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

PRINTED: 11/04/2024 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01, 02, 03		(X3) DATE SURVEY COMPLETED	
		155810	B. WING _		10/	31/2024
NAME OF PROVIDER OR SUPPLIER VERNON HEALTH & REHABILITATION				STREET ADDRESS, CITY, STATE, ZIP CODE 1955 S VERNON ST WABASH, IN 46992		
(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 B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
E 000	Initial Comments		ΕC	000		
K 000	conducted by the Ind accordance with 42 C Survey Date: 10/31/2 Facility Number: 0002 Provider Number: 158 AIM Number: 100271 At this Emergency Prepared Medicare and Medicare and Medicare and Suppliers, 42 CF capacity of 119 and hime of this survey. Quality Review compunitrial Comments of Health 483.90(a). Survey Date: 10/31/2 Facility Number: 158 AIM Number: 100271 At this Life Safety Corequirements for Part	274 5810 660 eparedness survey, Vernon on was found in compliance paredness Requirements for aid Participating Providers R 483.73. The facility has a lead a census of 53 at the letted on 11/01/24 decertification and State is conducted by the Indiana in accordance with 42 CFR 274 5810 660 de survey, Vernon Health & und in compliance with icipation in	KC	000		
I ABORATORY !	Life Safety from Fire	2 CFR Subpart 483.90(a), and the 2012 edition of the 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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		155810	B. WING _		,	10/31/2024	
NAME OF PROVIDER OR SUPPLIER VERNON HEALTH & REHABILITATION				STREET ADDRESS, CITY, STATE, ZIP CODE 1955 S VERNON ST WABASH, IN 46992			
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K 000	Oo Continued From page 1 National Fire Protection Association (NFPA) 101, Life Safety Code (LSC) and 410 IAC 16.2. The facility consists of three one story connected buildings separated by a two or three hour fire barrier. (Bldg. 01) consists of the original building which includes the 100 hall, 200 hall, and the kitchen. (Bldg. 02) consists of the service hall and laundry room. (Bldg. 03) consists of the 2003 add on which includes the 300 hall, therapy, and the dining room. All were surveyed with Chapter 19, Existing Health Care Occupancies. (Bldg. 01) was determined to be of Type II (111) construction and was sprinklered. This building has a fire alarm system with smoke detection in corridors and spaces open to the corridors. Hard wired smoke detectors were provided in the resident rooms. The facility has a capacity of 119 and had a census of 53 at the time of this survey.		KO	00			
K 000	were sprinklered. All services were sprinkle the detached room he detached storage build Quality Review complinitial COMMENTS A Life Safety Code R Licensure Survey was	ecertification and State s conducted by the Indiana in accordance with 42 CFR	К 0	00			

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K 000	Provider Number: 153 AIM Number: 100271 At this Life Safety Correquirements for Part Medicare/Medicaid, 4 Life Safety from Fire and National Fire Protection of Life Safety Code (LSG) (Bldg. 02) was determed to the Safety Code (LSG) (Bldg. 02) was determed to safety Code (LSG) (Bldg. 03) was determed to safety Code (LSG) (Bldg. 04) was determed to safety Code (LSG) (Bldg. 05) was determed to safety Code (LSG) (Bldg. 06) was determed to safety Code (LSG) (Bldg. 07) was determed to safety Code (LSG) (Bldg. 08) was determed to safety Code (LSG) (Bldg. 08) was determed to safety Code (LSG) (Bldg. 09) was	de survey, Vernon Health & und in compliance with icipation in 2 CFR Subpart 483.90(a), and the 2012 edition of the on Association (NFPA) 101, C) and 410 IAC 16.2. Initial to be of Type V (000) sprinklered. This building in with smoke detection in open to the corridors. The of 119 and had a census of survey. The entry have customary access areas providing facility ered with the exception of busing generator # 1, and a liding used for storage. The electrication and State is conducted by the Indiana in accordance with 42 CFR	K	000			

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K 000	At this Life Safety Co Rehabilitation was for requirements for Pail Medicare/Medicaid, Life Safety from Fire National Fire Protect Life Safety Code (LS (Bldg. 03) was deter construction and wa has a fire alarm syst corridors and spaces wired smoke detector resident rooms. The and had a census of All areas where resid were sprinklered. All services were sprink the detached room h	bode survey, Vernon Health & bund in compliance with riticipation in 42 CFR Subpart 483.90(a), and the 2012 edition of the tion Association (NFPA) 101, 6C) and 410 IAC 16.2. Imined to be of Type V (111) as sprinklered. This building the em with smoke detection in a sopen to the corridors. Hard for were provided in the efacility has a capacity of 119 at 53 at the time of this survey dents have customary access a lareas providing facility the exception of the cousing generator # 1, and a stillding used for storage.	K	000			