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 07/17/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHICAGOLAND CHRISTIAN VILLAGE	6685 E 117TH AVE CROWN POINT, IN 46307

(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 (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 05/17/12 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: 07/17/12 Facility Number: 001198 Provider Number: 155637 AIM Number: 100471000 Surveyor: Bridget Brown, Life Safety Code Specialist At this PSR survey, Chicagoland Christian Village 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), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.	K0000	K0000LONG TERM CARE DIVISION INDIANA STATE DEPARTMENT OF HEALTHPreparation and execution of this response and the plan of Correction does not constitue an admission agreement by the Provider of the truth of the facts allege or conclusions set forth in the statement of deficiencies.The plan of correction is prepared and/or executed solely because it is Required by the provisions of Federal and State Law. For the purposes of any allegation that the facility is not in substantial compliance with Federal requirements of participation, this response and plan of correction constitutes the facility's allegation of compliance in accordance with the State Operations Manual.	

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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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHICAGOLAND CHRISTIAN VILLAGE	6685 E 117TH AVE CROWN POINT, IN 46307

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	This facility was located on the west side of the first floor and the entire lower level of a two story building. The facility surveyed as two separate buildings due to the addition of 8 beds in 2005. Building 1 was built prior to March 1, 2003, therefore it was surveyed in accordance with LSC Chapter 19. Building 3 was determined to be of Type II (111) construction, fully sprinklered, and consisted of 8 additional rooms (251-258) on the first floor surveyed in accordance with LSC Chapter 18. The facility was determined to be of Type II (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors and hard wired, single station smoke detectors in resident rooms. The facility has the capacity for 144 and had a census of 129 at the time of this survey. The facility was found not in compliance with state law in regard to sprinkler coverage, however, it was in compliance with state law in regard to smoke			

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	detector coverage. All areas where the residents have customary access were sprinklered with the exceptions noted in K-56, and all areas providing facility services were sprinklered. The facility had detached buildings providing facility services including a sprinkler system pump house and wastewater treatment plant operations building which were not sprinklered. Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 07/25/12. The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:			

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K0056 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5 Based on observation and interview, the facility failed to provide complete sprinkler coverage for 2 of 4 lower level smoke compartments in a two story building of Type II (111) construction. LSC 19.1.6.2 requires two story facilities of Type II (111) construction be provided with complete sprinkler protection. This deficient practice affects residents, staff, and 54 residents on the lower level. Findings include: Based on observation with maintenance assistant # 1 on 07/17/12 between 11:30 a.m. and 1:15 p.m., sprinkler protection	K0056	K Tag 056 - E 1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice. a. No residents or visitors harmed by this practice. 2. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken: a. All residents and staff on Eden unit have the potential to be affected. b. Maintenance supervisor will contact commercial fire sprinkler companies by 7-31-12 and arrange for installation or replacement to direct the sprinkler into center shower alcoves of Garden Spa and Angel Spa with work completed by 8-16-12 3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice	08/16/2012

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	was not provided for the center shower alcoves in the Garden Spa and Angel Spa shower rooms on the lower level. Maintenance assistant # 1 acknowledged at the time of observation, these areas were not protected by the other sprinklers in the rooms. 3.1-19(b) 3.1-19(ff)		does not recur: a. Installation or replacement to direct into center shower alcoves of Garden Spa and Angel Spa will insure that deficient practice will not recur. 4. 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. a. Proper relocation of sprinkler heads in center alcoves of Garden Spa and Angel Spa will assure that residents and staff will not be affected by deficient practice. b. The installation/replacement will be completed by 8-16-12 This will be discussed at the quality Assurance Committee. The Quality Assurance Committee will ask question as they feel appropriate	