

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

PRINTED: 11/14/2022
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155738		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING		X3) DATE SURVEY COMPLETED 10/21/2022	
NAME OF PROVIDER OR SUPPLIER MILTON HOME, THE				STREET ADDRESS, CITY, STATE, ZIP COD 206 E MARION ST SOUTH BEND, IN 46601			
(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
K 0000 Bldg. 01	<p>A Post Survey Revisit was conducted on the Life Safety Code Recertification and State Licensure Survey conducted by the Indiana Department of Health on 08/22/2022 in accordance with 42 CFR 483.90(a).</p> <p>Survey Date: 10/21/22</p> <p>Facility Number: 001141 Provider Number: 155738 AIM Number: 200905640</p> <p>At this PSR Survey, The Milton Home 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 and 410 IAC 16.2.</p> <p>This two story facility with a basement is fully sprinklered and was determined to be of Type II (111) construction. The original building was constructed in 1952 with the nursing addition located on the first and second floors added in 1975. The facility has a fire alarm system with smoke detection in the corridors, in resident sleeping rooms on the second floor and in all areas open to the corridor. Resident sleeping rooms on the first floor have battery operated smoke detectors. The facility is protected by a 10 kW Natural Gas generator. The facility has a capacity of 34 and had a census of 36 at the time of this survey.</p> <p>Quality Review completed on 10/26/22</p>			K 0000			

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

TITLE

(X6) DATE

Frank Bensema

Executive Director

11/04/2022

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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K 0321 SS=E Bldg. 01	<p>NFPA 101 Hazardous Areas - Enclosure Hazardous Areas - Enclosure Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4 hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1 or 19.3.5.9. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door. Describe the floor and zone locations of hazardous areas that are deficient in REMARKS. 19.3.2.1, 19.3.5.9</p> <p>Area Automatic Sprinkler Separation N/A a. Boiler and Fuel-Fired Heater Rooms b. Laundries (larger than 100 square feet) c. Repair, Maintenance, and Paint Shops d. Soiled Linen Rooms (exceeding 64 gallons) e. Trash Collection Rooms (exceeding 64 gallons) f. Combustible Storage Rooms/Spaces (over 50 square feet) g. Laboratories (if classified as Severe Hazard - see K322) Based on observation and interview, the facility failed to ensure 1 of over 10 hazardous area doors, such as storage rooms, were provided with properly working self-closing devices. This deficient practice could affect at least 4 residents</p>			K 0321	<p>K 321 What corrective actions will be accomplished for those residents found to have affected by the deficient</p>		10/22/2022

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	<p>in or near the Therapy area and 6 staff in the basement.</p> <p>Findings include:</p> <p>Based on observations during a tour of the facility with the Executive Director on 10/21/22 at 12:10 p.m., the housekeeping basement storage closet near Therapy, a room greater than 50 square feet, contained a number of combustible items, such as, paper, plastic, and cardboard boxes plus chemicals supplies and storage. The corridor door to this room was not provided with a self-closing device.</p> <p>These findings were acknowledged by the Executive Director at the time of observation and again at the exit conference.</p> <p>3.1-19(b)</p>				<p>practice;</p> <p>Maintenance director installed a self-closure to the door. The ensured that the door was brought back into compliance and self-closed like it should</p> <p>How the facility will identify other resident having the potential to be affected by the same deficient practice and what corrective action will be taken;</p> <p>The facility will ensure hazardous area doors protecting corridor openings are self-closing or automatic closing.</p> <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <p>Ongoing, the Administrator or designee will monitor hazardous area corridor doors to ensure are they remain self-closing or automatic closing for continued compliance.</p> <p>How will the corrective action be monitored to ensure the deficient practice will not recur, i.e. what quality assurance programs will be put into place;</p> <p>Results of the monitoring will be reviewed during the facility's Quality Assurance meeting; monitoring will be ongoing.</p>		