PRINTED: 11/10/2022 FORM APPROVED OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLI A. BUILDING	E CONSTRUCTION  G	(X3) DATE SURVEY COMPLETED	
		154052	B. WING		10/19/2022	
NAME OF P	PROVIDER OR SUPPLIER			EET ADDRESS, CITY, STATE, ZIP C WALL ST	COD	
PORTER	-STARKE SERVIC	ES INC	VAL	PARAISO, IN 46383		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE  (EACH DEFICIENCY MUST BE PRECEDED BY FULL  REGULATORY OR LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE / DEFICIENCY)	HOULD BE COMPLETION	
E 0000	REGULATORT OF	CESC IDENTIFY FING INFORMATION	TAG		DATE	
Bldg	An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 482.15.  Survey Dates: 10/18-19/22  Facility Number: 005585 Provider Number: 154052 AIM Number: N/A  At this Emergency Preparedness survey, Porter Starke Services, Inc., was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 482.15  The facility has 16 certified beds. At the time of the survey, the census was 2.		E 0000			
	Quality Review con	mpleted on 10/21/22				
K 0000						
Bldg. 01	A Life Safety Code Recertification Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 482.41(b).  Survey Dates: 10/18-19/22  Facility Number: 005585 Provider Number: 154052 AIM Number: N/A  At this Life Safety Code Survey, Porter-Starke Services, Inc. was found not in compliance with		K 0000			
	Services, Inc. was f Requirements for Pa					

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

Andrew Nielsen Chief Financial Officer 11/04/2022

Any defiency statement ending with an asterisk (\*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclo 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.

FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: D7O221 Facility ID: 005585 If continuation sheet Page 1 of 7

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

PRINTED: 11/10/2022 FORM APPROVED OMB NO. 0938-039

AND PLAN OF CORRECTION IDENTIFICATION NUMBER  154052		ľ	JILDING	01	COMPL 10/19/	ETED			
NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP COD 701 WALL ST					
PORTER	S-STARKE SERVICE	ES INC		VALPAF	RAISO, IN 46383				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE  (EACH DEFICIENCY MUST BE PRECEDED BY FULL  REGULATORY OR LSC IDENTIFYING INFORMATION			ID PROVIDERS PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		ΓE	(X5) COMPLETION DATE		
	Life Safety from Fir National Fire Protec Life Safety Code (L Health Care Occupa edition of the Nation (NFPA) 99, Health ( Building 01, a two s to be of Type II (11) sprinklered. The in-	A 42 CFR Subpart 482.41(b), re, the 2012 edition of the etion Association (NFPA) 101, re, Chapter 19, Existing ancies, as well at the 2012 and Fire Protection Association Care Facilities Code.							
	Wall with a 2-Hour the entire facility wa existing health care fire alarm system with corridors and spaces building is protected generator providing facility has a capacit at the time of this su								
	Quality Review com	ipieted on 10/21/22							
K 0161 Bldg. 01	Building Construct 2012 EXISTING Building constructi	tion Type and Height tion Type and Height tion type and stories meets less otherwise permitted by 9.1.6.7							
	Construct 1 I (442), I of stories sprinklered 2 II (111)	tion Type (332), II (222) Any number non-sprinklered and One story							

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

D7O221

Facility ID: 005585

If continuation sheet

Page 2 of 7

PRINTED: 11/10/2022 FORM APPROVED OMB NO. 0938-039

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 154052		(X2) MULTIPLE CO A. BUILDING B. WING	onstruction 01	(X3) DATE SURVEY  COMPLETED  10/19/2022			
NAME OF PROVIDER OR SUPPLIER PORTER-STARKE SERVICES INC			STREET ADDRESS, CITY, STATE, ZIP COD 701 WALL ST VALPARAISO, IN 46383				
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE		
	non-sprinklered sprinklered	Maximum 3 stories					
	3 II (000) non-sprinklered 4 III (211) sprinklered 5 IV (2HH) 6 V (111)	Not allowed  Maximum 2 stories					
	throughout by an automatic system 9.7. (See 19.3.5) Give a brief descr construction, the responsibility of the facility of the facility from Facilities Director, boiler room had a Futhree inch in diame second floor of the time of observation of the facility from Facilities Director, boiler room had a Futhree inch in diame second floor of the time of observation automatically from Facilities Director, boiler room had a Futhree inch in diame second floor of the time of observation.	Maximum 1 story  s must be sprinklered approved, supervised in accordance with section iption, in REMARKS, of the number of stories, including on which patients are of smoke or fire barriers and Complete sketch or attach the building as appropriate. On and interview, the facility he building construction type deficient practice could affect in the facility.  The one of 10/18/2022 during a tour 12:45 p.m. to 1:50 p.m. with the the concrete ceiling in the EVC pipe penetrating through a ter hole leading up to the facility. Based on interview at tion, the Facilities Director in open vertical penetration	K 0161	The deficiency was corrected 10/25/2022 by injecting Firest caulking into the gap/hole. The hole is completely filled as of 10/25/2022 and it is not anticipated that there will be a need for any further action. To deficiency will be prevented for recurring in the future by regul weekly inspection of the ceilin any further gaps or holes are discovered, they will be caulked re-caulked with Firestop-grade caulk. The Facilities Director, Steven Ochoa, was responsib	his om lar g. If		

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

D7O221 Facility ID: 005585

If continuation sheet Page 3 of 7

PRINTED: 11/10/2022 FORM APPROVED OMB NO. 0938-039

STATEMENT OF DEFICIENCIES		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
		IDENTIFICATION NUMBER 154052		A. BUILDING 01  B. WING			
		104002					
NAME OF PROVIDER OR SUPPLIER PORTER-STARKE SERVICES INC			STREET ADDRESS, CITY, STATE, ZIP COD 701 WALL ST VALPARAISO, IN 46383				
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIE			ID			(X5)
PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION through the concrete ceiling, and he would get the hole filled in as soon as possible.			PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
TAG				TAG	DEFICIENCY)		DATE
					correcting the deficiency and will be responsible for preventing a future recurrence of this		
	This finding was reviewed with the Facilities Director at the exit conference.				deficiency.		
K 0355	NFPA 101						
Portable Fire Extinguishers Portable Fire Extinguishers Portable fire extinguishers are selected, installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers. 18.3.5.12, 19.3.5.12, NFPA 10		nguishers guishers are selected, d, and maintained in NFPA 10, Standard for nguishers. 12, NFPA 10					
	1. Based on observation and interview, the facility failed to ensure 1 of 1 portable fire extinguishers in the dosing room were installed in accordance with NFPA 10, Standard for Portable Fire Extinguishers, 2010 Edition. Section 6.1.3.4 states portable fire extinguishers other than wheeled extinguishers shall be installed using any of the following means. (1) Securely on a hanger intended for the extinguishers. (2) In the bracket supplied by the extinguisher manufacture. (3) In a listed bracket approved for such purpose. (3) In a cabinet or wall recess. This deficient practice could affect staff in the dosing room.  Findings include:  Based on observations during a tour of the facility with the Facilities Director on 10/18/22 at 1:35 p.m. the ABC portable fire extinguisher located in the dosing room was sitting on the floor. Based on interview at the time of observation, the Facilities Director agreed the extinguisher was sitting on the floor and not mounted.  This finding was reviewed with the Facilities Director at the exit conference.		K 0.	355	For the fire extinguisher that we found in the dosing room and sitting on the floor, it was mou on a hanger intended for that model on 10/25/2022. The fire safety inspection company the Porter-Starke Services, Inc. us Allegiant Fire Protection, was notified of the deficiency and winspect for fire extinguisher placement during their annual inspections. In addition, the Porter-Starke maintenance department will add the review fire inspection location to their monthly inspection checklists. These two procedures should prevent a recurrence of this deficiency in the future. The individual responsible for correcting the deficiency and for preventing its recurrence is the Facilities Director, Steven Oct	e e ses, will v of cree noa.	11/08/2022

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

D7O221 Facility ID: 005585

If continuation sheet Page 4 of 7

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

PRINTED: 11/10/2022 FORM APPROVED OMB NO. 0938-039

NAME OF PROVIDER OR SUPPLIER  PORTER-STARKE SERVICES INC  (X4) ID SUMMARY STATEMENT OF DEFICIENCIE TAG  REGULATORY OR I.SC IDENTIFYING INFORMATION  2. Based on observation and interview, the facility failed to ensure all portable fire extinguishers were given maintenance at periods not more than one year apart. NFPA 10, the Standard for Portable Fire Extinguishers, all Section 73.1.1.1 requires that fire extinguishers shall be subjected to maintenance at intervals of not more than one autimatemance at intervals of not more than 1 year, at the time of hydrostatic test, or when specifically indicated by an inspection or electronic notification. Section 3.3.15 defines extinguisher maintenance as a thorough examination of the fire extinguisher that is intended to give maximum assurance that a fire extinguisher that is intended to give maximum assurance that after extinguisher than all may repair or replacement is necessary, and if hydrostatic testing or internal maintenance is required. Section 7.3.3 states cach fire extinguisher shall have a tag or label securely attached that indicates the month and year the maintenance was performed, identifies the person performing the work, and identifies the person performing the work. This deficient practice could affect staff.  Findings include:  Based on an observation with the Facilities Director agreed the fire extinguisher's annual inspection date of May 2020. Based on interview at the time of observation, the Facilities Director agreed the fire extinguisher's annual inspection was past due.	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 154052		A. BU	(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING		(X3) DATE SURVEY COMPLETED 10/19/2022		
PREFIX TAG REGULATORY OR ISC IDENTIFYING INFORMATION  2. Based on observation and interview, the facility failed to ensure all portable fire extinguishers were given maintenance at periods not more than one year apart. NFPA 10, the Standard for Portable Fire Extinguishers, at Section 7.3.1.1.1 requires that fire extinguishers, at Section 7.3.1.1.1 requires that fire extinguishers shall be subjected to maintenance at intervals of not more than 1 year, at the time of hydrostatic test, or when specifically indicated by an inspection or electronic notification. Section 3.3.15 deficiens extinguisher maintenance as a thorough examination of the fire extinguisher that is intended to give maximum assurance that a fire extinguisher will operate effectively and safely and to determine if physical damage or condition will prevent its operation, if any repair or replacement is necessary, and if hydrostatic testing or internal maintenance is required. Section 7.3.3 states each fire extinguisher shall have a tag or label securely attached that indicates the month and year the maintenance was performed, identifies the person performing the work, and identifies the person performing the vortice.  Findings include:  Based on an observation with the Facilities Director and the fire extinguis				701 WALL ST				
2. Based on observation and interview, the facility failed to ensure all portable fire extinguishers were given maintenance at periods not more than one year apart. NFP al 0, the Standard for Portable Fire Extinguishers, at Section 7.3.1.1.1 requires that fire extinguishers, at Section 7.3.1.1.1 requires that fire extinguishers shall be subjected to maintenance at intervals of not more than 1 year, at the time of hydrostatic test, or when specifically indicated by an inspection or electronic notification. Section 3.3.15 defines extinguisher maintenance as a thorough examination of the fire extinguisher that is intended to give maximum assurance that a fire extinguisher will operate effectively and safely and to determine if physical damage or condition will prevent its operation, if any repair or replacement is necessary, and if hydrostatic testing or internal maintenance is required. Section 7.3.3 states each fire extinguisher shall have a tag or label securely attached that indicates the month and year the maintenance was performed, identifies the person performing the work, and identifies the person performing the work, and identifies the person performing the work. This deficient practice could affect staff.  Findings include:  Based on an observation with the Facilities Director on 10/18/2022 at 1:35 p.m., the tag on the ABC fire extinguisher in the dosing room had an annual inspection date of May 2020. Based on interview at the time of observation, the Facilities Director agreed the fire extinguishers annual	PREFIX	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
This finding was reviewed with the Facilities Director at the exit conference.		2. Based on observation failed to ensure all given maintenance year apart. NFPA I Fire Extinguishers, that fire extinguishers maintenance at inte at the time of hydro indicated by an insunctification. Section maintenance as a the extinguisher that is assurance that a fire effectively and safe damage or condition any repair or replace hydrostatic testing or required. Section 7. shall have a tag or limiticates the month performed, identifies work, and identifies work, and identifies performing the woraffect staff.  Findings include:  Based on an observe Director on 10/18/2 ABC fire extinguish annual inspection dinterview at the time Director agreed the inspection was past.	ation and interview, the facility portable fire extinguishers were at periods not more than one 10, the Standard for Portable at Section 7.3.1.1.1 requires ers shall be subjected to rvals of not more than 1 year, estatic test, or when specifically poection or electronic on 3.3.15 defines extinguisher torough examination of the fire intended to give maximum extinguisher will operate ally and to determine if physical in will prevent its operation, if ement is necessary, and if or internal maintenance is 3.3 states each fire extinguisher abel securely attached that and year the maintenance was est the person performing the state name of the agency k. This deficient practice could attion with the Facilities for extinguisher's annual due.			inspection, Allegiant Fire Protection, is scheduled to vis our facility on 11/8/2022 to ins and tag that fire extinguisher. Allegiant Fire Protection has be notified that it is critical to inclu the fire extinguisher in question their annual inspections. Local staff were reminded that there fire extinguisher in that room a that it is critical to maintain that fire extinguisher in working ord In addition, an employee of our maintenance staff will accomp our fire inspection company we they perform their annual inspection to ensure that they not fail to inspect one of our fire extinguishers. This should pre a recurrence of this missed inspection. The individual responsible for correcting this deficiency and for preventing to	pect een ude n in al is a und t der. ur any hen do re event	

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

D7O221 Facility ID: 005585

If continuation sheet Page 5 of 7

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

PRINTED: 11/10/2022 FORM APPROVED OMB NO. 0938-039

		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER 154052		A. BUILDING <u>03</u> B. WING			COMPLETED 10/19/2022	
		104002	B. W1			10/19	72022	
NAME OF I	PROVIDER OR SUPPLIER	2		701 WA	ADDRESS, CITY, STATE, ZIP COD			
PORTER	R-STARKE SERVIC	ES INC			RAISO, IN 46383			
(X4) ID		STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX TAG	`	ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION		PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE COMPLETION DATE		
K 0000	REGULATORT OF	CLSC IDENTIFTING INFORMATION		IAU			DATE	
Bldg. 03	I	8-19/22 005585 154052	K 00	000				
	At this Life Safety Code Survey, Porter-Starke Services, Inc. was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 482.41(b), Life Safety from Fire and the 2012 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 39, Existing Business Occupancies.  Building 03, a one story, non-sprinklered structure had a fire alarm system with smoke detection in the corridors.							
	Quality Review cor	npleted on 10/21/22						
K 0000								
Bldg. 04		Recertification Survey was adiana Department of Health in CFR 482.41(b).	K 00	000				
	Survey Dates: 10/1	8-19/22						
	Facility Number: 0 Provider Number: AIM Number: N/A	154052						

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

D7O221

Facility ID: 005585

If continuation sheet

Page 6 of 7

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

PRINTED: 11/10/2022 FORM APPROVED OMB NO. 0938-039

	T OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 154052	ĺ	JILDING	onstruction 04	(X3) DATE COMPI 10/19	LETED
NAME OF PROVIDER OR SUPPLIER PORTER-STARKE SERVICES INC				701 WA	ADDRESS, CITY, STATE, ZIP COD ALL ST RAISO, IN 46383		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE  (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
	At this Life Safety Code Survey, Porter-Starke Services, Inc. was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 482.41(b), Life Safety from Fire and the 2012 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 39, Existing Business Occupancies.  Building 04, a one story, non-sprinklered structure had a fire alarm system with smoke detection in the corridors.  Quality Review completed on 10/21/22						

FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: D7O221 Facility ID: 005585 If continuation sheet Page 7 of 7