

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155637	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 01/20/2023
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NAME OF PROVIDER OR SUPPLIER CROWN POINT CHRISTIAN VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 6685 EAST 117TH AVENUE CROWN POINT, IN 46307
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K 0000 Bldg. 01	<p>A Life Safety Code and Preoccupancy Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a).</p> <p>Facility Renovation: Phase 4 of a multiphase project. Removal of the old HVAC system and installation of new VRF HVAC systems in the resident rooms. Replacement of corridor ceiling and lighting. Repairs to walls and ceilings due to removal of the old HVAC system components. Rooms 106-133b coming back online. No changes to bed inventory or, substantially, the floorplan. Installation of a 500kW diesel-powered generator, 1200A automatic transfer switch, and distribution equipment to provide an NFPA 99-2012 Type 2 essential electrical system. The generator is intended to also provide equipment branch power to the comprehensive care facility HVAC systems.</p> <p>Survey Date: 01/20/23</p> <p>Facility Number: 001198 Provider Number: 155637 AIM Number: 100471000</p> <p>At this Life Safety Code and Preoccupancy Survey, Crown Point Christian Village 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>This facility was located on the west side of the</p>	K 0000	Please consider this plan of correction as Crown Point Christian Village's credible plan of correction. This plan of correction constitutes a written allegation of substantial compliance under Federal and Medicare requirements. Submission of this plan of correction is not an admission that a deficiency exists or that the community agrees they were cited correctly. This plan of correction reflects a desire to continuously enhance the quality of care and services provided to our residents solely as a requirement of the provision of the Federal and State Law. Please accept this evidence in lieu of an onsite post survey re-visit for recertification and state licensure survey event ID MK3N21.	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Krista Garrison	Administrator	02/02/2023

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 disclosable 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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K 0353 SS=E Bldg. 01	<p>first floor and the entire lower level of a two story building. The facility was determined to be of Type II (111) construction and was fully sprinklered. The Healthcare Occupancy includes the atrium area of the second floor as it not separated by a two-hour barrier. No residents use the second floor. The facility has a fire alarm system with hard wired smoke detection in the corridors, in spaces open to the corridors and hard wired single-station detectors in resident rooms. The facility is certified for 145 beds. At the time of the survey, the census was 95.</p> <p>All areas where the residents have customary access were sprinklered. The detached wastewater treatment plant, fire system pump house and equipment storage garages were unsprinklered.</p> <p>Quality Review completed on 01/25/23</p> <p>NFPA 101 Sprinkler System - Maintenance and Testing Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available.</p> <p>a) Date sprinkler system last checked _____</p> <p>b) Who provided system test _____</p> <p>c) Water system supply source _____</p> <p>Provide in REMARKS information on coverage for any non-required or partial</p>			

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K 0511 SS=D Bldg. 01	<p>automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25</p> <p>Based on observation and interview, the facility failed to maintain the ceiling construction in 1 of 6 smoke compartments. The ceiling traps hot air and gases around the sprinkler and cause the sprinkler to operate at a specified temperature. NFPA 13, 2010 edition, 8.5.4.1.1 states the distance between the sprinkler deflector and the ceiling above shall be selected based on the type of sprinkler and the type of construction. This deficient practice could affect 20 residents in one smoke compartment.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Assistant on 01//20 at 11:50 a.m., in the 100 hall there were five one foot by one foot drywall ceiling tiles missing near room 108. This condition could delay the activation of the sprinklers installed in ceiling. Based on interview at the time of observation, the Maintenance Assistant agreed ceiling tiles were missing from the ceiling and would delay activation of the sprinkler system.</p> <p>Findings were discussed with the Maintenance Assistant at exit conference.</p> <p>3.1-19(b)</p> <p>NFPA 101 Utilities - Gas and Electric Utilities - Gas and Electric Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life.</p>	K 0353	No residents were found to be affected by this alleged deficient practice. On January 23, 2023, five ceiling tiles were replaced by the maintenance department, along with inspection of the area being observed. The maintenance department will continue to conduct routine audits of all areas utilizing ceiling tiles one a week, ongoing. These audits will be brought the the quality assurance team for further review and recommendations.	01/23/2023
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K 9999 Bldg. 01	<p>18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 ground fault circuit interrupter (GFCI) was properly maintained for protection against electric shock. NFPA 70, NEC 2011 Edition at 210.8 Ground-Fault Circuit-Interrupter Protection for Personnel, states, ground-fault circuit-interruption for personnel shall be provided as required in 210.8. This deficient practice could affect 4 residents in rooms 124 and 125.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Assistant on 01/20/23 at 11:30 a.m., when the GFCI electric receptacle in the restroom of rooms 124 and 125 were tested with a GFCI tester the GFCI receptacles failed to trip and did not break the electrical circuit. Based on interview at the time of observation, the Maintenance Assistant agreed the GFCI electric receptacle did not properly work when tested.</p> <p>The finding was reviewed with the Maintenance Assistant during the exit conference.</p> <p>3.1-19(b)</p>	K 0511	<p>No residents were found to have been affected by this alleged deficient practice. On January 24, 2023, EMCOR Hyre Electric replaced two GFCI receptacles. the receptacle in room 124 and in room 125 were replaced, tested, and passed. Attached is receipt with pictures.</p> <p>The maintenance department will conduct routine testing of all receptacles in patient areas, ongoing. Any concerns will be brought to the quality assurance team for further review and recommendations.</p>	01/24/2023
	<p>3.1-19(a) The facility must be designed, constructed, equipped, and maintained to protect the health and safety of residents, personnel, and the public.</p> <p>3.1-19(k)(7) Except in private rooms, each bed must have ceiling suspended cubicle curtains or screens of flameproof or flame-retardant material, which extend around the bed to provide total</p>	K 9999	<p>No residents were found to be affected by this alleged deficient practice. On January 23, 2024, maintenance department installed privacy curtains throughout rooms 106 through 133. Photos attached. On January 23, 2023, maintenance department also</p>	01/23/2023

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	<p>visual privacy, in combination with adjacent walls and curtains.</p> <p>3.1-19(u)(1) The nurses' station must be equipped to receive resident calls through a communication system from the resident rooms.</p> <p>This State Rule has not been met as evidenced by:</p> <p>1. Based on observation and interview, the facility failed to provide privacy curtains in 17 of 17 resident sleeping rooms containing at least 2 residents. This deficient practice could affect 23 residents.</p> <p>Findings include:</p> <p>Based on observations with the Maintenance Assistant on 01/20/23 between 11:20 a.m. and 11:55 a.m., resident sleeping rooms 106-133 were not equipped with privacy curtains. Based on interview at the time of the observations, the Maintenance Assistant stated the privacy curtains can be installed at any time and would start the process.</p> <p>2. Based on observation and interview, the facility failed to provide access for nurse call lights in 16 of 17 resident sleeping rooms. This deficient practice could affect 22 residents.</p> <p>Findings include:</p> <p>Based on observations with the Maintenance Assistant on 01/20/23 between 11:17 a.m. and 11:55 a.m., resident sleeping rooms 106-133 did not have call buttons installed for the resident rooms. Based on interview at the time of observation, the Maintenance Assistant stated the call lights can be installed at any time and would start the process.</p>		<p>installed all call lights from rooms 106 to 133. Photos attached. Maintenance department conducts monthly testing of the nurse call system, ongoing. All patient care areas and restrooms included. Attached reports are included. Maintenance and housekeeping perform weekly audits of room privacy curtains to ensure all residents rooms maintain functioning privacy curtains. Any concerns will be brought to the quality assurance team for further review and recommendations.</p>	

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

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	The findings were reviewed with the Maintenance Assistant during the exit conference. 3.1-19(a)				