

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155821	X2) MULTIPLE CONSTRUCTION A. BUILDING -- _____ B. WING _____	X3) DATE SURVEY COMPLETED 07/09/2024
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NAME OF PROVIDER OR SUPPLIER ASPEN TRACE HEALTH & LIVING COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP COD 3154 SOUTH STATE ROAD 135 GREENWOOD, IN 46143
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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: 07/09/24</p> <p>Facility Number: 013185 Provider Number: 155821 AIM Number: 201221460</p> <p>At this Emergency Preparedness survey, Aspen Trace Health and Living Community 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 104 certified beds. At the time of the survey, the census was 92.</p> <p>Quality Review completed on 07/15/24</p>	E 0000	Please find enclosed the Plan of Correction for the State Licensure Survey conducted on July 9, 2024. This notice is to inform you that the plan of correction attached is to serve as Aspen Trace Health & Living Community credible allegation of compliance. We allege substantial compliance after July 26, 2024. We are requesting paper compliance for this plan of correction.	
K 0000 Bldg. 01	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 07/09/24</p> <p>Facility Number: 013185 Provider Number: 155821 AIM Number: 201221460</p> <p>At this Life Safety Code survey, Aspen Trace</p>	K 0000	Please find enclosed the Plan of Correction for the State Licensure Survey conducted on July 9, 2024. This notice is to inform you that the plan of correction attached is to serve as Aspen Trace Health & Living Community credible allegation of compliance. We allege substantial compliance after July 26, 2024. We are requesting paper compliance for this plan of	

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

TITLE

(X6) DATE

Emily Carnes

Executive Director

07/23/2024

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 0911 SS=D Bldg. 01	<p>Health and Living Community was found not in compliance with Requirements for Participation Medicare/Medicaid, 42 CFR Subpart 483.70(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 104 and had a census of 92 at the time of this visit.</p> <p>All areas where residents have customary access were sprinklered. All areas providing facility services were sprinklered.</p> <p>Quality Review completed on 07/15/24</p> <p>NFPA 101 Electrical Systems - Other Electrical Systems - Other List in the REMARKS section any NFPA 99 Chapter 6 Electrical Systems requirements that are not addressed by the provided K-Tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. Chapter 6 (NFPA 99) Based on observation and interview, the facility failed to identify protected branch circuits for 1 of 3 electrical panels in the kitchen in accordance with NFPA 70. NFPA 99, Health Care Facilities Code, 2012 Edition, Section 6.3.2.1 states electrical installation shall be in accordance with NFPA 70, National Electric Code. NFPA 70, 2011 Edition,</p>	K 0911	<p>correction.</p> <p>I. The corrective actions to be accomplished for those residents found to have been affected by the deficient practice.</p> <p>Observation 1: The facility failed to</p>	07/11/2024

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	<p>Article 210.5(A) states the grounded conductor of a branch circuit shall be identified in accordance with Article 200.6. This deficient practice could affect any staff and visitors in the kitchen.</p> <p>Findings include:</p> <p>Based on observations with the Environmental Director during a tour of the facility from 12:30 p.m. to 2:45 p.m. on 07/09/24, overcurrent devices in the wall mounted electrical panel identified as "XKLCR" in the kitchen did not identify circuits protected by the overcurrent devices. Based on interview at the time of the observations, the Environmental Director stated circuits in the electrical panel are also on the emergency generator, a contractor was making kitchen repairs within the last couple weeks and likely took the card out of the panel that identified what circuits protected which devices and agreed overcurrent devices for the panel did not identify the circuits protected by the device.</p> <p>These findings were reviewed with the Executive Director and the Environmental Director during the exit conference.</p> <p>3.1-19(b)</p>		<p>identify protected branch circuits for 1 of 3 electrical panels in the kitchen in accordance with NFPA 70.</p> <p>Corrective Action: The Maintenance Supervisor found the breaker box schedule from the blueprints and labeled the electrical panel accordingly. See attached picture of the panel labeling.</p> <p>II. The facility will identify other residents that may potentially be affected by the deficient practice.</p> <p>Residents and staff could be affected by this deficiency.</p> <p>III. The facility will put into place the following systematic changes to ensure that the deficient practice does not recur.</p> <p>A new semi-annual TELS task to ensure breaker boxes have appropriate labeling was created. See attached TELS task labeled "Aspen Trace Breaker Labeling Task".</p> <p>IV The facility will monitor the corrective action by implementing the following measures.</p> <p>CarDon Corporate Facilities team will monitor and inspect all</p>	

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K 0918 SS=F Bldg. 01	<p>NFPA 101 Electrical Systems - Essential Electric Syste Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels</p>		<p>electrical panels during their annual CQR.</p> <p>V. Plan of Correction completion date.</p> <p>Plan of Completion Date: 7/11/2024</p>	

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	<p>and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)</p> <p>Based record review, observation and interview; the facility failed to ensure 1 of 1 emergency generators was kept in reliable operating mode in accordance with NFPA 110, Standard for Emergency and Standby Power Systems. NFPA 110, 2010 Edition, Section 8.3.1 states the Emergency Power Supply Systems (EPSS) shall be maintained to ensure that the system is capable of supplying service within the time specified for the type and for the time duration specified for the class. This deficiency could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of the emergency generator inspection contractor's "Work Service Generator (Minor)" documentation dated 01/27/24 with the Environmental Director during record review from 9:20 a.m. to 12:25 p.m. on 07/09/24, the overall condition of the automatic transfer switch (ATS) system operation was listed as "OK" but the ATS controllers are in need of repair. The "General Condition of Generator" comments section of the 01/27/24 documentation stated "Performed a minor service. Found both ATS controllers have bad memory capacitors. Will send quote. ATS-1 has a fault showing the back up battery low. The MPAC 1500 does not have a back up battery. Cause are the bad capacitor. All else is OK. Left the unit in Auto and the Main Breaker closed". Based on interview at time of record review, the Environmental Director stated quote</p>	K 0918	<p>I. The corrective actions to be accomplished for those residents found to have been affected by the deficient practice.</p> <p>Observation 1- The facility failed to ensure 1 of 1 emergency generators was kept in reliable operating mode in accordance with NFPA 110. Corrective Action: The Maintenance Supervisor reached out to Buckeye Power Sales to replace the controller on the generator automatic transfer switches. Buckeye Power Sales is scheduled to repair the generator on 7/26/2024.</p> <p>II. The facility will identify other residents that may potentially be affected by the deficient practice.</p> <p>Resident and Staff in the community could be affected by this deficiency.</p> <p>III. The facility will put into place the following systematic changes to ensure that the deficient practice does not</p>	07/26/2024
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	<p>documentation was not available for review, the emergency generator contractor is to make repairs later this month and agreed ATS repair documentation on or after 01/27/24 was not available for review at the time of the survey. Based on observations with the Environmental Director during a tour of the facility from 12:30 p.m. to 2:45 p.m. on 07/09/24, the facility has one diesel fired emergency generator located outside the building on the south side side of the property. Manufacturer's documentation affixed to the generator stated it was rated at 250 kW. Two separate ATS's were noted in the main electrical room for the facility.</p> <p>These findings were reviewed with the Executive Director and the Environmental Director during the exit conference.</p> <p>3.1-19(b)</p>		<p>recur.</p> <p>There was an existing TELS Task to check the generator transfer power monthly. See attached TELS task labeled "Aspen Monthly Generator".</p> <p>IV The facility will monitor the corrective action by implementing the following measures.</p> <p>CarDon Corporate Facilities team will monitor the generator inspection reports to ensure there are no recommendations.</p> <p>V. Plan of Correction completion date.</p> <p>Plan of Completion Date: 7/26/2024</p>	