

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155733	X2) MULTIPLE CONSTRUCTION A. BUILDING -- _____ B. WING _____	X3) DATE SURVEY COMPLETED 07/19/2022
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NAME OF PROVIDER OR SUPPLIER COLONIAL NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP COD 119 N INDIANA AVE CROWN POINT, IN 46307
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E 0000 Bldg. --	<p>An Emergency Preparedness Complaint Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73 which included a Complaint IN00385384 Survey.</p> <p>Complaint Number IN00385384 was substantiated. No deficiencies related to Emergency Preparedness were cited.</p> <p>Survey Date: 07/19/22</p> <p>Facility Number: 000360 Provider Number: 155733 AIM Number: 100290370</p> <p>At this Emergency Preparedness Complaint survey, Colonial Nursing Home 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 55 certified bed and a census of 33.</p> <p>Quality Review completed on 07/25/22</p>	E 0000	By submitting the enclosed material we are not admitting the truth or accuracy of any specific findings or allegations. We reserve the right to contest the findings or allegations as part of any proceedings and submit these responses pursuant to our regulatory obligations. Colonial Nursing and Rehab requests that the plan of correction be considered our allegation of compliance to the Life Safety survey conducted on July 19, 2022.	
K 0000 Bldg. 01	<p>An investigation of Complaint Number IN00385384 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a).</p> <p>Complaint Number IN00385384 was substantiated.</p>	K 0000	By submitting the enclosed material we are not admitting the truth or accuracy of any specific findings or allegations. We reserve the right to contest the findings or allegations as part of any proceedings and submit these	

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

TITLE

(X6) DATE

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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	<p>Federal/State deficiencies related to the allegation were cited K161 and K225.</p> <p>Survey Date: 07/19/22</p> <p>Facility Number: 000360 Provider Number: 155733 AIM Number: 100290370</p> <p>At this complaint investigation, Colonial Nursing Home was found not 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.</p> <p>Colonial Nursing Home is a two-story building with a basement of Type V (000) construction that was built at three different times. The original building was constructed in 1906 with additions constructed in 1986 and 1994. The building is fully sprinklered and there is supervised smoke detection located in some of the corridors, some spaces open to the corridors and in some resident rooms. Battery operated smoke detectors are located in some of the corridors, some spaces open to the corridors and in some resident rooms.</p> <p>The facility has 55 certified beds. All 55 beds are dually certified for Medicare and Medicaid. At the time of the survey, the census was 33.</p> <p>All areas where the residents have customary access and areas providing facility services were sprinklered.</p> <p>Quality Review completed on 07/25/22</p>		<p>responses pursuant to our regulatory obligations. Colonial Nursing and Rehab requests that the plan of correction be considered our allegation of compliance to the Life Safety survey conducted on July 19, 2022.</p>	

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K 0161 SS=F Bldg. 01	<p>NFPA 101 Building Construction Type and Height Building Construction Type and Height 2012 EXISTING Building construction type and stories meets Table 19.1.6.1, unless otherwise permitted by 19.1.6.2 through 19.1.6.7 19.1.6.4, 19.1.6.5</p> <p>Construction Type</p> <p>1 I (442), I (332), II (222) Any number of stories non-sprinklered and sprinklered</p> <p>2 II (111) One story non-sprinklered Maximum 3 stories sprinklered</p> <p>3 II (000) Not allowed non-sprinklered</p> <p>4 III (211) Maximum 2 stories sprinklered</p> <p>5 IV (2HH)</p> <p>6 V (111)</p> <p>7 III (200) Not allowed non-sprinklered</p> <p>8 V (000) Maximum 1 story sprinklered Sprinklered stories must be sprinklered throughout by an approved, supervised automatic system in accordance with section 9.7. (See 19.3.5) Give a brief description, in REMARKS, of the construction, the number of stories, including basements, floors on which patients are located, location of smoke or fire barriers and dates of approval. Complete sketch or attach</p>			

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	<p>small floor plan of the building as appropriate. Based on observation and interview, the facility was not an acceptable type of construction as required by NFPA 101 - 2012 edition, Sections 19.1.6.1, 4.5.8 and NFPA 220 - 2012 edition, Section 4.1, 4.1.1 and Table 4.1.1. This deficient practice could affect all residents.</p> <p>Findings include:</p> <p>Based on observation with the Administrator on 07/19/22 at 11:26 a.m., observation of the unprotected wood structure revealed that the type of construction of the building was Type V (000), and the building was two stories. Type V (000) is not an acceptable type of construction for a two-story existing healthcare building.</p> <p>This finding was confirmed by the Administrator at the time of discovery and reviewed at the exit conference with the Administrator at 11:40 a.m.</p> <p>This federal tag relates to complaint number IN00385384.</p> <p>3.1-19(b)</p>	K 0161	<p>K161 Building Construction Type and Height</p> <p><i>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</i></p> <p><i>An independent company, RTM, completed an FSES review in 2021 and determined all the Interstitial spaces of the basement levels and 2nd floor will require the installation of smoke and heat detectors. Once the smoke detection system is installed, it will give these zones a passing FSES score, including the stairwell. Installation has been delayed by plan review and SafeCare obtaining the necessary equipment to complete the smoke detection system.</i></p> <p><i>Based on FSES scoring, additional work will need to be done to upgrade the smoke detection system. Total Coverage smoke detection includes the installation of automatic smoke detection in all rooms, halls, storage areas, basements, attics, lofts, spaces above suspended ceilings, and other subdivisions and accessible spaces as well as the inside of all closets, elevator shafts, enclosed stairways, dumb waiter shafts and chutes (NFPA 72-2010 Section 17.5.3.1).</i></p> <p><i>The facility hired the company,</i></p>	02/15/2023

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			<p><i>SafeCare, to designate areas requiring additional smoke detection coverage. They will also upgrade the Fire Alarm System. SafeCare will submit the necessary paperwork to the Indiana State Department of Health and Homeland Security for the design release. There are no changes to NFPA 99 or the facility's essential electrical system. Based on information from the engineer, plan review will not be necessary, per Amy Kelley at Indiana State Department of Health (emails attached). SafeCare will install/replace the following items: a new fire panel, additional smoke and heat detectors, carbon monoxide detectors, strobes, pull stations and relay modules with a completion date of February 15, 2023. Once the install has been completed Life safety will be notified to give certification of completed engineer plans.</i></p> <p><i>A new FSES was conducted by RTM on June 29, 2022, completed paperwork included (attached in 6 parts totaling 28 pages. It includes narratives, diagrams, and calculations).</i></p> <p><i>SafeCare has attempted to order the necessary parts to complete the project but the parts are backordered. Colonial is attempting to get a list of the needed parts from SafeCare to</i></p>	

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			<p><i>see if the needed parts can be obtained from a different vendor. We have also contacted Koorsen Fire Co. to see if they would be able to complete the project sooner, which they were not able to do (response included). No definite start date can be given at this time. They estimated time to complete the project is 3-4 weeks. The project is estimated to start in October of 2022 pending the availability of parts. The facility is committed to the installation of the Complete Smoke Detection System described above to be performed by SafeCare. How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? Potentially all residents could be affected by the alleged deficiency. Administrator will review the FSES documentation and request FSES review annually as needed.</i></p> <p>Milestones Colonial nursing representative/designee will communicate with vendor Safe Care at minimum 2 times per month for updates and developments r/t pending project. Colonial Nursing representative/designee will report update of status to ISDH of pending project monthly by the 15th of each month and with each new development until project is</p>	

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K 0225 SS=E Bldg. 01	NFPA 101 Stairways and Smokeproof Enclosures Stairways and Smokeproof Enclosures Stairways and Smokeproof enclosures used as exits are in accordance with 7.2. 18.2.2.3, 18.2.2.4, 19.2.2.3, 19.2.2.4, 7.2 Based on observation and interview, the facility failed to provide and maintain exit stairs and exit stair enclosures in accordance with NFPA 101 - 2012 edition, Sections 19.2, 19.2.1, 19.2.2.3, 7.1.3.2, 7.1.3.2.1, 7.1.3.2.3, 7.1.10, 7.1.10.1, 7.2.2, 7.2.2.1, 7.2.2.1.1, 7.2.2.3.3, 7.2.2.3.3.1, 7.2.2.3.3.4, 7.2.2.2,	K 0225	complete. Reporting will be in writing by email and reference Survey ID. ISDH will be notified in writing by email when parts are received by Vendor to complete project. Notified when project begins and when project is complete. <i>What measures will be put into place or what systematic changes the facility will make to ensure the deficient practice does not recur?</i> <i>The Maintenance Director will be educated on the proper FSES paperwork for the Life Safety binder.</i> <i>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</i> <i>Proper FSES paperwork will be reviewed in QAPI meeting on at least a quarterly basis.</i> <i>By what date the systemic changes will be completed?</i> 2/15/23	02/15/2023
			K225 Stairways and Smokeproof Enclosures <i>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</i>	

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	<p>7.2.2.2.1, 7.2.2.2.1.1, 7.2.2.5.3, 7.2.2.5.3.1, 7.2.2.5.3.2, 7.7.3, 7.7.3.4, 7.2.2.3.6, 7.2.2.3.6.1, 7.2.2.3.6.2, 8.2 and Table 7.2.2.2.1.1 (b). This deficient practice could affect approximately 6 of the 33 residents.</p> <p>Findings include:</p> <p>Based on observations with the Administrator on 07/19/22 at 11:30 a.m., the following was discovered:</p> <p>a) the exit stair by room 201 was not enclosed in fire rated construction. The door to the stair did not have fire resistance rating.</p> <p>b) the stair by room 201 consisted of metal open grate walking surfaces. The landing and all of the stair treads were metal open grate where there was 1/4-inch piece of metal and a 1-inch gap between the 1/4-inch metal pieces. This building is a healthcare occupancy.</p> <p>c) the stair by room 201 continued down from the upper landing 24 risers to the bottom of the stair without an intermittent landing. The approximately 15-foot distance exceeded the allowable maximum 12-foot distance between landings.</p> <p>d) the stair by room 201 only had a 30-inch clear width and not the required minimum 36-inch clear width.</p> <p>The measurements from the 07/12/21 federal monitoring survey were used at this survey. The Administrator confirmed the measurements were accurate at the time of discovery and during the exit conference at 11:40 a.m.</p> <p>This federal tag relates to complaint number IN00385384.</p> <p>3.1-19(b)</p>		<p><i>Requesting compliance with alleged deficiency through the Life Safety Equivalency granted through the FSES once all required work in the FSES is complete and a passing score is achieved. These stairs would only be used in an emergency situation, i.e. fire evacuation and do reach the sidewalk downstairs for egress to outside the building. An independent company, RTM, completed an FSES review in 2021 and determined all the Interstitial spaces of the basement levels and 2nd floor will require the installation of smoke and heat detectors. Once the smoke detection system is installed, it will give these zones a passing FSES score, including the stairwell. Installation has been delayed by plan review and SafeCare obtaining the necessary equipment to complete the smoke detection system.</i></p> <p><i>Based on FSES scoring, additional work will need to be done to upgrade the smoke detection system. Total Coverage smoke detection includes the installation of automatic smoke detection in all rooms, halls, storage areas, basements, attics, lofts, spaces above suspended ceilings, and other subdivisions and accessible spaces as well as the inside of all closets, elevator shafts, enclosed stairways, dumb waiter shafts and</i></p>	

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			<p><i>chutes (NFPA 72-2010 Section 17.5.3.1).</i></p> <p><i>The facility hired the company, SafeCare, to designate areas requiring additional smoke detection coverage. They will also upgrade the Fire Alarm System. SafeCare will submit the necessary paperwork to the Indiana State Department of Health and Homeland Security for the design release. There are no changes to NFPA 99 or the facility's essential electrical system. Based on information from the engineer, plan review will not be necessary per Amy Kelley at Indiana State Department of Health (emails attached). SafeCare will install/replace the following items: a new fire panel, additional smoke and heat detectors, carbon monoxide detectors, strobes, pull stations and relay modules with a completion date of December 5, 2022. Once the install has been completed Life safety will be notified to give certification of completed engineer plans.</i></p> <p><i>A new FSES survey was conducted on 6/29/22 by RTM, completed paperwork included.</i></p> <p><i>SafeCare has attempted to order the necessary parts to complete the project but the parts are backordered. Colonial is</i></p>	

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			<p><i>attempting to get a list of the needed parts from SafeCare to see if the needed parts can be obtained from a different vendor. We have also contacted Koorsen Fire Co. to see if they would be able to complete the project sooner, which they could not (response included). No definite start date can be given at this time. They estimated time to complete the project is 3-4 weeks. The project is estimated to start in October of 2022 pending the availability of parts. The facility is committed to the installation of the Complete Smoke Detection System described above to be performed by SafeCare. This will give the building a passing score in the FSES.</i></p> <p>Milestones Colonial nursing representative/designee will communicate with vendor Safe Care at minimum 2 times per month for updates and developments r/t pending project. Colonial Nursing representative/designee will report update of status to ISDH of pending project monthly by the 15th of each month and with each new development until project is complete. Reporting will be in writing by email and reference Survey ID. ISDH will be notified in writing by email when parts are received by Vendor to complete project.</p>	

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			<p>Notified when project begins and when project is complete.</p> <p><i>How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</i></p> <p><i>Potentially 6 residents on the upper floor could be affected. The above remedies cover all potential stairways and smokeproof enclosures.</i></p> <p><i>What measures will be put into place or what systematic changes the facility will make to ensure the deficient practice does not recur?</i></p> <p><i>The Maintenance Director will be educated on the proper FSES paperwork for the Life Safety binder.</i></p> <p><i>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</i></p> <p><i>Proper FSES paperwork will be reviewed in QAPI meeting on at least a quarterly basis.</i></p> <p><i>By what date the systemic changes will be completed?</i></p> <p>2/15/23</p>	