facility. Findings include: 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. 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. This item was discussed at the exit conference on 01/23/24 at 2:15 p.m. 3.1-19(b) 	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION a common audible alarm that signals locally and remotely when any of the itemized conditions occurs (4) It shall have a lamp test switch(es) to test the operation of all alarm lamps. This deficient practice could affect all patients, as well as visitors and staff in the facility. Findings include: 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. 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This deficient practice could affect all patients, as well as visitors and staff in the facility. 11 Findings include: 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 suid 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 stated that there was none going off. Staff was sked if the panel was making an audible signal, the Maintenance if the audible alarm was sounding. 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. 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