STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155448	A. BUILDING **01, 02, 03** B. WING _____	R **04/13/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOWELL HEALTHCARE	**710 MICHIGAN ST** **LOWELL, IN 46356**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
{K 000}	INITIAL COMMENTS	{K 000}		

A Post-Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure conducted on 02/27/23 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a).

Survey Date: 04/13/23

Facility Number: 000361
Provider Number: 155448
AIM Number: 100266340

At this PSR survey, Lowell Healthcare was found in compliance with 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.

Building 01 was built as a two story building over a partial basement; Building 02 is a two story addition offset and connected to the original structure by a stairway prior to March 1, 2003. Building 03 is a dining room connected to Building 02. The facility refers to the levels as the first, second, third and fourth floors. The construction of Building 01 was determined to be of Type II (111) construction and was fully sprinklered. The construction type for the entire facility was V(111) and is fully sprinklered. The facility has a fire alarm system with hard wired smoke detection in the corridors and common areas. Resident rooms are provided with battery powered smoke detectors. The building is partially protected by a 230 kW diesel-powered generator. The facility has the capacity for 86 and had a census of 78 at

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155448	A. BUILDING **01, 02, 03** B. WING _____	R **04/13/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOWELL HEALTHCARE	**710 MICHIGAN ST** **LOWELL, IN 46356**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
{K 000}	Continued From page 1 the time of this survey. All areas accessible to residents and all areas providing facility services are sprinklered. Quality Review completed on 04/17/23	{K 000}		
{K 000}	INITIAL COMMENTS A Post-Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure conducted on 02/27/23 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a). Survey Date: 04/13/23 Facility Number: 000361 Provider Number: 155448 AIM Number: 100266340 At this PSR survey, Lowell Healthcare was found in compliance with 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. Building 01 was built as a two story building over a partial basement; Building 02 is a two story addition offset and connected to the original structure by a stairway prior to March 1, 2003. Building 03 is a dining room connected to Building 02. The facility refers to the levels as the first, second, third and fourth floors. The construction of Building 01 was determined to be of Type II (111) construction and was fully sprinklered. The construction type for the entire facility was V(111)	{K 000}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155448	A. BUILDING **01, 02, 03** B. WING _____	R **04/13/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOWELL HEALTHCARE	**710 MICHIGAN ST** **LOWELL, IN 46356**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
{K 000}	Continued From page 2 and is fully sprinklered. The facility has a fire alarm system with hard wired smoke detection in the corridors and common areas. Resident rooms are provided with battery powered smoke detectors. The building is partially protected by a 230 kW diesel-powered generator. The facility has the capacity for 86 and had a census of 78 at the time of this survey. All areas accessible to residents and all areas providing facility services are sprinklered. Quality Review completed on 04/17/23	{K 000}		
{K 000}	INITIAL COMMENTS A Post-Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure conducted on 02/27/23 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a). Survey Date: 04/13/23 Facility Number: 000361 Provider Number: 155448 AIM Number: 100266340 At this PSR survey, Lowell Healthcare was found in compliance with 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. Building 01 was built as a two story building over a partial basement; Building 02 is a two story addition offset and connected to the original	{K 000}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155448	A. BUILDING **01, 02, 03** B. WING _____	R **04/13/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOWELL HEALTHCARE	**710 MICHIGAN ST** **LOWELL, IN 46356**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
{K 000}	Continued From page 3 structure by a stairway prior to March 1, 2003. Building 03 is a dining room connected to Building 02. The facility refers to the levels as the first, second, third and fourth floors. The construction of Building 01 was determined to be of Type II (111) construction and was fully sprinklered. The construction type for the entire facility was V(111) and is fully sprinklered. The facility has a fire alarm system with hard wired smoke detection in the corridors and common areas. Resident rooms are provided with battery powered smoke detectors. The building is partially protected by a 230 kW diesel-powered generator. The facility has the capacity for 86 and had a census of 78 at the time of this survey. All areas accessible to residents and all areas providing facility services are sprinklered. Quality Review completed on 04/17/23	{K 000}		