STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155689	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED 07/02/2012
NAME OF PROVIDER OR SUPPLIER COURTYARD HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 2400 COLLEGE AVE GOSHEN, IN 46526	

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED 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
K0000	A Post Survey Revisit to the Life Safety Code Recertification and State Licensure Survey conducted on 05/01/12 and 05/02/12 and a Quality Assurance Walk-thru Survey were conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 07/02/12 Facility Number: 000091 Provider Number: 155689 AIM Number: 100290080 Surveyor: Robert Booher, Life Safety Code Specialist At this PSR survey, Courtyard Healthcare Center was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC) and 410 IAC 16.2. The original section of the building consisting of the A Wing, B Wing, the C wing and the main dining room was surveyed with Chapter 19, Existing Health Care Occupancies. This one story facility was determined to	K0000	Please accept this Plan of Correction as our facility's Credible Allegation of Compliance for our Revisit Recertification Life Safety Code Survey conducted on 7/2/2012. Submission of this Plan of Correction is not an admission by Courtyard Healthcare Center that the deficiency alleged in the survey is accurate or that it depicts the level of safety and security provided to the residents of our facility. This Plan of Correction is being submitted solely because doing so is required by State and Federal law.	

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

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days 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 disclosable 14 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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	be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, areas open to the corridors and in all the resident rooms. The facility has a capacity of 188 and had a census of 151 at the time of this survey. The facility was found in compliance with state law in regard to sprinkler coverage and smoke detector coverage. There were no buildings outside the facility where residents have customary access, however, two garage sized storage sheds used for storage by the facility were not sprinklered. Quality Review by Dennis Austill, Life Safety Code Supervisor on 07/05/12. The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following: A Post Survey Revisit to the Life Safety Code Recertification and State Licensure Survey conducted on 05/01/12 and 05/02/12 and a Quality Assurance Walk-thru Survey were conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).			

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	Survey Date: 07/02/12 Facility Number: 000091 Provider Number: 155689 AIM Number: 100290080 Surveyor: Robert Booher, Life Safety Code Specialist At this PSR survey, Courtyard Healthcare Center was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC) and 410 IAC 16.2. The original section of the building consisting of the A Wing, B Wing, the C wing and the main dining room was surveyed with Chapter 19, Existing Health Care Occupancies. This one story facility was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, areas open to the corridors and in all the resident rooms. The facility has a capacity of 188 and had a census of 151 at the time of this survey. The facility was found in compliance with state law in regard to sprinkler coverage			

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	and smoke detector coverage. There were no buildings outside the facility where residents have customary access, however, two garage sized storage sheds used for storage by the facility were not sprinklered. Quality Review by Dennis Austill, Life Safety Code Supervisor on 07/05/12. The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155689	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED 07/02/2012
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K0029 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 1. Based on observation and interview, the facility failed to ensure 1 of 1 roll down doors at an opening in the walls of the kitchen, a hazardous area, would self close upon activation of the fire alarm system. This deficient practice could affect all residents in the main hall dining room. Findings include: Based on observation with the Administrator in Training and the Director of Maintenance on 05/02/12 at 11:50 a.m., the main dining room was open to the corridor and met the requirements for a space to be allowed to be open to the corridor. The wall around the dining room is therefore, considered to be the corridor wall. There was a pass through opening in the corridor wall between the dining room and the kitchen.	K0029	**K029 NFPA LIFE SAFETY CODE STANDARD** Facility will continue to ensure that an automatic fire extinguishing system protects hazardous areas by separating hazardous areas by the use of smoke resisting partitions and doors. **Corrective Actions:** The facility has connected the rolling fire door in the opening of the kitchen wall to the fire alarm system so it will close upon activation of the fire alarm system. The dish machine room corridor door has been equipped with positive latching and panic hardware to allow access in and out of the dishroom. **How Others Identified:** All residents have the potential to be affected by this alleged deficient practice. **Preventative Measures:** Inspection of the rolling door will be conducted at least annually by the facility's contracted fire alarm system inspection vendor. **Monitoring:** Fire Drill form has	07/10/2012

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	155689		07/02/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COURTYARD HEALTHCARE CENTER	2400 COLLEGE AVE GOSHEN, IN 46526

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	The opening was protected with a rolling fire door with a fusible link. Based on interview with Director of Maintenance Director at the time of observation, the rolling fire door does not close upon activation of the fire alarm. This deficiency was cited on 05/02/12. The facility failed to implement a systemic plan of correction to prevent recurrence. 3.1-19(b) 2. Based on observation and interview, the facility failed to ensure 1 of 1 dish machine room corridor doors on the service hall closed and latched into the door frame. This deficient practice was in the service hall and could affect mainly staff. Findings include: Based on observation with the Administrator in Training and the Director of Maintenance on 05/02/12 at 1:20 p.m., the corridor door to the dish machine room in the service hall lacked latching hardware and did not latch into the door frame. The dish machine room was open to the rest of the kitchen. This was acknowledged by the Director of Maintenance observation.		been amended to include visual verification that the roll down door closed upon activation of the fire system. The monthly Fire Drill Reports will be forwarded to the facility's Safety and Performance Improvement Committee for review for the next six months. **Date of Completion: June 10, 2012**	

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	This deficiency was cited on 05/02/12. The facility failed to implement a systemic plan of correction to prevent recurrence. 3.1-19(b)			

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	fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, areas open to the corridors and in the resident rooms. The facility has a capacity of 188 and had a census of 151 at the time of this survey. Quality Review by Dennis Austill, Life Safety Code Supervisor on 07/05/12.			