STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	07/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FORT HARRISON ALF OPERATIONS	8025 DOUBLEDAY DRIVE, INDIANAPOLIS, , 46216

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES...	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION...	(X5) COMPLETION DATE
R 0000	INITIAL COMMENTS This visit was for the Investigation of Complaint IN00462192. Complaint IN00462192 - State deficiencies related to the allegation(s) are cited at R0148. Survey Date: July 7, 2025 Facility Number: 014109 Residential Census: 51 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed on July 8, 2025.	R 0000		
R 0148	Sanitation and Safety Standards - Deficiency 410 IAC 16.2-5-1.5(e)(1-4) (e) The facility shall maintain buildings, grounds, and equipment in a clean condition, in good repair, and free of hazards that may	R 0148	**1. Corrective Action Taken for Residents Found to Have Been Affected** • As of July 8, 2025, the	07/30/2025

adversely affect the health and welfare of the residents or the public as follows:

(1) Each facility shall establish and implement a written program for maintenance to ensure the continued upkeep of the facility.

(2) The electrical system, including appliances, cords, switches, alternate power sources, fire alarm and detection systems, shall be maintained to guarantee safe functioning and compliance with state electrical codes.

(3) All plumbing shall function properly and comply with state plumbing codes.

(4) At least yearly, heating and ventilating systems shall be inspected.

Based on observation, interview, and record review, the facility failed to ensure the fire alarm and detection system was maintained in a properly functioning manner with the potential to affect 51 of 51 residents in the facility.

Findings include:

An interview was conducted with the ED (Executive Director) and Maintenance Director on 7/7/25 at 11:35 a.m. The ED indicated there was a leak from one of the third floor water furnaces, about a week ago. Water leaked downward into the second floor, which triggered

faulty smoke detector in the second-floor center mechanical room has been replaced in its entirety, including the base and wiring, by a certified fire alarm technician.

- The smoke detector located near the kitchen area (zone 12), where dripping insulation was noted, was also immediately replaced.
- All smoke detectors and fire alarm components throughout the facility were inspected and tested by the fire alarm system provider on July 9, 2025. All necessary repairs were completed, and a full system reset was performed.
- A full fire drill was conducted on July 10, 2025 to ensure proper functioning of alarms and door closures and to train staff on evacuation procedures in real-time. Documentation of the drill is available.
- The Community separated with the

	the fire alarm, and caused all of the fire doors to close. They called their fire alarm system provider to come and fix it. They came the following day. The Maintenance Director indicated the smoke detector on the second floor was faulty, because water had leaked into it. Normally, if the fire alarm went off, he could reset it at the panel, but he couldn't reset it that time, so a technician had to come out. A tour of the facility was conducted with the Maintenance Director on 7/7/25 at 11:54 a.m. An observation of the second floor center mechanical room smoke alarm was conducted. The base of the alarm was affixed to the ceiling with wires hanging out of it and had no cap. The third floor water heater located above the second floor center mechanical room was observed. The water heater had drip remnants around the incoming pipe area, and the floor around the heater had remnants of water damage. The first floor closet area, just outside of the kitchen, had wet insulation hanging out of the ceiling, that dripped water into a trash can. The smoke alarm next to the hanging, dripping insulation was affixed to the ceiling with wires hanging out of it and no cap. The Maintenance Director put the fire panel in test mode to test the alarm. The		Maintenance Director on July 21, 2025. The Community is currently hiring a new Maintenance Director expected to begin by August 1, 2025. **2. Measures/Steps Taken or Will Be Taken to Ensure the Deficient Practice Does Not Recur** • **Fire Alarm System Monitoring and Oversight:** • The Executive Director (ED) and Maintenance Director will jointly review all service provider reports at the time of service. Any noted deficiencies or recommendations will be documented, acknowledged with initials, and followed up within 72 hours.	

alarm sounded throughout the building, but the alarm by the hanging, dripping insulation did not work.

An interview was conducted with the ED on 7/7/25 at 12:39 p.m. She indicated they were working on the air conditioning system. The insulation in the ceiling was filled with water, so it was currently leaking.

The 6/24/25 fire alarm system provider report was provided by the ED on 7/7/25 at 12:45 p.m. It indicated there was a fire alarm deficiency found. They arrived to the fire panel that indicated an alarm. They placed the system on and off of test mode. They were shown to the area of the smoke detector that got wet. The smoke detector was located in the second floor center mechanical room. They wired through the device and cleared the alarm off the wire. They could not get the panel to reset, so they removed the batteries, power cycled the panel, and plugged the batteries back in. The fire doors now worked. They needed to quote the replacement of the smoke detector. At completion, there were deficiencies present. It indicated this report was reviewed with the Maintenance Director.

An interview was conducted with the Maintenance Director

- A log will be maintained by the Maintenance Director to track all recommendations, completion dates, and follow-up actions.

- **Vendor Coordination Protocol:**

  - A checklist will be used during each fire alarm system service to verify completion of all required repairs before the vendor departs.
  - Any device "wired through" temporarily must be formally documented with an immediate replacement schedule not to exceed 72 hours.

- **Monthly Fire Drills:**

  - Monthly

	and ED on 7/7/25 at 2:14 p.m. The Maintenance Director indicated they were under the impression that the fire alarm system was fixed and working, when the technician left on 6/24/25. He did not review the above 6/24/25 fire alarm system provider report, and was unaware of the recommendation to replace the second floor center mechanical room smoke detector. The ED indicated the technician told her everything was good, and she did not read the recommendation on the report either. A telephone interview was conducted with the Field Supervisor of the facility's fire alarm system provider on 7/7/25 at 2:34 p.m. He indicated when their technician came to the facility on 6/24/25, he wired through the second floor center mechanical room smoke detector. Everything was functioning when he left, except that particular smoke detector that the technician wired through to clear the alarm. They never replaced the alarm, but they recommended it be replaced by them for testing purposes afterwards. The entire base of the smoke detector needed replaced, because when they got wet, they corroded, and caused problems down the road. Currently, the facility was having fire alarm system issues with zone 12, the		fire drills will be reinstated and tracked via a master calendar. • Missed drills will be rescheduled within the same month. • The ED will review fire drill reports during monthly all-staff meetings and ensure any system issues or evacuation concerns are addressed. • **Preventive Maintenance Policy:** • The facility's preventive maintenance plan will be updated by August 5, 2025 to include quarterly testing of all smoke detectors and documentation of inspection results. • Ceiling/insulation areas showing signs of water damage will be prioritized for repair within 72 hours of	

kitchen area (area with hanging, dripping insulation from the ceiling with a nearby smoke detector with wires hanging and no cap).

On 7/7/25 at 2:05 p.m., the ED provided the fire drill logs from April 10, 2025 to present. They included drills for 4/30/25 and 5/6/25 only. They indicated all fire equipment was functional and visible/audio devices were checked. There were no drills conducted after 5/6/25 or after the facility's fire alarm system provider's technician left on 6/24/25.

An interview was conducted with the Maintenance Director on 7/7/25 at 2:14 p.m. He indicated he missed the June, 2025 fire drill.

The Fire Drills policy was provided by the ED on 7/7/25 at 2:45 p.m. It indicated "Fire Drills must be executed on a monthly basis or as per state regulation...A designated associate must complete a Fire Drill Report after the fire drill is finished....Recommendations for improvement are shared by the ED during associate meetings."

This citation relates to Complaint IN00462192.

Based on observation, interview, and record review, the facility failed to ensure the fire alarm and detection system was

identification to prevent recurring damage to fire system components.

3. Monitoring to Ensure Sustained Compliance

- The ED will conduct a **weekly walk-through** with the Maintenance Director for the next 90 days, inspecting all fire system components and verifying no visible damage, missing parts, or hanging wires. This walk through will be documented.
- Compliance will be reviewed during monthly staff meetings, and findings will be included in the discussions for at least 3 months.

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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting provided it is determined that other safeguards provide sufficient protection to the patients. (See instructions.)

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