

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

PRINTED: 09/16/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>15G748</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b>  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R</b>  <b>09/12/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>DUNGARVIN INDIANA LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE  <b>821 SUNSET DR</b> <b>FLORA, IN 46929</b>		
(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
{E 000}	Initial Comments  A Post Survey Revisit (PSR) to the Emergency Preparedness Survey conducted on 07/31/24 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.475.  Survey Date: 09/12/24  Facility Number: 011602 Provider Number: 15G748 AIM Number: 200903760  At this PSR survey, Dungarvin Indiana LLC was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.475.  The facility has four certified beds. At the time of this PSR survey, the census was four.	{E 000}			
{K 000}	Quality Review completed on 09/13/24 INITIAL COMMENTS  A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 07/31/24 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a).  Survey Date: 09/12/24  Facility Number: 011602 Provider Number: 15G748 AIM Number: 200903760  At this PSR survey, Dungarvin Indiana LLC was found in compliance with Requirements for	{K 000}			

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

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards 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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{K 000}	<p>Continued From page 1</p> <p>Participation in Medicaid, 42 CFR Subpart 483.470(j), Life Safety from Fire and the 2012 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 33, Existing Residential Board and Care Occupancies.</p> <p>This one-story facility with a basement was fully sprinkled. The facility has a fire alarm system with smoke detection on all levels including the corridors, common living areas, hard-wired smoke detectors in all client sleeping rooms, as well as heat detectors within the unused attic space. The facility has a capacity of four and had a census of four at the time of this survey.</p> <p>Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 0.78.</p> <p>Quality Review completed on 09/13/24</p>	{K 000}			