STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155226	A. BUILDING **01** B. WING _____	R **08/21/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTH CAPITOL NURSING & REHABILITATION CENTER	**2010 N CAPITOL AVE** **INDIANAPOLIS, IN 46202**

(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 000}	INITIAL COMMENTS	{K 000}		

A Fire Safety Evaluation System (FSES) Survey and a Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 06/26/24 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a).

Survey Date: 08/21/24

Facility Number: 000131
Provider Number: 155226
AIM Number: 100274910

At this FSES and PSR survey, North Capitol Nursing and Rehabilitation Center was found in compliance with NFPA (National Fire Protection Association) 101A, Chapter 4, Fire Safety Evaluation System for Health Care Occupancies in regard to the PSR to the Life Safety Code Recertification and State Licensure Survey. Achieving a passing score on the FSES Survey for Health Care Occupancies found in Chapter 4 of NFPA 101A, Alternative Approaches to Life Safety Code, 2012 Edition shows the facility provides a level of Life Safety at least equivalent to that prescribed by NFPA 101, Life Safety Code (LSC).

This four story facility was determined to be of Type II (000) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and in all areas open to the corridor. The facility has smoke detectors hard wired to the fire alarm system in all resident sleeping rooms. The facility has a total of 15 vent unit beds. Vent unit beds are located on the third floor in Rooms 319 through 326. The facility has

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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{K 000}	Continued From page 1 a capacity of 123 and had a census of 67 at the time of this visit. All areas where residents have customary access were sprinklered. The facility has one detached building providing facility storage services which was not sprinklered. Quality Review completed on 08/22/24	{K 000}		
{K 161} SS=F	Building Construction Type and Height CFR(s): NFPA 101 Building Construction Type and Height 2012 EXISTING Building construction type and stories meets Table 19.1.6.1, unless otherwise permitted by 19.1.6.2 through 19.1.6.7 19.1.6.4, 19.1.6.5 Construction Type 1 I (442), I (332), II (222) Any number of stories non-sprinklered and sprinklered 2 II (111) One story non-sprinklered Maximum 3 stories sprinklered 3 II (000) Not allowed non-sprinklered 4 III (211) Maximum 2 stories sprinklered 5 IV (2HH) 6 V (111) 7 III (200) Not allowed	{K 161}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155226	A. BUILDING **01** B. WING _____	R **08/21/2024**

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{K 161}	Continued From page 2 non-sprinklered 8 V (000) Maximum 1 story sprinklered Sprinklered stories must be sprinklered throughout by an approved, supervised automatic system in accordance with section 9.7. (See 19.3.5) Give a brief description, in REMARKS, of the construction, the number of stories, including basements, floors on which patients are located, location of smoke or fire barriers and dates of approval. Complete sketch or attach small floor plan of the building as appropriate. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure the building construction type was a permitted type as listed in Table 19.1.6.1. Table 19.1.6.1 requires a sprinklered building, four or more stories in height, to be Type II (222), Type I (332) or Type I (442). This deficient practice could affect all residents, staff and visitors. Findings include: Based on observations with the Maintenance Director during a tour of the facility from 1:00 p.m. to 4:15 p.m. on 06/26/24, this four story sprinklered building was constructed of unprotected steel and was determined to be Type II (000) construction. The interior load bearing wall above the suspended ceiling above the north stairwell door by Room 203, Room 302 and Room 402 was unprotected. This results in a construction type classification of Type II (000). Based on interview at the time of the observations, the Maintenance Director stated there was no change in the construction type since the most recent Life Safety Code survey	{K 161}	Correction obviated. Passed FSES.	

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{K 161}	Continued From page 3 and agreed interior load bearing walls consisted of unprotected steel. Based on observations with the Maintenance Director during a tour of the facility from 9:35 a.m. to 9:55 a.m. on 08/21/24, no changes were made to building construction issues after the 06/26/24 observations. Based on interview during the exit conference at 10:00 a.m. on 08/21/24, the Administrator stated all building construction issues are addressed by the FSES. These findings were reviewed with the Executive Director and the Maintenance Director during the exit conference. 3.1-19(b)	{K 161}		