PRINTED: 12/11/2024 FORM APPROVED OMB NO. 0938-039

Ľ	DEPARTMENT OF HEALTH AND HUMAN SERVICES					
C	CENTERS FOR MEDICARE & MEDIC	AID SERVICES		OMB NO. 09		
Γ	STATEMENT OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY		
l	AND PLAN OF CORRECTION	IDENTIFICATION NUMBER	A. BUILDING	COMPLETED		

AND PLAN OF CORRECTION		IDENTIFICATION NUMBER 155106		A. BUILDING B. WING		COMPLETED 11/21/2024	
NAME OF PROVIDER OR SUPPLIER RIVERWALK VILLAGE				STREET ADDRESS, CITY, STATE, ZIP COD 295 WESTFIELD RD NOBLESVILLE, IN 46060			
(X4) ID PREFIX TAG	(EACH DEFICIE	Y STATEMENT OF DEFICIENCIE ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	re .	(X5) COMPLETION DATE
E 0000							
Bldg	conducted by the accordance with 4 Survey Date: 11/2 Facility Number: Provider Number: AIM Number: 10 At this Emergency Riverwalk Village Emergency Preparate Medicare and Meand Suppliers, 42 The facility has 10 the survey, the cere	21/24 000044 155106 0274940 y Preparedness survey, e was found in compliance with redness Requirements for dicaid Participating Providers CFR 483.73 69 certified beds. At the time of	E 04	000	By submitting the enclosed Plate of Correction Riverwalk Village not admitting to the truth or accuracy of any specific finding allegation. We reserve the right contest these findings or allegations as part of any proceedings and submit these responses pursuant to our regulatory obligations. Please consider this plan of correction our allegation of compliance. Verspectfully request a desk reversity for this plan of correction.	e is g or it to	
K 0000							
Bldg. 01	Licensure Survey Department of He 483.90(a). Survey Date: 11/2 Facility Number: Provider Number: AIM Number: 10 At this Life Safety	000044 155106	K 0	000	By submitting the enclosed Platof Correction Riverwalk Village not admitting to the truth or accuracy of any specific finding allegation. We reserve the right contest these findings or allegations as part of any proceedings and submit these responses pursuant to our regulatory obligations. Please consider this plan of correction our allegation of compliance. Verespectfully request a desk reverse to the correction of the compliance of the correction of the compliance.	e is g or it to	

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

TITLE (X6) DATE

Victoria Roe Executive Director 12/06/2024

Any defiency statement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclodays 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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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155106		A. BUILDING <u>01</u> COMI		(X3) DATE SURVEY COMPLETED 11/21/2024	
	ROVIDER OR SUPPLIER ALK VILLAGE		295 W	ADDRESS, CITY, STATE, ZIP COD ESTFIELD RD ESVILLE, IN 46060	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE
	Subpart 483.90(a), 1 2012 Edition of the Association (NFPA Chapter 19, Existing 410 IAC 16.2. This one-story facil Type V (111) consts sprinklered. The fact with smoke detection areas open to the co- operated smoke detection rooms. The facility a census of 120 at the All areas where the access were sprinkles.			for this plan of correction.	
K 0222 SS=E Bldg. 01	NFPA 101 Egress Doors				
	failed to ensure the 8 exits were readily without a clinical disecurity measures. I of egress shall not block that requires the egress side unless of 19.2.2.2.4. Door-loopermitted in accordadeficient practice coresidents, 4 staff and	on and interview, the facility means of egress through 1 of accessible for residents agnosis requiring specialized Doors within a required means be equipped with a latch or the use of a tool or key from the therwise permitted by LSC beking arrangements shall be ance with 19.2.2.2.5.2. This build affect as many as 25 d 2 visitors if needing to exit emergency such as a fire.	K 0222	What corrective action(s) will be accomplished for those reside found to have been affected be deficient practice? No residents were found to be affected by this alleged deficient practice. The code is posted at the exit door.	ents y the ent
			1	How be identified and what	

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155106		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 11/21/2024	
NAME OF PROVIDER OR SUPPLIER RIVERWALK VILLAGE			295 W	ADDRESS, CITY, STATE, ZIP COD ESTFIELD RD ESVILLE, IN 46060	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI DEFICIENCY) corrective action(s be taken?	(X5) COMPLETION DATE
	Director during a to on 11/21/24, the co- facility exit, was ma opened by entering was not posted at the the time of the obsed Director stated the a was indeed marked	ons with the Maintenance our of the facility at 12:05 p.m. ourtyard door was marked as a agnetically locked and could be a four-digit code but the code of exit. Based on interview at rivations, the Maintenance of a forementioned facility exit as exit and could be opened tigit code, and agreed the code		All residents residing in this unhad the potential to be affected this alleged deficient practice code was placed on the gate on 11/21/2024. All other door were checked to ensure door the appropriate code visible be maintenance director.	ed by . The door s had
	the Director of Mai	assed with the Administrator, intenance, and the ant at the exit conference on		What measures will be put interplace and what systemic chain will be made to ensure that the deficient practice does not red. The maintenance director and maintenance assistant were educated on 11/29/2024 on the requirements for egress doors code postings. Maintenance Director/Designee will check exit doors to ensure a code is posted.	nges ne cur? d ne s and
				How be monitored to ensure deficient practice will not recui.e., what quality assurance program will be put into place POC QAPI Tool (see attache be utilized by the maintenance director/designee to monitor a exit doors food code postings weekly for 8 weeks and mont for 4 months. Any issues will	r, ? d) will e all hly

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155106	X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 11/21/2024	
	PROVIDER OR SUPPLIE ALK VILLAGE	R	295 W	ADDRESS, CITY, STATE, ZIP COD ESTFIELD RD ESVILLE, IN 46060		
(X4) ID PREFIX TAG	(EACH DEFICIE)	STATEMENT OF DEFICIENCIE NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE	
				corrected immediately and reported to the executive direct All results will be reported to the Quality Assurance and Performance Improvement Committee overseen by the factor Executive Director. If a thresh of 95% is not achieved an act plan will be developed to ensure compliance.	he acility old ion	
				By what date the systemic changes for each deficiency was completed. After submitting acceptable Plan of Corrections is determined that the correction will not be completed by the dispreviously submitted, The Diversion needs to be contacted as soo possible. The facility will need submit an amended plan of correction with the updated plan correction date.	ng an , if it ion late ision n as d to	
K 0321 SS=E Bldg. 01	failed to ensure the hazardous areas, su Keeping/Bio-hazar combustible suppli	on and interview, the facility corridor door to 1 of over 8	K 0321	What corrective action(s) will accomplished for those reside found to have been affected be deficient practice? No residents were found to be affected by this alleged deficient.	ents by the	

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would cause the door to automatically close and

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practice. A device was placed on

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DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO. 0938-039 STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING COMPLETED 01 155106 B. WING 11/21/2024 STREET ADDRESS, CITY, STATE, ZIP COD NAME OF PROVIDER OR SUPPLIER 295 WESTFIELD RD RIVERWALK VILLAGE NOBLESVILLE, IN 46060 (X4) ID SUMMARY STATEMENT OF DEFICIENCIE ID (X5) PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX PREFIX COMPLETION TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG DEFICIENCY) DATE latch into the door frame. This deficient practice the door. could affect as many as 14 residents, 4 staff, and 2 visitors within the facility. Findings include: How be identified and what corrective action(s be taken? Based on observations made on 11/21/24 at 12:00 p.m. during a tour of the facility with the All residing on this unit had Maintenance Director and the Maintenance potential to be affected by this Assistant, the corridor door to the Memory Care alleged deficient practice. A device spa room did not self-close. This room was was placed on the door on approximately 12 feet by 12 feet (144 sq/ft in size) 11/21/2024. All doors were had two 45-gallon containers stored therein, one checked by maintenance ensure a for trash and the other for dirty linens. The lack of device was functional for all areas a functioning self-closing device on the memory storing hazardous materials. care spa was acknowledged by the Maintenance Director at the time of the observation stating that he would either move the trash and dirty linen containers or add a self-closing device to the What measures will be put into corridor door. place and what systemic changes will be made to ensure that the This item was discussed with the Administrator. deficient practice does not recur? the Director of Maintenance, and the Maintenance Assistant at the exit conference on The maintenance director and 11/21/24. maintenance assistant were educated on the requirements for 3.1-19(b) Hazardous areas and enclosures. Doors are checked by the maintenance director/designee to ensure mechanisms are functioning for all storing hazardous material.

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How be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION A. BUILDING D. WING			(X3) DATE SURVEY COMPLETED	
155106		B. WING 11/21/2024				/2024	
	PROVIDER OR SUPPLIE ALK VILLAGE	R		295 WE	ADDRESS, CITY, STATE, ZIP COD ESTFIELD RD SVILLE, IN 46060		
(X4) ID PREFIX TAG	SUMMARY (EACH DEFICIE	STATEMENT OF DEFICIENCIE NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY) POC QAPI Tool (see attached be utilized by the Maintenance director to ensure hazardous areas have required weekly for weeks and monthly for 4 months and the executive director. All results were be reported to the executive director. All results were provided to the executive director and the executive director. All results were provided to the executive director and the executive director. All results were provided to the executive director and th	at) will e or 8 ths. ne will seen tor. If eved ed to	(X5) COMPLETION DATE
K 0324 SS=E Bldg. 01	NFPA 101 Cooking Facilities Based on observati	Son and interview, the facility	K 0324		is determined that the correction will not be completed by the dipreviously submitted, The Divided not be contacted as soon possible. The facility will need submit an amended plan of correction with the updated placorrection date. 12/18/2024 What corrective action(s) will like the correction of the correction of the correction date.	on ate ision n as d to an of	12/18/2024
		n approved method for	K 03) / (1	accomplished for those reside		12/10/2024

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155106		(X2) MULTIPLE C A. BUILDING B. WING	onstruction 01	(X3) DATE SURVEY COMPLETED 11/21/2024				
NAME OF PROVIDER OR SUPPLIER RIVERWALK VILLAGE			295 W	STREET ADDRESS, CITY, STATE, ZIP COD 295 WESTFIELD RD NOBLESVILLE, IN 46060				
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	(X5) COMPLETION DATE			
	when the kitchen he was designed and in extinguishing syste Ventilation Control Commercial Cookin Edition Section 12. requiring protection or rearranged without the was designed.	ppliances to where they were cod extinguishing equipment installed for 1 of 1 kitchen hood im. NFPA 96, Standard for and Fire Protection of ing Operations Section 2011 1.2.2, states cooking appliances in shall not be moved, modified, but prior re-evaluation of the		found to have been affected deficient practice? No residents were found to be affected by this alleged deficient practice. A wheel caulk was installed for the flat grill.	pe			
	or servicing agent, the design of the fir	ystem by the system installer unless otherwise allowed by re extinguishing system. Ites the fire-extinguishing		How be identified and what corrective action(s be taken? All residents had the potential				
	system shall not rec cooking appliances maintenance and cl appliances are retur location prior to coo disconnected fire-e: attached to the appl accordance with the manual. Section 12 method shall be pro-	quire reevaluation where the are moved for the purposes of eaning, provided the med to approved design oking operations, and any extinguishing system nozzles iances are reconnected in expanding the manufacturer's listed design an expansion of the manufacturer and approved ovided that will ensure that the dot on approved design		be affected by this alleged deficient practice. The wheel caulks arrived and were instafor the flat grill on 11/21/2024 other cooking appliances we checked to ensure the propelocation by the maintenance director.	alled 1. All re			
	location. The defici	ent practice could affect as ts, 8 staff, and 5 visitors in the		What measures will be put in place and what systemic chawill be made to ensure that the deficient practice does not re-	inges he			
	Based on observation p.m. during a tour of Maintenance Direct Assistant, the six (6 located on the cook kitchen was not promethod that would returned to an approximation of the cook and the cook with the cook kitchen was not promethod that would returned to an approximation of the cook with the cook kitchen was not promethod that would returned to an approximation of the cook with the cook w	ons made on 11/21/24 at 12:47 of the facility with the tor and the Maintenance of burner flat grill which was ing line under the hood in the wided with an approved ensure that the appliance was oved design location after it remaintenance and cleaning.		The maintenance director an maintenance assistant were educated on the approved methods for returning appliant to the approved location for textinguishing	nces he fire			
		at the time of the observation,		deficient practice will not rec				

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		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155106	A. BU	2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 11/21/2024	
NAME OF PROVIDER OR SUPPLIER RIVERWALK VILLAGE				295 WE	ADDRESS, CITY, STATE, ZIP COD ESTFIELD RD SVILLE, IN 46060		
(X4) ID PREFIX TAG	(EACH DEFICIEN REGULATORY OF the Maintenance Di aware an approved ensure that the appl approved design loc cleaning and that he to remedy the defic installed on the kitch This item was discuthe Director of Mai	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION irector stated that he was not method should be provided to iance was returned to an cation after maintenance or had ordered a "wheel chalk" iency and would have it then floor as soon as it arrived. Issed with the Administrator, Intenance, and the Iterative the exit conference on		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY) i.e., what quality assurance program will be put into place? POC QAPI Tool (see attached be utilized by the maintenance director to ensure placement a operation the wheel caulks we for 8 weeks and monthly for 4 months. Any issues will be corrected immediately and reported to the executive direct All results will be reported to the Quality Assurance and Performance Improvement Committee overseen by the fa Executive Director. If a thresh of 95% is not achieved an acti plan will be developed to ensu- compliance. By what date the systemic changes for each deficiency we be completed. After submittin acceptable Plan of Correction, is determined that the correcti will not be completed by the di previously submitted, The Divi needs to be contacted as soon possible. The facility will needs submit an amended plan of correction with the updated pla correction date. 12/18/2024	y () will (e) (and ekkly ctor. ne cility obld on ire cilit it on atte sion in as I to	(X5) COMPLETION DATE

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	K MEDICAKE & MEDIC				OMB NO. 0938-039	
STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CO	ONSTRUCTION	(X3) DATE SURVEY		
		IDENTIFICATION NUMBER	A. BUILDING	01	COMPLETED	
155106		B. WING		11/21/2024		
			STREET	ADDRESS, CITY, STATE, ZIP COD		
NAME OF I	PROVIDER OR SUPPLIER			ESTFIELD RD		
RIVERW	ALK VILLAGE		NOBLE	ESVILLE, IN 46060		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE	ID	PROVIDER'S PLAN OF CORRECTION	(X5)	
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE COMPLETION	
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION	TAG	DEFICIENCY)	DATE	
K 0353	NFPA 101					
SS=E	Sprinkler System	- Maintenance and Testing				
Bldg. 01						
	Based on observation	on, and interview; the facility	K 0353	What corrective action(s) will be	pe 12/18/2024	
		f over 100 sprinklers were		accomplished for those reside		
		in accordance with NFPA 25.		found to have been affected b		
	_	for the Inspection, Testing,		deficient practice?	,	
		Water-Based Fire Protection		No residents were found to be		
		ion, Section 5.2.1.1.1 states		affected by this alleged deficie		
		show signs of leakage; shall		practice. The dirty and old	51 IL	
		, foreign materials, paint, and		sprinkler heads have been		
		_		1 -		
		nd shall be installed in the		replaced in the entrance overh		
		e.g., up-right, pendent, or		and in the laundry room. How	v be	
		nore, at 5.2.1.1.2 any sprinkler		identified and what corrective		
	1	any of the following shall be		action(s be taken? All resident		
	replaced:			had the potential to be affected	-	
	(1) Leakage			this alleged deficient practice.		
	(2) Corrosion			sprinkler heads have all will or		
	(3) Physical Damag			before 12/18/24. All other sprin	nkler	
	(4) Loss of fluid in	the glass bulb heat responsive		heads were checked to ensure	e	
	element			proper working order by the		
	(5) Loading			maintenance director. What		
	(6) Painting unless	painted by the sprinkler		measures will be put into place	e	
	manufacturer.			and what systemic changes w	ill	
	In lieu of replacing	sprinklers that are loaded with		be made to ensure that the		
	dust, it is permitted	to clean sprinklers with		deficient practice does not		
	compressed air or b	y a vacuum provided that the		recur? The maintenance direc	tor	
	equipment does not	touch the sprinkler.		and maintenance assistant we	ere	
		ice could affect two staff in the		educated on the requirements		
	laundry room.			sprinkler head appearance an		
				requirements for cleaning or		
	Findings include:			replacement. How be monito	red	
				to ensure the deficient practice		
	Based on observation	ons made on 11/21/24 between		not recur, i.e., what quality	S *****	
		p.m. during a tour of the facility		assurance program will be put	into	
	with the Maintenan			place? POC QAPI Tool (see	. IIIIO	
		ant, the following was noted:		, ,		
		_		attached) will be utilized by the		
	_	eads outside under the		maintenance director to ensur		
		nce overhang were dirty and		sprinkler heads are clean and		
	over 50 years old ar	nd needed to be replaced per		good repair weekly for 8 week	S	

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NAME OF PROVIDER OR SUPPLIER RIVERWALK VILLAGE				295 WE	ADDRESS, CITY, STATE, ZIP COD ESTFIELD RD SVILLE, IN 46060		
(X4) ID PREFIX TAG	the Integrated Electinspection dated 08 b) 4 of 4 sprinkler broom on the "dirty syears old and nee Integrated Electron dated 08/12/24. Based on interview Maintenance Direct aforementioned sprof date adding that were on back-order install them as soon. This item was discuthe Director of Maintenance of Maintenance Director of Maintenance Dire	side" were dirty and over 50 ded to be replaced per the ics Inc. sprinkler inspection at the time of observation, the cor acknowledged the inkler heads were dirty and out they have been ordered but and that he would have I.E.I. as they arrived.		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPR DEFICIENCY) and monthly for 4 months. An issues will be corrected immediately and reported to executive director. All results be reported to the Quality Assurance and Performance Improvement Committee over by the facility Executive Director a threshold of 95% is not ach an action plan will be developensure compliance. By what date the systemic changes for each deficiency will be completed. After submitting acceptable Plan of Correction is determined that the correct will not be completed by the previously submitted, The Director of the proviously submitted, The Director of the proviously submitted as soo possible. The facility will need submit an amended plan of correction with the updated procorrection date. 12/18/2024	the will erseen ctor. If sieved coed to tor. If tit tion date vision on as ed to	(X5) COMPLETION DATE

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