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

PRINTED: 03/01/2024 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		(X3) DATE SURVEY COMPLETED	
		155073	B. WING				R 27/2024
NAME OF PI	ROVIDER OR SUPPLIER		1	STR	REET ADDRESS, CITY, STATE, ZIP CODE	1 02/	2112024
				222	PARKVIEW ST		
PILGRIM I	MANOR			PLY	YMOUTH, IN 46563		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCE		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	N SHOULD BE COMPLETION DATE			
{K 000}	INITIAL COMMENTS	;	{K 0	000}			
	Code Recertification conducted on 01/17/2 Indiana Department of CFR Subpart 483.906 Survey Date: 02/27/2 Facility Number: 000 Provider Number: 15 AIM Number: 10027: At this Life Safety Co found in compliance of Participation in Medic Subpart 483.90(a), Li 2012 edition of the National Association (NFPA) 1 Chapter 19, Existing and 410 IAC 16.2. Building 1 is a one stefacility determined to construction and was has a fire alarm system the corridors and in a The facility has batter in all resident sleepin certified beds. The fathe time of this survey.	24 2030 355073 55260 de PSR, Pilgrim Manor was with Requirements for care/Medicaid, 42 CFR fe Safety from Fire and the ational Fire Protection 01, Life Safety Code (LSC), Health Care Occupancies ory original constructed be of Type V (000) fully sprinklered. The facility em with smoke detection in II areas open to the corridor. Try operated smoke detectors g rooms. The facility has 78 cility had a census of 55 at					
	services were sprinkled detached buildings w						
LABORATORY	I DIRECTOR'S OR PROVIDER/S	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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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		MULTIPLE CONSTRUCTION ILDING 01, 02		(X3) DATE SURVEY COMPLETED	
		155073	B. WING				⋜ 27/2024
NAME OF P	ROVIDER OR SUPPLIER			2:	TREET ADDRESS, CITY, STATE, ZIP CODE 22 PARKVIEW ST PLYMOUTH, IN 46563	1 02	
(X4) ID PREFIX TAG	SUMMARY S' (EACH DEFICIENC REGULATORY OR	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE	
{K 000}	Continued From page 1 Quality Review completed on 02/29/24		{K 0				
{K 000}	A Post Survey Revision Code Recertification conducted on 01/17/ Indiana Department CFR Subpart 483.90 Survey Date: 02/27/ Facility Number: 000 Provider Number: 19 AIM Number: 10027 At this Life Safety Point compliance with Rin Medicare/Medicaid Life Safety from Fire National Fire Protect Life Safety Code (LS Health Care Occupa 16.2-3.1-19. Building 2 ia a one sibe of Type V (111) cosprinklered. The addoriginal building by a resistance rating. The system with smoke of spaces open to the osleeping rooms. The beds. The facility had of this survey.	Quality Review completed on 02/29/24 INITIAL COMMENTS A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 01/17/24 was conducted by the Indiana Department of Health in accordance 42 CFR Subpart 483.90(a). Survey Date: 02/27/24 Facility Number: 000030 Provider Number: 155073 AIM Number: 100275260 At this Life Safety PSR, Pilgrim Manor was found 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 with 410 IAC 16.2-3.1-19. Building 2 ia a one story addition determined to the of Type V (111) construction and was fully sprinklered. The addition is separated from the toriginal building by a firewall with a two-hour fire tresistance rating. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors and resident sleeping rooms. The facility has 78 certified the deds. The facility had a census of 55 at the time of this survey. All areas where residents have customary access		(00)			

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		155073	B. WING		R 02/27/2024	
NAME OF P	ROVIDER OR SUPPLIER	10000		STREET ADDRESS, CITY, STATE, ZIP CODE 222 PARKVIEW ST PLYMOUTH, IN 46563	02/2//2024	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETION	
{K 000}	Continued From page Quality Review comp		{K 00	0}		