PRINTED: 05/20/2024 FORM APPROVED

CENTERS FO	R MEDICARE & MEDIC	CAID SERVICES				OM	B NO. 0938-039
STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155228		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		ONSTRUCTION	(X3) DATE SURVEY COMPLETED 04/30/2024		
	PROVIDER OR SUPPLIE	R		2070 CI	ADDRESS, CITY, STATE, ZIP COD HESTER BLVD OND, IN 47374		
(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
Bldg	An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73. Survey Date: 04/30/24 Facility Number: 000133 Provider Number: 155228 AIM Number: 100266080 At this Emergency Preparedness survey, Willows of Richmond was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73. The facility has 87 certified beds. At the time of the survey, the census was 51. Quality Review completed on 05/01/24		E 0000		Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The Plan of Correction is prepared and/or executed solely because it is required by the provisions of Federal and State Law. Please accept this Plan of Correction as Credible Allegations of Compliance. We respectfully ask our consideration for paper compliance.		
Bldg. 01			K 000	00	Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by th provider of the truth of the fact alleged or conclusions set fort the statement of deficiencies. Plan of Correction is prepared and/or executed solely because is required by the provisions of Federal and State Law. Please accept this Plan of Correction as Credible	e e ts h in The l se it	

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

(X6) DATE

TITLE

Merry Goodwin **HFA** 05/16/2024

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.

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155228			A. BUILDING B. WING	01	COMPLETED 04/30/2024	
NAME OF PROVIDER OR SUPPLIER WILLOWS OF RICHMOND		STREET ADDRESS, CITY, STATE, ZIP COD 2070 CHESTER BLVD RICHMOND, IN 47374				
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE	
	Requirements for Pa Medicare/Medicaid, Life Safety from Fir National Fire Protect Life Safety Code (L Health Care Occupa This one-story facility Type V (000) constr The facility has a fir detection in the corr corridors and batter all resident sleeping capacity of 87 and he of this visit.			Allegations of Compliance. We respectfully ask our consideration for paper compliance.	/e	
	storage garage was a					
K 0222 SS=E Bldg. 01	be equipped with a requires the use of egress side unless special locking arr. CLINICAL NEEDS LOCKING Where special lock clinical security newsed, only one lock permitted on each be made for the raby: remote control	d means of egress shall not a latch or a lock that f a tool or key from the susing one of the following angements: OR SECURITY THREAT king arrangements for the eds of the patient are king device shall be door and provisions shall upid removal of occupants of locks; keying of all ed by staff at all times; or				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X1) PROVIDER/SUPPLIER/SU		(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVE A. BUILDING 01 COMPLETED B. WING 04/30/2024			IPLETED				
NAME OF PROVIDER OR SUPPLIER WILLOWS OF RICHMOND			2070 C	STREET ADDRESS, CITY, STATE, ZIP COD 2070 CHESTER BLVD RICHMOND, IN 47374					
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	DRRECTION SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE			
	staff at all times. 18.2.2.2.5.1, 18.2. 19.2.2.2.6 SPECIAL NEEDS ARRANGEMENT: Where special loc safety needs of the the Clinical or Sec are being met. In a electrical locks that release upon loss building is protected automatic sprinkled space is protected detection system at an attended loc space); and both the systems are arrand upon activation. 18.2.2.2.5.2, 19.2. DELAYED-EGREI ARRANGEMENT: Approved, listed de systems installed 7.2.1.6.1 shall be assemblies servin contents in buildin an approved, supe detection system automatic sprinkled 18.2.2.2.4, 19.2.2. ACCESS-CONTR LOCKING ARRAN Access-Controlled	king arrangements for the e patient are used, all of surity Locking requirements addition, the locks must be at fail safely so as to of power to the device; the ed by a supervised or system and the locked I by a complete smoke (or is constantly monitored ation within the locked the sprinkler and detection ged to unlock the doors 2.2.5.2, TIA 12-4 SS LOCKING S elayed-egress locking in accordance with permitted on door g low and ordinary hazard gs protected throughout by ervised automatic fire or an approved, supervised or system. 2.4 OLLED EGRESS IGEMENTS I Egress Door assemblies ance with 7.2.1.6.2 shall							

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STATEMENT OF DEFICIENCIES		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		ONSTRUCTION	(X3) DATE SURVEY	
		IDENTIFICATION NUMBER			l	COMPLETED	
	155228		B. W	ING		04/30/	2024
NAME OF PROVIDER OR SUPPLIER WILLOWS OF RICHMOND		•	2070 CI	ADDRESS, CITY, STATE, ZIP COD HESTER BLVD OND, IN 47374			
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIE			ID	PROVIDEDS BLANGE CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL		PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)	16	DATE
TAG	Elevator lobby exit accordance with 7 on door assemblie throughout by an a automatic fire dete approved, supervisystem. 18.2.2.2.4, 19.2.2. Based on observation failed to ensure the exits was readily acclinical diagnosis resulting measures. Doors we egress shall not be estat requires the use egress side unless of 19.2.2.2.4. Door-lopermitted in accordance deficient practice corresidents if needing. Findings include: Based on an observation of the facility we (MD) on 04/30/23 by p.m., the front entrate exit, was magnetical by entering a four diposted. The MD state recently and someon last day or so. This finding was act Maintenance Direct	t access door locking in .2.1.6.3 shall be permitted as in buildings protected approved, supervised action system and an seed automatic sprinkler 2.4 on and interview, the facility means of egress through all cessible for residents without a equiring specialized security ithin a required means of equipped with a latch or lock at of a tool or key from the therwise permitted by LSC ecking arrangements shall be ance with 19.2.2.2.5.2. This build affect 15 all visitors and to exit the facility. action and interview during a with the Maintenance Director between 11:50 p.m. and 2:15 need door, marked as facility lly locked and could be opened igit code but the code was not ted that is was posted ne must have removed it in the	K 0		It has and will continue to be the practice of this facility to ensure the means of egress through a exits are readily accessible for residents without a clinical diagnosis requiring specialized security measures. Although this deficient practice could affect all visitors, staff are residents if needing to exit the facility, no one was directly affected by this. Maintenance Director reprinted code stickers on all locked exterior doors to reflect that special knowledge is not requited exit (Attachment 1). Maintenance Director or Designial check to make sure code stickers are still on exterior doors to a week for 4 weeks and then on month thereafter (Attachment Any ongoing issues will be brought to morning IDT meeting and appropriate measures put place.	he re d d red gnee ors e a ce a 2).	DATE 05/01/2024

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AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155228		JILDING	instruction <u>01</u>	(X3) DATE S COMPL 04/30/	ETED	
NAME OF PROVIDER OR SUPPLIER WILLOWS OF RICHMOND			STREET ADDRESS, CITY, STATE, ZIP COD 2070 CHESTER BLVD RICHMOND, IN 47374					
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	ΓE	(X5) COMPLETION DATE	
K 0321 SS=E Bldg. 01	barrier having 1-h (with 3/4 hour fire automatic fire exti accordance with 8 approved automati option is used, the from other spaces partitions and doo Doors shall be sel automatic-closing nonrated or field-a do not exceed 48 the door. Describe the floor hazardous areas the REMARKS. 19.3.2.1, 19.3.5.9 Area Separation a. Boiler and Fuel b. Laundries (large c. Repair, Mainter d. Soiled Linen Ro gallons) e. Trash Collection (exceeding 64 gal f. Combustible Sto (over 50 square for g. Laboratories (if	are protected by a fire our fire resistance rating rated doors) or an inguishing system in 3.7.1 or 19.3.5.9. When the stic fire extinguishing system areas shall be separated by smoke resisting in accordance with 8.4. If-closing or and permitted to have applied protective plates that inches from the bottom of and zone locations of that are deficient in Automatic Sprinkler N/A Fired Heater Rooms er than 100 square feet) hance, and Paint Shops from the sooms (exceeding 64 in Rooms lons) orage Rooms/Spaces set) classified as Severe						
	failed to ensure 1 or such as storage room properly working so	on and interview, the facility f over 10 hazardous area doors, ms, were provided with elf-closing devices. This ould affect more than 2	K 03	321	It has and will continue to be the policy of this facility to that hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (w	o ng	05/01/2024	

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STATEMENT OF DEFICIENCIES		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONS		ONSTRUCTION	(X3) DATE SURVEY			
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER	A. BU	ILDING	01	COMPLETED			
		155228	B. WING			04/30/2024			
			1	STREET A	ADDRESS, CITY, STATE, ZIP COD	<u> </u>			
NAME OF P	ROVIDER OR SUPPLIEF	8			HESTER BLVD				
WILLOWS OF RICHMOND				RICHMOND, IN 47374					
(X4) ID	SUMMARY	SUMMARY STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)		
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE COMPLETIO	COMPLETION		
TAG		LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE		
	· ·	s staff and visitors in the			3/4 –hour fire rated doors) or	an			
	Business Office.				automatic fire extinguishing				
					system in accordance with 8.	71.			
	Findings include:					While there was a			
				potential that all residents, staff		aff			
	Based on an observation and interview during a			and visitors could have been					
	tour of the facility with the Maintenance Director			affected, there was no one directly					
	(MD) on 04/30/23 between 11:50 p.m. and 2:15			affected by this practice.					
	p.m., the Business Office, greater than 50 square			The Maintenance Director removed					
	feet contained a number of combustible items,		the excess cardboard boxes from						
		tic, and 15 cardboard boxes.		the business office (Attachment					
	The corridor door to this office door did not				3).				
	self-close and latch into the door frame.				The maintenance supervisor				
					designee will perform an offic				
	This finding was ac	- ·			storage audit 2 X per week fo				
	Maintenance Director at the time of discovery and			weeks, 1 X per week for 4 weeks					
	again at the exit conference with the Maintenance		and I X a month thereafter						
	Director present.			(Attachment 4).					
			Any ongoing issues will be						
	3.1-19(b)				addressed immediately and				
					discussed in the quarterly QA	4			
					meeting.				
			1						

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