

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155779	X2) MULTIPLE CONSTRUCTION A. BUILDING -- _____ B. WING _____	X3) DATE SURVEY COMPLETED  11/17/2022
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NAME OF PROVIDER OR SUPPLIER  PRAIRIE LAKES HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP COD 9730 PRAIRIE LAKES BLVD EAST NOBLESVILLE, IN 46060
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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: 11/17/22</p> <p>Facility Number: 012305 Provider Number: 155779 AIM Number: 200987990</p> <p>At this Emergency Preparedness survey, Prairie Lakes Health Campus 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 61 certified beds. At the time of the survey, the census was 58.</p> <p>Quality Review completed on 11/21/22</p>	E 0000	Preparation or execution of this plan of correction does not constitute admission or agreement of provider of the truth of the facts alleged or conclusions set forth on the Statement of Deficiencies. The Plan of Correction is prepared and executed solely because it is required it is 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 the survey visit with exit on November 17, 2022.	
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 483.90(a).</p> <p>Survey Date: 11/17/22</p> <p>Facility Number: 012305 Provider Number: 155779 AIM Number: 200987990</p> <p>At this Life Safety Code survey, Prairie Lakes Health Campus was found not in compliance with</p>	K 0000	Preparation or execution of this plan of correction does not constitute admission or agreement of provider of the truth of the facts alleged or conclusions set forth on the Statement of Deficiencies. The Plan of Correction is prepared and executed solely because it is required it is required by the position of Federal and State Law. The Plan of Correction is submitted in order to respond to the allegation of noncompliance	

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

TITLE

(X6) DATE

Stacy Mevzek

Executive Director

12/02/2022

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.

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

PRINTED: 12/14/2022

FORM APPROVED

OMB NO. 0938-039

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NAME OF PROVIDER OR SUPPLIER  PRAIRIE LAKES HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP COD 9730 PRAIRIE LAKES BLVD EAST NOBLESVILLE, IN 46060
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K 0222 SS=E Bldg. 01	<p>Requirements for Participation in 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 be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, in all areas open to the corridor and has smoke detectors hard wired to the fire alarm system in all resident sleeping rooms. The facility has a capacity of 61 and had a census of 58 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered and all areas providing facility services were sprinklered.</p> <p>Quality Review completed on 11/21/22</p> <p>NFPA 101 Egress Doors Egress Doors</p> <p>Doors in a required means of egress shall not be equipped with a latch or a lock that requires the use of a tool or key from the egress side unless using one of the following special locking arrangements: CLINICAL NEEDS OR SECURITY THREAT LOCKING</p> <p>Where special locking arrangements for the clinical security needs of the patient are used, only one locking device shall be permitted on each door and provisions shall be made for the rapid removal of occupants by: remote control of locks; keying of all locks or keys carried by staff at all times; or other such reliable means available to the</p>		cited during the survey visit with exit on November 17, 2022.	

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	<p>staff at all times. 18.2.2.2.5.1, 18.2.2.2.6, 19.2.2.2.5.1, 19.2.2.2.6</p> <p><b>SPECIAL NEEDS LOCKING ARRANGEMENTS</b> Where special locking arrangements for the safety needs of the patient are used, all of the Clinical or Security Locking requirements are being met. In addition, the locks must be electrical locks that fail safely so as to release upon loss of power to the device; the building is protected by a supervised automatic sprinkler system and the locked space is protected by a complete smoke detection system (or is constantly monitored at an attended location within the locked space); and both the sprinkler and detection systems are arranged to unlock the doors upon activation. 18.2.2.2.5.2, 19.2.2.2.5.2, TIA 12-4</p> <p><b>DELAYED-EGRESS LOCKING ARRANGEMENTS</b> Approved, listed delayed-egress locking systems installed in accordance with 7.2.1.6.1 shall be permitted on door assemblies serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system or an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4</p> <p><b>ACCESS-CONTROLLED EGRESS LOCKING ARRANGEMENTS</b> Access-Controlled Egress Door assemblies installed in accordance with 7.2.1.6.2 shall be permitted. 18.2.2.2.4, 19.2.2.2.4</p> <p><b>ELEVATOR LOBBY EXIT ACCESS LOCKING ARRANGEMENTS</b> Elevator lobby exit access door locking in</p>			

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	<p>accordance with 7.2.1.6.3 shall be permitted on door assemblies in buildings protected throughout by an approved, supervised automatic fire detection system and an approved, supervised automatic sprinkler system.</p> <p>18.2.2.2.4, 19.2.2.2.4</p> <p>Based on observation and interview, the facility failed to ensure the means of egress through the Courtyard exit was readily accessible for residents without a clinical diagnosis requiring specialized security measures. Doors within a required means of egress shall not be equipped with a latch or lock that requires the use of a tool or key from the egress side unless otherwise permitted by LSC 19.2.2.2.4. Door-locking arrangements shall be permitted in accordance with 19.2.2.2.5.2. This deficient practice could affect over 15, staff and visitors if needing to exit the facility.</p> <p>Findings include:</p> <p>Based on observation and interview with the Plant Operations Director, Assistant Plant Operations Director and Corporate Facilities Management Support Representative on 11/17/22 during a facility tour between 11:30 a.m. and 1:45 p.m., the exit gate from the Courtyard was magnetically locked and could be opened by entering a four-digit code but the code was not posted at the gate exit. Two separate doors from the facility, marked exits, indicate that you can exit the facility through the Courtyard, however the aforementioned gate leading out of the Courtyard did not have the code to exit posted.</p> <p>This finding was acknowledged by the Plant Operations Director, Assistant Plant Operations Director and Corporate Facilities Management Support Representative at the time of discovery</p>	K 0222	<p><b>K 222</b></p> <p>Egress Doors NFPA 101 <b>Immediate Intervention</b></p> <p>The Director of Plant Operations has placed the code for the keypad for the gate in plain view to allow egress when loss of power that would unlock the gate has not occurred.</p> <p><b>Exhibit A - photo Compliance Date</b> 12-2-22</p> <p>The Director of Plant Operations and maintenance staff has been educated by the Executive Director on maintaining the posting of the code on the gate. Doors within a required means of egress shall not be equipped with a latch or a lock that requires the use of a tool or key from the egress side unless otherwise permitted in accordance with 19.2.2.2.5.2</p> <p>The Director of Plant Operations will perform monthly review X6. Results of these reviews will be presented by Executive Director to the QAPI committee for further recommendations and continue until the Quality Assurance Team determines substantial compliance has been achieved.</p>	12/02/2022

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K 0351 SS=F Bldg. 01	<p>and again at the exit conference with the Plant Operations Director, Assistant Plant Operations Director, Corporate Facilities Management Support Representative and Executive Director all present.</p> <p>3.1-19(b)</p> <p>NFPA 101 Sprinkler System - Installation Spinkler System - Installation 2012 EXISTING Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers. In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems. 19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1) Based on observation and interview, the facility failed to ensure the installation of the sprinkler system met the requirements of NFPA 13. NFPA 13, Standard for the Installation of Sprinkler Systems, 2010 Edition; Section 6.2.9.1 states a supply of at least six spare sprinklers (never fewer than six) shall be maintained on the premises so that any sprinklers that have operated or been</p>	K 0351	<p>This deficient practice could affect over 15 staff and visitors if needing to exit the facility.</p> <p><b>Exhibit B – Review Logs</b> <b>Exhibit C - Education</b></p> <p><b>K351</b> Sprinkler System-Installation NFPA 101 <b>Immediate Intervention</b> The Director of Plant Operations has remove and dispose of all sprinkler heads stored on top and within that are not secured within</p>	12/02/2022

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	<p>damaged in any way can be promptly replaced. This deficient practice could affect all occupants within the facility.</p> <p>Findings include:</p> <p>Based on observation and interview with the Plant Operations Director, Assistant Plant Operations Director and Corporate Facilities Management Support Representative on 11/17/22 during a facility tour between 11:30 a.m. and 1:45 p.m., the sprinkler riser room contained a spare sprinkler box which had 2 spare sprinklers stored on top of the box. Additionally, inside the box, as many as 6 spare sprinklers were being stored loosely, not secured in a designated slot. Based on interview at the time of observation, the Corporate Facilities Management Support Representative confirmed the spare sprinkler box was not properly securing all spare sprinkler heads.</p> <p>This finding was acknowledged by the Plant Operations Director, Assistant Plant Operations Director and Corporate Facilities Management Support Representative at the time of discovery and again at the exit conference with the Plant Operations Director, Assistant Plant Operations Director, Corporate Facilities Management Support Representative and Executive Director all present.</p> <p>3.1-19(b)</p>		<p>a dedicated slot. <b>Exhibit D – photo</b> <b>Exhibit E - photo</b> <b>Compliance Date</b> 12-2-22</p> <p>The Director of Plant Operations and maintenance staff was educated by the Executive Director on K351 NFPA 101, NFPA 13, Standard for the installation of Sprinkler Systems, 2010 Edition: section 6.2.9.1. The Director of Plant Operations will audit sprinkler head storage box monthly X6. Results of this audit will be presented by Executive Director to the QAPI committee for further recommendations and continue until the Quality Assurance Team determines substantial compliance has been achieved. This deficient practice could affect all occupants within the facility.</p> <p><b>Exhibit F – Review Logs</b> <b>Exhibit C - Education</b></p>	