STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155637	A. BUILDING **01** B. WING _____	**07/28/2022**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CROWN POINT CHRISTIAN VILLAGE	**6685 EAST 117TH AVENUE** **CROWN POINT, IN 46307**

(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 A Life Safety Code and Preoccupancy Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a). Facility Renovation: Phase 3 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 263-278 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. Survey Date: 07/28/2022 Facility Number: 001198 Provider Number: 155637 AIM Number: 100471000 At this Life Safety Code and Preoccupancy Survey, Crown Point Christian Village 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. This facility was located on the west side of the first floor and the entire lower level of a two story	K 000		

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
	155637	A. BUILDING **01** B. WING _____	**07/28/2022**

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K 000	Continued From page 1 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 82. All areas where the residents have customary access were sprinklered. The detached waste water treatment plant, fire system pump house and equipment storage garages were unsprinklered. Quality Review completed on 07/29/22	K 000		