

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

PRINTED: 02/17/2025  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155835		X2) MULTIPLE CONSTRUCTION A. BUILDING      -- B. WING            _____		X3) DATE SURVEY COMPLETED 02/03/2025	
NAME OF PROVIDER OR SUPPLIER  IGNITE MEDICAL RESORT CROWN POINT LLC				STREET ADDRESS, CITY, STATE, ZIP COD 1555 S MAIN STREET CROWN POINT, IN 46307			
(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: 02/03/2025</p> <p>Facility Number: 013452 Provider Number: 155835 AIM Number: 201299290</p> <p>At this Emergency Preparedness survey, Ignite Medical Resort Crown Point, 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 70 certified beds. All 70 beds are certified for Medicare only. At the time of the survey, the census was 67.</p> <p>Quality Review completed on 02/05/25</p>			E 0000	We respectfully request a desk review		
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: 02/03/2025</p> <p>Facility Number: 013452 Provider Number: 155835 AIM Number: 201299290</p>			K 0000	We respectfully request a desk review		

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

TITLE

(X6) DATE

Robert Petty

Administrator

02/13/2025

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 disclosable 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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	<p>At this Life Safety Code survey, the health care portion of Ignite Medical Resort Crown Point, the first floor, was found not in compliance 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.</p> <p>This two-story facility was determined to be of Type V (111) construction and fully sprinklered. A 2 hour fire wall is provided to divide the facility into two separate buildings. Each separate building is subdivided into two smoke compartments. Separation between the first-floor healthcare occupancy and the second floor residential occupancy is provided by a 2 hour horizontal floor/ceiling assembly and fire barriers. The rated floor/ceiling system is supported by 2 hour rated construction. The second floor contains a theater room that skilled residents and staff do occupy on certain days and times. The facility has a fire alarm system with smoke detection in the corridor and in all areas open to the corridor. The facility has smoke detectors hard wired to the fire alarm system installed in all resident sleeping rooms. The building is fully protected by a 300-kW diesel powered emergency generator.</p> <p>The facility has 70 certified beds. All 70 beds are certified for Medicare only. At the time of the survey, the census was 67.</p> <p>All areas where the residents have customary access were sprinklered. All areas providing facility services were sprinklered.</p> <p>Quality Review completed on 02/05/25</p>						

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K 0324 SS=E Bldg. 01	<p><b>NFPA 101</b> <b>Cooking Facilities</b></p> <p>Based on observation and interview, the facility failed to provide an approved method for returning cooking appliances to where they were when the kitchen hood extinguishing equipment was designed and installed for 1 of 1 kitchen hood extinguishing systems. NFPA 96 Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations Section 2011 Edition Section 12.1.2.2*Cooking appliances requiring protection shall not be moved, modified, or rearranged without prior re-evaluation of the fire-extinguishing system by the system installer or servicing agent, unless otherwise allowed by the design of the fire extinguishing system. Section 12.1.2.3 The fire-extinguishing system shall not require reevaluation where the cooking appliances are moved for the purposes of maintenance and cleaning, provided the appliances are returned to approved design location prior to cooking operations, and any disconnected fire-extinguishing system nozzles attached to the appliances are reconnected in accordance with the manufacturer's listed design manual. Section 12.1.2.3.1 An approved method shall be provided that will ensure that the appliance is returned to an approved design location. This deficient practice could affect kitchen staff.</p> <p>Findings include:</p> <p>Based on observation and interview with the Environmental Services Director from 9:19 a.m. to 12:15 p.m. on 02/03/25, cooking appliances including a gas burner stove and oven, were located under the hood in 1 of 1 kitchen were not provided with an approved method that would</p>			K 0324	<p><b>Ignite Medical Resorts</b> <b>Crown Point Indiana</b> <b>Life Safety Survey 2/03/2025</b></p> <p>Please accept the following as the facility's credible allegation of compliance. This plan of correction does not constitute an admission of guilt or liability by the facility and is submitted only in response to the regulatory requirement.</p> <p>K324 Cooking equipment is protected in accordance with NFPA 96, 12.1.2.2*Cooking appliances requiring protection, Section 12.1.2.3 The fire-extinguishing system shall not require reevaluation where the cooking appliances are moved for the purposes of maintenance and cleaning, provided the appliances are returned to approved design location prior to cooking operations, and any disconnected fire-extinguishing system nozzles attached to the appliances are reconnected in accordance with the manufacturer's listed design manual. Section 12.1.2.3.1 An approved method shall be provided that will ensure that the appliance is returned to an approved design location.</p> <p><b>What corrective action(s) will be accomplished for those residents found to have been</b></p>		02/13/2025

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	<p>ensure that the appliances were returned to an approved design location after they had been moved for maintenance and cleaning. Based on interview with the Environmental Services Director, he was not aware of any method or procedure in place. Based on interview with the General Manager during the exit conference, he stated many ideas he had to correct the deficiency.</p> <p>These findings were reviewed with the Maintenance Director and the Administrator at the exit conference.</p> <p>3.1-19(b)</p>				<p><b>affected by the deficient practice;</b> The facility has installed equipment locators on the floor to ensure all kitchen equipment that is moved for cleaning or maintenance is returned to its proper location as designed. No Harm came to any residents or staff related to this alleged deficient practice. <b>How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken;</b> All kitchen staff and residents have the potential to be affected by the alleged deficient practice. <b>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur;</b> Kitchen staff have been re-educated on if any equipment is moved it must be returned to its proper location and within the newly installed equipment locators mounted on the floor. <b>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance programs will be put into place;</b> Plant operations director or designee will audit kitchen equipment locations 3 times</p>		

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K 0500 SS=F Bldg. 01	<p>NFPA 101 Building Services - Other</p> <p>Based on observation and interview, the facility failed to ensure 6 of 6 fuel fired water heaters had current inspection certificates to ensure the water heaters were in safe operating condition. NFPA 101, Section 19.1.1.3.1 requires all health facilities to be designed, constructed, maintained, and operated to minimize the possibility of a fire emergency requiring the evacuation of occupants. This deficient practice affects all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on observation and interview with the Environmental Services Director from 9:19 a.m. to 12:15 p.m. on 02/03/25, the facility had 6 natural gas fired water heaters. Current inspection</p>	K 0500	<p>weekly for 6 months to ensure all equipment is in its proper location and all equipment locators are in place and clearly visible to ensure compliance of NFPA 96 and life safety code.</p> <p>The Administrator/designee will present a summary of the audits to the Quality Assurance committee monthly for 6 months. Thereafter, if determined by the Quality Assurance committee, auditing and monitoring will be done quarterly and present quarterly at the QA meeting. Monitoring will be on going.</p> <p><b>Date by which systemic corrections will be completed:</b> <b>02/13/2025</b></p> <p><b>Ignite Medical Resorts Crown Point Indiana Life Safety Survey 2/03/2025</b></p> <p>Please accept the following as the facility's credible allegation of compliance. This plan of correction does not constitute an admission of guilt or liability by the facility and is submitted only in response to the regulatory requirement.</p> <p><b>K500 Building Services – Other 18.5 and 19.5 Building Services requirements that are not addressed by the provided K-tags, but are deficient.</b></p>	02/13/2025	

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	<p>certificates were not available at the time of the survey. Based on interview during the exit conference, the General Manager stated he thought he had current certificates but acknowledged that current certificates had not been acquired by the facility.</p> <p>This finding was reviewed with the General Manager and Environmental Services Director at the exit conference.</p> <p>3.1-19(b)</p>				<p><b>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;</b> Facility immediately scheduled the required biennial inspection of all water heaters No harm came to any residents related to this alleged deficient practice.</p> <p><b>How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken;</b> All residents have the potential to be affected by the same alleged deficient practice.</p> <p><b>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur;</b> The hot water heater inspections were completed 02/06/2025 and are in compliance with NFPA101. All six water heaters passed inspection and certificates with current expiration dates of 2/06/2027 have been uploaded in the Indiana department of homeland security portal and current inspection certificates have been placed in in mechanical room for all other inspections as required. Plant operation director was</p>		

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					<p>re-educated on ensuring all hot water heater inspections and certificates are kept current and updated as required.</p> <p><b>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance programs will be put into place;</b></p> <p>Director of Plant operation or designee will audit water heater certificates monthly for 12 months, to ensure compliance with life safety code requirements. The director of plant operations or designee will present a summary of the audits to the Quality Assurance committee monthly for 6 months thereafter, if determined by the Quality Assurance committee, auditing and monitoring will be done quarterly and present quarterly at the QA meeting. Monitoring will be on going.</p> <p><b>Date by which systemic corrections will be completed:</b> <b>2/13/2025</b></p>		