

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

PRINTED: 08/01/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155635	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01, 02, 03 B. WING _____		(X3) DATE SURVEY COMPLETED R 07/29/2024
NAME OF PROVIDER OR SUPPLIER GRACE VILLAGE HEALTH CARE FACILITY			STREET ADDRESS, CITY, STATE, ZIP CODE 337 GRACE VILLAGE DR WINONA LAKE, IN 46590		
(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 06/12/24 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73. Survey Date: 07/29/24 Facility Number: 000501 Provider Number: 155635 AIM Number: 100266260 At this PSR survey, Grace Village Health Care Facility was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73. The facility has a capacity of 89 and had a census of 50 at the time of this survey.	{E 000}			
{K 000}	Quality Review completed on 07/31/24 INITIAL COMMENTS A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 06/12/24 was conducted by the Indiana Department of Health in accordance 42 CFR Subpart 483.90(a). Survey Date: 07/29/24 Facility Number: 000501 Provider Number: 155635 AIM Number: 100266260 At this PSR survey, Grace Village Health Care Facility was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.90(a),	{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}	Continued From page 1 Life Safety from Fire, the 2012 edition of National Fire Protection Association (NFPA) 101 LSC and 410 IAC 16.2 and was surveyed with Chapter 19 Existing Health Care Occupancies. The facility consists of the original building (Bldg. 1), the 1980 addition (Bldg. II), and the 2007 rehabilitation and therapy addition (bldg. III). Bldg. 2 consisting of hall 5 and is on the first floor of a two-story building separated by a two-hour floor assembly from the independent living center was determined to be of Type II (222) construction. The building was fully sprinklered and had a fire alarm system with smoke detection in the corridors and in areas open to the corridors. Battery operated smoke detectors were installed in all resident rooms of hall 5. The facility has a capacity of 89 and had a census of 50 at the time of this survey. All areas where the residents have customary access were sprinklered. Areas providing facility services which were not sprinklered included a detached garage used for storage of maintenance equipment and parts with the portion of the building used as a maintenance garage, and a detached shed used for storage of parts and lawn equipment. The facility had a separate fire pump building that was sprinklered.	{K 000}			
{K 000}	Quality Review completed on 07/31/24 INITIAL COMMENTS A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 06/12/24 was conducted by the Indiana Department of Health in accordance 42	{K 000}			

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{K 000}	<p>Continued From page 2 CFR Subpart 483.90(a).</p> <p>Survey Date: 07/29/24</p> <p>Facility Number: 000501 Provider Number: 155635 AIM Number: 100266260</p> <p>At this PSR survey, Grace Village Health Care Facility was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.90(a), Life Safety from Fire, the 2012 edition of National Fire Protection Association (NFPA) 101 LSC and 410 IAC 16.2 and was surveyed with Chapter 19 Existing Health Care Occupancies.</p> <p>The facility consists of the original building (Bldg. 1), the 1980 addition (Bldg. II), and the 2007 rehabilitation and therapy addition (bldg. III).</p> <p>Bldg. 2 consisting of hall 5 and is on the first floor of a two-story building separated by a two-hour floor assembly from the independent living center was determined to be of Type II (222) construction. The building was fully sprinklered and had a fire alarm system with smoke detection in the corridors and in areas open to the corridors. Battery operated smoke detectors were installed in all resident rooms of hall 5. The facility has a capacity of 89 and had a census of 50 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered. Areas providing facility services which were not sprinklered included a detached garage used for storage of maintenance equipment and parts with the portion of the building used as a maintenance</p>	{K 000}			

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{K 000}	Continued From page 3 garage, and a detached shed used for storage of parts and lawn equipment. The facility had a separate fire pump building that was sprinklered.	{K 000}			
{K 000}	Quality Review completed on 07/31/24 INITIAL COMMENTS A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 06/12/24 was conducted by the Indiana Department of Health in accordance 42 CFR Subpart 483.90(a). Survey Date: 07/29/24 Facility Number: 000501 Provider Number: 155635 AIM Number: 100266260 At this PSR survey, Grace Village Health Care Facility was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.90(a), Life Safety from Fire, the 2012 edition of National Fire Protection Association (NFPA) 101 LSC and 410 IAC 16.2 and was surveyed with Chapter 19 Existing Health Care Occupancies. The facility consists of the original building (Bldg. 1), the 1980 addition (Bldg. II), and the 2007 rehabilitation and therapy addition (bldg. III). Bldg. 3 consisting of the rehabilitation hall and the therapy gym was determined to be of Type V (111) construction. This one-story building was fully sprinklered and had a fire alarm system with smoke detection in the corridors, resident rooms, and in areas open to the corridors. The facility	{K 000}			

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