

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

PRINTED: 01/04/2024  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155796		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING		X3) DATE SURVEY COMPLETED 12/12/2023	
NAME OF PROVIDER OR SUPPLIER  CEDARS THE				STREET ADDRESS, CITY, STATE, ZIP COD 14409 SUNRISE CT LEO, IN 46765			
(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>A Post Survey Revisit (PSR) to the Emergency Preparedness Survey conducted on 10/19/23 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73.</p> <p>Survey Date: 12/12/23</p> <p>Facility Number: 001215 Provider Number: 155796 AIM Number: 100450890</p> <p>At this PSR survey, The Cedars 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 65 and had a census of 46 at the time of this survey.</p> <p>Quality Review completed on 12/12/23</p>			E 0000	<p>We respectfully request consideration for paper compliance. If you have any questions or concerns, please contact Amanda Duggan, HFA at 260-627-2191.</p> <p>Thank you and have a great day! Amanda Duggan, HFA</p>		
K 0000  Bldg. 01	<p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 10/19/23 was conducted by the Indiana Department of Health in accordance 42 CFR Subpart 483.90(a).</p> <p>Survey Date: 12/12/23</p> <p>Facility Number: 001215 Provider Number: 155796 AIM Number: 100450890</p> <p>At this PSR survey, The Cedars was found in not compliance with Requirements for Participation in</p>			K 0000	<p>We respectfully request consideration for paper compliance. If you have any questions or concerns, please contact Amanda Duggan, HFA at 260-627-2191.</p> <p>Thank you and have a great day! Amanda Duggan, HFA</p>		

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

TITLE

(X6) DATE

Amanda M Duggan

Health Facility Administrator

01/02/2024

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 0131 SS=F Bldg. 01	<p>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 with a basement was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, areas open to the corridors and hard wired smoke detectors in the resident rooms. The facility is fully protected by a Type II EES 300 kW diesel generator. The facility has a capacity of 65 and had a census of 46 at the time of this survey.</p> <p>All areas where the residents have customary access are sprinklered. All areas which provided facility services were sprinklered. The facility does have a barn providing facility services that was not sprinklered.</p> <p>Quality Review completed on 12/12/23</p> <p>NFPA 101 Multiple Occupancies Multiple Occupancies - Sections of Health Care Facilities Sections of health care facilities classified as other occupancies meet all of the following:</p> <ul style="list-style-type: none"> <li>o They are not intended to serve four or more inpatients for purposes of housing, treatment, or customary access.</li> <li>o They are separated from areas of health care occupancies by construction having a minimum two hour fire resistance rating in accordance with Chapter 8.</li> <li>o The entire building is protected throughout</li> </ul>						

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	<p>by an approved, supervised automatic sprinkler system in accordance with Section 9.7.</p> <p>Hospital outpatient surgical departments are required to be classified as an Ambulatory Health Care Occupancy regardless of the number of patients served. 19.1.3.3, 42 CFR 482.41, 42 CFR 485.623 Based on observation and interview, the facility failed ensure 2 of 2 vertical occupancy separations between the skilled nursing unit and the independent living unit were constructed with a minimum of a 2-hour fire rated barrier in accordance with NFPA 101, 2012 edition, section 19.1.3.3 This deficient practice could affect all residents.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Director on 12/12/23 at 12:20 p.m. both stairways in the building were used as occupancy separation but the door at the bottom of the stairwell separating the skilled nursing unit and the independent living unit had only a 60-minute fire rating. Based on interview during observation, the Maintenance Director agreed the separation door was only a 1-hour fire rated door, stated the facility is waiting on the new 2-hour doors to arrive, and the doors should be installed by the end of December.</p> <p>This finding was reviewed with the Maintenance Director and the Administrator at the exit conference.</p> <p>This deficiency was cited on 10/19/23. The facility failed to implement a systemic plan of correction to prevent recurrence.</p>			K 0131	<p>The facility failed to ensure 2 of 2 vertical occupancy separations between the skilled nursing unit and the independent living unit contained a 2-hour fire rated barrier. This deficient practice could affect all residents. Facility will have 90min fire rated door installed to provide the 2-hour fire rated barrier. (Attachment C) Audits will be completed weekly for 4 weeks and then monthly until 100% compliance is met for 6 months. Results will be reviewed monthly with the QAPI meetings. (Attachment B)</p> <p>Please see the attached Waiver. We are waiting on the doors to be delivered as the factory sent the wrong doors to the company to install. They are going to expedite the order since it was their error. However, it could take up to 8 weeks. I have attached the email from the company stating that it is their error and that they are ordered to be delivered upon receiving them from the factory. Please call Amanda Duggan, HFA with any questions.</p>		02/16/2024

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