

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

PRINTED: 04/16/2025
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155218		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING _____		X3) DATE SURVEY COMPLETED 03/24/2025	
NAME OF PROVIDER OR SUPPLIER GREAT LAKES HEALTHCARE CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 2300 GREAT LAKES DR DYER, IN 46311			
(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
E 0000 Bldg. --	<p>An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73.</p> <p>Survey Date: 03/24/2025</p> <p>Facility Number: 000123 Provider Number: 155218 AIM Number: 100266720</p> <p>At this Emergency Preparedness survey, Great Lakes Healthcare Center was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73.</p> <p>The facility has a capacity of 134 and had a census of 103 at the time of this survey.</p> <p>Quality Review conducted on 03/26/25</p>			E 0000	<p>Preparation and execution of this plan of correction does not constitute admission or agreement by this provider of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies. The plan of correction is prepared and executed solely because it is required by the provisions of federal and state law.</p>		
K 0000 Bldg. 01	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a).</p> <p>Survey Date: 03/24/2025</p> <p>Facility Number: 000123 Provider Number: 155218 AIM Number: 100266720</p> <p>At this Life Safety Code survey, Great Lakes Healthcare Center was found not in compliance</p>			K 0000	<p>Preparation and execution of this plan of correction does not constitute admission or agreement by this provider of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies. The plan of correction is prepared and executed solely because it is required by the provisions of federal and state law.</p>		

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

TITLE

(X6) DATE

Jason Eastlund

Executive Director

04/10/2025

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards 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 disclosed 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 0324 SS=E Bldg. 01	<p>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.</p> <p>This one story facility was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with hardwired smoke detection in the corridors, spaces open to the corridors, and in resident sleeping rooms. The facility is partially protected by a 125-kW diesel generator. The facility has a dialysis unit used only for facility residents. The facility has a capacity of 134 and had a census of 103 at the time of the survey.</p> <p>All areas where the residents have customary access were sprinklered. All areas providing facility services were sprinklered, except for a detached equipment storage building.</p> <p>Quality Review conducted on 03/26/25</p> <p>NFPA 101 Cooking Facilities</p> <p>Based on observation and interview, the facility failed to maintain 1 of 1 kitchen extinguishing system in accordance with NFPA 96, Standard for Ventilation and Fire Protection of Commercial Cooking Operations, Section 10.5.1 states A readily accessible means for manual activation shall be located between 42 in. and 48 in. above the floor, be accessible in the event of a fire, be located in a path of egress, and clearly identify the hazard protected. Additionally, NFPA 101, Life Safety Code, 4.6.12.3 states that existing life safety features obvious to the public, if not required by</p>			K 0324	<p>ANSUL pull station was lowered to appropriate specification, by safe care, prior to date of compliance. All other Pull stations were reviewed by Maintenance department to ensure appropriate height from the ground. Maintenance department and kitchen were educated on K 324 guidelines for ANSUL pull stations. Maintenance Director will audit all</p>		05/10/2025

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K 0341 SS=F Bldg. 01	<p>the code, shall be either maintained or removed. This deficient practice could affect kitchen staff only.</p> <p>Findings include:</p> <p>Based on observation and interview with the Maintenance Director at 11:28 a.m. on 03/24/25, the ANSUL "Pull Station" was mounted 56 inches above the floor next to the walk-in cooler of the kitchen. Based on interview at 11:28 a.m., the Maintenance Director acknowledged the measurement as measured with a tape measure.</p> <p>This finding was reviewed with the Administrator and Maintenance Director at the exit conference.</p> <p>3.1-19(b)</p> <p>NFPA 101 Fire Alarm System - Installation</p>			K 0341	<p>pull stations 1 X per month X 6 months to ensure appropriate height to meet K 324 standards</p>		05/10/2025
	<p>Based on observation and interview, the facility failed to ensure 8 of approximately 12 manual fire alarm boxes (pull stations) did not exceed 48 inches from the floor. LSC 9.6.1.3 states a fire alarm system required for life safety shall be installed, tested, and maintained in accordance with the applicable requirements of NFPA 70, National Electrical Code, and NFPA 72, National Fire Alarm and Signaling Code. NFPA 72 2010 edition 17.14.4 states the operable part of each manual fire alarm box shall be not less than 42 in. (1.07 m) and not more than 48 in. (1.22 m) above floor level. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on observation and interview with the</p>				<p>All affected pull station were adjusted by Safe Care, prior to date of compliance, to meet the threshold for K 341 guidelines. All other pull stations were reviewed by Maintenance department to ensure appropriate height from the ground. Maintenance department were educated on K 341 guidelines for pull station height. Maintenance department will audit all pull stations 1 X per month X 6 months to ensure appropriate height to meet K 341 standards.</p>		

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	<p>Maintenance Director on 03/20/25, the following was noted:</p> <ol style="list-style-type: none"> At 10:57 a.m. the pull station located in the East Hall 2 between resident room 214 and the linen closet, measured 60 ¾ inches from the floor. At 11:08 a.m. the pull station located in Hall #1 between resident room 226 and the linen closet, measured 57 inches from the floor. At 11:14 a.m. the pull station located in the service hall outside of the therapy department near the loading dock doors, measured 52 inches from the floor. At 11:15 a.m. the pull station located in the therapy department near the door to the service hall, measured 52 1/2 inches from the floor. At 11:33 a.m. the pull station located in the main dining room near the door to the courtyard, measured 55 inches from the floor. At 11:36 a.m. the pull station located in the activity room near the door to the courtyard, measured 55 ½ inches from the floor. At 12:01 p.m. the pull station located in West Wing Hall 3 near resident room 118 and the exit to outside, measured 57 ¾ inches from the floor. At 12:04 p.m. the pull station located in West Wing Hall 2 near resident room 130 and the exit to outside, measured 57 ¾ inches from the floor. <p>Based on interview at the time of each of the aforementioned observation times, the Maintenance Director acknowledged the measurement as measured with a tape measure.</p> <p>This finding was reviewed with the Executive Director and Maintenance Director at the exit conference.</p> <p>3.1-19(b)</p>						