STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155858		(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY A. BUILDING COMPLETED B. WING 09/13/2022				ETED
		STREET ADDRESS, CITY, STATE, ZIP COD 6712 RESTORACY DRIVE WHITESTOWN, IN 46075				
(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	ATE	(X5) COMPLETION DATE
conducted by the In accordance with 42 Survey Date: 09/13 Facility Number: 0 Provider Number: 3000 At this Emergency I Restoracy of Whites compliance with En Requirements for M Participating Provid 483.73. The facility has 72.00	diana Department of Health in CFR 483.73. /22 14586 155858 040744 Preparedness survey, The stown was found in hergency Preparedness dedicare and Medicaid ers and Suppliers, 42 CFR	E 00	000			
Quality Review con	npleted on 09/15/22					
Licensure survey was Department of Heal 483.90(a). Survey Date: 09/13 Facility Number: 0 Provider Number: 3000	as conducted by the Indiana th in accordance with 42 CFR //22 14586 155858 040744	K 0	000			
	PROVIDER OR SUPPLIER RACY OF WHITEST SUMMARY S (EACH DEFICIENCY REGULATORY OR An Emergency Preproducted by the Information accordance with 42 Survey Date: 09/13 Facility Number: 0 Provider Number: 1 AIM Number: 3000 At this Emergency I Restoracy of Whitestompliance with En Requirements for M Participating Provided 483.73. The facility has 72 of the survey, the censure survey was preparted to the survey of Heal 483.90(a). Survey Date: 09/13 Facility Number: 0 Provider Number: 1 AIM Number: 3000	DENTIFICATION NUMBER 155858 PROVIDER OR SUPPLIER RACY OF WHITESTOWN, THE SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73. Survey Date: 09/13/22 Facility Number: 014586 Provider Number: 155858 AIM Number: 300040744 At this Emergency Preparedness survey, The Restoracy of Whitestown was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73. The facility has 72 certified beds. At the time of the survey, the census was 69. Quality Review completed on 09/15/22 A Life Safety Code Recertification and State Licensure survey was conducted by the Indiana Department of Health in accordance with 42 CFR	PROVIDER OR SUPPLIER RACY OF WHITESTOWN, THE SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73. Survey Date: 09/13/22 Facility Number: 014586 Provider Number: 155858 AIM Number: 300040744 At this Emergency Preparedness survey, The Restoracy of Whitestown was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73. The facility has 72 certified beds. At the time of the survey, the census was 69. Quality Review completed on 09/15/22 A Life Safety Code Recertification and State Licensure survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a). Survey Date: 09/13/22 Facility Number: 014586 Provider Number: 155858 AIM Number: 300040744	A BUILDING B WING PROVIDER OR SUPPLIER ACY OF WHITESTOWN, THE SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73. Survey Date: 09/13/22 Facility Number: 014586 Provider Number: 155858 AIM Number: 300040744 At this Emergency Preparedness survey, The Restoracy of Whitestown was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73. The facility has 72 certified beds. At the time of the survey, the census was 69. Quality Review completed on 09/15/22 A Life Safety Code Recertification and State Licensure survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a). Survey Date: 09/13/22 Facility Number: 014586 Provider Number: 155858 AIM Number: 300040744	DENTIFICATION NUMBER 15888 ROVIDER OR SUPPLIER RACY OF WHITESTOWN, THE SUMMARY STATEMENT OF DEFICIENCIE (RACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73. Survey Date: 09/13/22 Facility Number: 014586 Provider Number: 155858 AIM Number: 300040744 A Life Safety Code Recertification and State Licensure survey, the census was 69. Quality Review completed on 09/15/22 Facility Number: 014586 Provider Number: 155858 AIM Number: 300040744 A Life Safety Code Recertification and State Licensure survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a). Survey Date: 09/13/22 Facility Number: 014586 Provider Number: 155858 AIM Number: 300040744	DESTIFICATION NUMBER A. BUILDING D. WING O9/13/12 COMPI, 158586 B. WING O9/13/12 COMPI, 158586 B. WING O9/13/12 COMPI, 158586 COMPI, 158

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

TITLE (X6) DATE

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		· 1	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01		(X3) DATE SURVEY COMPLETED	
		155858	B. WING			09/13/2022
	PROVIDER OR SUPPLIE		671	EET ADDRESS, CITY, 2 RESTORACY I ITESTOWN, IN 4	DRIVE	
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIE		ID	PROVIDE	ER'S PLAN OF CORRECTION	(X5)
PREFIX		NCY MUST BE PRECEDED BY FULL	PREFI	X (EACH CORRE CROSS-REFERI	ECTIVE ACTION SHOULD BE ENCED TO THE APPROPRIAT	
TAG		R LSC IDENTIFYING INFORMATION bund not in compliance with	TAC		DEFICIENCY)	DATE
	Requirements for F	-				
	1 -	1, 42 CFR Subpart 483.90(a),				
		ire and the 2012 edition of the				
	National Fire Prote	ection Association (NFPA) 101,				
		LSC), and 410 IAC 16.2. This				
	· ·	a total of seven buildings, the				
		ilding is Building 01, Home #1 is				
	_	#2 is Building 03, Home #3 is #4 is Building 05, Home #5 is				
	_	ome #6 is Building 07. Building				
	01 was surveyed with Chapter 38, New Business					
	Care Occupancies.					
	of Type V (111) co sprinklered. Building Building, has a fire detection in the cor sleeping rooms and residents. The entire and had a census of All areas providing sprinklered.	e-story facility determined to be enstruction and was not ing 01, The Administration endarm system with smoke rridor and has no resident in o customary access for refacility has a capacity of 72 if 69 at the time of this survey. In facility services were impleted on 09/15/22				
K 0000						
Bldg. 02						
	Licensure survey w	e Recertification and State was conducted by the Indiana alth in accordance with 42 CFR	K 0000			
	Survey Date: 09/1	3/22				
	Facility Number: (Provider Number:					

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155858		(X2) MULTIPLE CC A. BUILDING B. WING	ONSTRUCTION 02	(X3) DATE SURVEY COMPLETED 09/13/2022
	ROVIDER OR SUPPLIER ACY OF WHITESTOWN, THE	STREET ADDRESS, CITY, STATE, ZIP COD 6712 RESTORACY DRIVE WHITESTOWN, IN 46075		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION AIM Number: 300040744	ID PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPRODEFICIENCY)		(X5) COMPLETION DATE
	At this Life Safety Code Survey, The Restoracy of Whitestown was found not 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), and 410 IAC 16.2. This facility consists of a total of seven separated buildings. The Administration Building is Building 01, Home #1 is Building 02, Home #2 is Building 03, Home #3 is Building 04, Home #4 is Building 05, Home #5 is Building 06 and Home #6 is Building 07. Building 02 was surveyed with Chapter 18, New Health Care Occupancies. Building 02 is a one-story facility determined to be of Type V (111) construction and was fully sprinklered. Building 02 has a fire alarm system with smoke detection in the corridor and in areas open to the corridor. Building 02, Home #1, has a total of 12 resident sleeping rooms, Rooms 101 through 112, which are equipped with battery operated smoke detection. The entire facility has a capacity of 72 and had a census of 69 at the time of this survey. All areas where residents have customary access were sprinklered and all areas providing facility services were sprinklered. Quality Review completed on 09/15/22			
K 0000				
Bldg. 03	A Life Safety Code Recertification and State Licensure survey was conducted by the Indiana Department of Health in accordance with 42 CFR	K 0000		

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY					
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER				COMPL	
		155858				09/13/	
NAME OF P	PROVIDER OR SUPPLIER	8			DDRESS, CITY, STATE, ZIP COD		
RESTOR	ACY OF WHITEST	OWN, THE			ESTORACY DRIVE STOWN, IN 46075		
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIE		1	ID	DROWIDERIC BLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL	PR	EFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	.TE	COMPLETION
TAG		LSC IDENTIFYING INFORMATION	Т	AG	DEFICIENCY)		DATE
	483.90(a).						
	Survey Date: 09/13/22						
	Facility Number: 014586						
	Provider Number:						
	AIM Number: 300	040744					
	At this Life Safety (Code Survey, The Restoracy of					
	Whitestown was found not 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						
		ction Association (NFPA) 101,					
		LSC), and 410 IAC 16.2. This					
		n total of seven separated ninistration Building is Building					
	-	lding 02, Home #2 is Building					
		lding 04, Home #4 is Building					
		lding 06 and Home #6 is					
		ng 03 was surveyed with					
	Chapter 18, New H	ealth Care Occupancies.					
	Building 03 is a one	e-story facility determined to be					
	_	nstruction and was fully					
	sprinklered. Buildin	ng 03 has a fire alarm system					
		on in the corridor and in areas					
		Building 03, Home #2, has a					
		sleeping rooms, Rooms 201					
	-	were equipped with battery ection. The entire facility has a					
		nad a census of 69 at the time					
	of this survey.	ina a sensus of 67 at the time					
	,						
		idents have customary access					
	_	d all areas providing facility					
	services were sprinl	klered.					
	Quality Review con	mpleted on 09/15/22					

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		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155858	A. BU	(X2) MULTIPLE CONSTRUCTION (X A. BUILDING 04 B. WING		COMPL	(X3) DATE SURVEY COMPLETED 09/13/2022	
	ROVIDER OR SUPPLIER			6712 RI	ADDRESS, CITY, STATE, ZIP COD ESTORACY DRIVE STOWN, IN 46075			
(X4) ID PREFIX		STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL		ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPR	IATE	(X5) COMPLETION	
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE	
K 0000 Bldg. 04	Licensure survey w	Recertification and State ras conducted by the Indiana lth in accordance with 42 CFR	K 0	000				
	Survey Date: 09/13 Facility Number: 0 Provider Number: 300	114586 155858						
	At this Life Safety Code Survey, The Restoracy of Whitestown was found not 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), and 410 IAC 16.2. This facility consists of a total of seven separated buildings. The Administration Building is Building 01, Home #1 is Building 02, Home #2 is Building 03, Home #3 is Building 04, Home #4 is Building 05, Home #5 is Building 06 and Home #6 is Building 07. Building 04 was surveyed with Chapter 18, New Health Care Occupancies.							
	of Type V (111) co sprinklered. Buildir with smoke detection open to the corridor total of 12 resident through 312, which operated smoke det	e-story facility determined to be instruction and was fully ing 04 has a fire alarm system on in the corridor and in areas. Building 04, Home #3, has a sleeping rooms, Rooms 301 were equipped with battery ection. The entire facility has a had a census of 69 at the time						

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155858		(X2) MULTIPLE CO A. BUILDING B. WING	onstruction <u>04</u>	(X3) DATE SURVEY COMPLETED 09/13/2022	
	PROVIDER OR SUPPLIER		6712 R	ADDRESS, CITY, STATE, ZIP COD RESTORACY DRIVE ESTOWN, IN 46075	
(X4) ID PREFIX	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROP	BE COMPLETION
TAG	All areas where resi		TAG	DEFICIENCY	DATE
K 0000					
Bldg. 05	Licensure survey w	14586 155858	K 0000		
	Whitestown was for Requirements for Pa Medicare/Medicaid Life Safety from Fin National Fire Protect Life Safety Code (Life Safety Code) (In facility consists of a buildings. The Adm 101, Home #1 is Buil 103, Home #3 is Buil 105, Home #5 is Buil Building 07. Building Chapter 18, New Home Home Home Home Home Home Home Home	Code Survey, The Restoracy of and not in compliance with articipation in 42 CFR Subpart 483.90(a), re and the 2012 edition of the ction Association (NFPA) 101, SC), and 410 IAC 16.2. This a total of seven separated anistration Building is Building lding 02, Home #2 is Building lding 04, Home #4 is Building lding 06 and Home #6 is ang 04 was surveyed with ealth Care Occupancies. e-story facility determined to be anstruction and was fully ag 05 has a fire alarm system on in the corridor and in areas. Building 05, Home #4, has a			

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY A. BUILDING 05 COMPLETED			
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BUILDING	COMPLETED	
		155858	B. WING		09/13/2022
	ROVIDER OR SUPPLIER		6712	ET ADDRESS, CITY, STATE, ZIP COD RESTORACY DRIVE FESTOWN, IN 46075	
(X4) ID	SUMMARY S	STATEMENT OF DEFICIENCIE	ID	PROVIDER'S PLAN OF CORRECTION	(X5)
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL	PREFIX		COMPLETION
TAG		LSC IDENTIFYING INFORMATION	TAG	DEFICIENCY)	DATE
K 0211 SS=E Bldg. 05	through 312, which operated smoke detecapacity of 72 and be of this survey. All areas where resist were sprinklered and services and and services. Aisles, passageward discharges, exit loo in accordance with of egress is continuall obstructions to emergency, unless through 18/19.2.1, 7.1 Based on observation failed to ensure the corridors in Buildin maintained and free practice could affect staff, and 2 visitors. Findings include: Based on observation Maintenance Direct Director on 09/13/2 Resident room #412 chest containing PP	General Genera	K 0211	The Restoracy of Whitestown Plan of Correction- K211 Disclaimer: This Plan of Correction const this facility's written allegation compliance for the deficiencie cited. However, submission of Plan of Correction is not an admission that a deficiency e or that one was cited correctly This Plan of Correction is submitted to meet requirement established by the state and federal law.	itutes n of es of this xists

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155858		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 09/13/2022				
		ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP COD 6712 RESTORACY DRIVE WHITESTOWN, IN 46075				
	RESTORACY OF WHITESTOWN, THE (X4) ID SUMMARY STATEMENT OF DEFICIENCIE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION observation, he stated that staff knows the PPE chests are supposed to be on wheels, but the wheels fall off and they sometimes forget to put them back on before putting them in use. During the exit conference with the facility Maintenance Director and the visiting Maintenance Director at 2:30 p.m., no additional information or evidence could be provided contrary to this deficient finding. 3.1-19(b)		6712	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY) Alleged deficiency: Failure the ensure means of egress in 1 corridors in Building #5 was continuously maintained and the foliation of obstructions. This deficient practice could affect as many residents, 4 staff, and 2 visitors. Corrective Action for resident found to have deficient: Maintenance personnel immediately relocated the smathere-drawer chest containing PPE into Resident 412's room. Identify other residents havi same potential deficient: Initia audit was conducted by the Maintenance Director to ensure other small three-drawer chest containing PPE were blocking.	DATE O Of 4 free t as 6 rs. nt(s) all i n. ng ial re no ests y the			
					means of egress. Life Safety Surveyor and Maintenance Director saw no other small three-drawer chests containin PPE. Staff were re-educated keeping all corridors clear of s three-drawer chests containin PPE. Measures put into place or systemic changes: The Maintenance Director eliminar all small three-drawer chests without wheels and replaced t with small three-drawer chest with wheels. The Maintenance Director will provide education all employees regarding the means of egress are continuo	g on small g ted them s see n to		

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION (X3) DATE SUI A. BUILDING 05 COMPLET					
		155858	B. WI			09/13/	
	PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP COD 6712 RESTORACY DRIVE WHITESTOWN, IN 46075				
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIE			ID	DROVIDER'S DI AN OF CORRECTION		(X5)
PREFIX	``	CY MUST BE PRECEDED BY FULL		PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	TE	COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION		TAG	maintained free of all obstruction to full use in case of emergence. Plan to monitor performance: maintain compliance: The Maintenance Director and/or designee will perform random audits weekly on all corridors amonths, then monthly x 2 monto ensure the means of egress continuously maintained free constructions to full use in case emergency. If any compliance trends are identified, they will be reviewed in QAPI.	ions cy. to x 2 ths s are of all e of	DATE
					Date of Compliance: 10/03/2022		
K 0000							
Bldg. 06	Licensure survey was Department of Heal 483.90(a). Survey Date: 09/13 Facility Number: 0 Provider Number: 3000 At this Life Safety 0 Whitestown was for Requirements for Parameters of Parameters	14586 155858 040774 Code Survey, The Restoracy of and not in compliance with	K 0	000			

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155858		(X2) MULTIPLE CO A. BUILDING B. WING	onstruction <u>06</u>	(X3) DATE SURVEY COMPLETED 09/13/2022			
	PROVIDER OR SUPPLIER		6712 F	STREET ADDRESS, CITY, STATE, ZIP COD 6712 RESTORACY DRIVE WHITESTOWN, IN 46075			
(X4) ID PREFIX	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI			
TAG	National Fire Protect Life Safety Code (I. facility consists of a buildings. The Adn Building 01, Home Building 03, Home Building 05, Home is Building 07. Bui Chapter 18, New Ho Building 06 is a one of Type V (111) cor sprinklered. Buildin with smoke detection open to the corridor total of 12 resident a through 512, were e smoke detection. Th of 72 and had a cent survey. All areas where resi	extraction and was fully go 6 has a fire alarm system on in the corridor and in areas a sleeping rooms, Rooms 501 equipped with battery operated needs of 69 at the time of this	TAG	DEFICIENCY)	DATE		
	services were sprink						
K 0271 SS=E Bldg. 06	7.7, provides a level the provisions of 7 changes in elevating free of obstruction discharge shall be travel surface. 18.2.7, 19.2.7	cits arranged in accordance with rel walking surface meeting 7.1.7 with respect to on and shall be maintained s. Additionally, the exit a hard packed all-weather	W 0271	The Dectors of Militarity	10/10/2022		
		on and interview, the facility 5 egress discharge paths were	K 0271	The Restoracy of Whitestown Plan of Correction	10/10/2022		

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY					
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	JILDING	06	COMPL	ETED
		155858	B. WI	ING		09/13/	2022
NAME OF B	DROVIDED OF CUIDNIES		•	STREET A	ADDRESS, CITY, STATE, ZIP COD		
NAME OF P	PROVIDER OR SUPPLIEF			6712 RI	ESTORACY DRIVE		
RESTOR	ACY OF WHITEST	OWN, THE		WHITE	STOWN, IN 46075		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	`	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
TAG		R LSC IDENTIFYING INFORMATION	_	TAG	DEFICIENCY)		DATE
		onal signage. LSC 7.7.3.2 states			K 271 SS=E		
		hall be arranged and marked to					
	make clear the direction of egress travel from the exit discharge to a public way. This deficient practice could affect at least 6 residents, 2 staff,						
					Disclaimer:		
	and 2 visitors.				This Plan of Correction constit		
	F: 1: : 1 1				this facility's written allegation		
	Findings include:				compliance for the deficiencie		
	Dagad on abase-4				cited. However, submission of	เกเร	
	Based on observations made with the Maintenance Director and visiting Maintenance				Plan of Correction is not an	riete	
	_				admission that a deficiency ex or that one was cited correctly		
	Director on 09/13/22 at 1:46 p.m., Building #5 had a				This Plan of Correction is	•	
	glass panel door that led outside to the Courtyard. This door had no signage attached or near it to				submitted to meet requiremen	te	
	l .	it was an exit or not an exit to			established by the state and	ıs	
	_	ed on interview at the time of			federal law.		
		Maintenance Director agreed			rederariaw.		
		d outside to the Courtyard			Alleged deficiency: The facil	itv	
		takenly identified as a facility			failed to ensure 1 of 5 egress	,	
		vas no signage to direct staff,			discharge paths were marked	with	
		s to an exit egress that led to			directional signage.		
		ng that he would order			3 3		
		ne had time to do so. During					
		with the facility Maintenance			Corrective Action for deficie	nt:	
		siting Maintenance Director at			A NO EXIT sign was immedia		
		onal information or evidence			placed on the glass panel doo	-	
	could be provided of	contrary to this deficient			lead outside to the courtyard i	n	
	finding.				Building #6.		
	2.1.10(1)						
	3.1-19(b)						
					Identify same potential		
					deficient: Facility audit was		
					conducted by the Maintenance		
					Director to ensure all other eg		
					paths were marked with corre		
					directional signage. Life Safe Surveyor and Maintenance	ıy	
					Director identified no other		
					concerns.		
					COMOCINO.		

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		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION A. BUILDING 06		(X3) DATE SURVEY COMPLETED	
I II VD I ELII V	or egrame 1101.	155858		B. WING 09/13/202			
	PROVIDER OR SUPPLIE		·	STREET ADDRESS, CITY, STATE, ZIP COD 6712 RESTORACY DRIVE WHITESTOWN, IN 46075			
(X4) ID		SUMMARY STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE		(X5)
PREFIX TAG	·	NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION		PREFIX TAG	CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	ATE	COMPLETION DATE
					Measures put into place or systemic changes: Permane directional signage will be place on all glass panel doors that leads to the courtyard on or before 10/10/2022.	ced ead	
					Plan to monitor performance maintain compliance: The Maintenance Director and/or designee will perform random audits weekly on all glass pandoors leading to courtyards upermanent directional signage placed to ensure egress discripaths are marked with directionsignage. Date of Compliance: 10/10/2022	nel ntil e is narge	
K 0000							
Bldg. 07	Indiana Departmen 42 CFR 483.90(a). Survey Date: 09/1 Facility Number: 0 Provider Number: AIM Number: 300 At this Life Safety	3/22 014586 155858	K 00	000			

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STATEMENT OF DEFICIENCIES		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		NSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER	a. building <u>07</u>		07	COMPLETED	
		155858	B. WI	NG		09/13/	/2022
E 0E B				STREET A	ADDRESS, CITY, STATE, ZIP COD		
NAME OF P	ROVIDER OR SUPPLIER	Ł		6712 RI	ESTORACY DRIVE		
RESTORACY OF WHITESTOWN, THE			WHITESTOWN, IN 46075				
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIE			ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE OF TH			(X5)
PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL					TE	COMPLETION
TAG	REGULATORY OR LSC IDENTIFYING INFORMATION		+	TAG	DEFICIENCY		DATE
	Requirements for P	-					
		, 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), and 410 IAC 16.2. This						
	facility consists of a total of seven separated						
	buildings. The Administration Building is Building						
	01, Home #1 is Building 02, Home #2 is Building 03, Home #3 is Building 04, Home #4 is Building						
	05, Home #5 is Building 04, Home #4 is Building 05, Home #5 is Building 06 and Home #6 is						
	Building 07. Building 06 was surveyed with						
	_	ealth Care Occupancies.					
		outh cure companies.					
	Building 06 is a one	e-story facility determined to be					
	of Type V (111) construction and was fully						
		ng 06 has a fire alarm system					
	-	on in the corridor and in areas					
	open to the corridor. Building 06, Home #6, has a						
	total of 12 resident sleeping rooms, Rooms 601						
	through 612, which were equipped with battery						
	operated smoke det	ection. The entire facility has a					
	capacity of 72 and had a census of 69 at the time						
	of this survey.						
		idents have customary access					
	_	d all areas providing facility					
	services were sprinl	klered.					
	Quality Review con	npleted on 09/15/22					
K 0271	NFPA 101						
SS=E	Discharge from Ex	xits					
Bldg. 07	Discharge from Ex						
	_	arranged in accordance with					
	7.7, provides a lev	vel walking surface meeting					
	the provisions of 7	7.1.7 with respect to					
	_	ion and shall be maintained					
		s. Additionally, the exit					
	_	a hard packed all-weather					
	travel surface.						

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING COMPLETED 07 B. WING 09/13/2022 155858 STREET ADDRESS, CITY, STATE, ZIP COD NAME OF PROVIDER OR SUPPLIER 6712 RESTORACY DRIVE RESTORACY OF WHITESTOWN, THE WHITESTOWN, IN 46075 (X4) ID SUMMARY STATEMENT OF DEFICIENCIE ID (X5) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX COMPLETION TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG DEFICIENCY) DATE 18.2.7. 19.2.7 Based on observation and interview, the facility K 0271 The Restoracy of Whitestown 10/10/2022 failed to ensure 1 of 5 egress discharge paths were Plan of Correction marked with directional signage. LSC 7.7.3.2 states K 271 SS=E the exit discharge shall be arranged and marked to make clear the direction of egress travel from the exit discharge to a public way. This deficient practice could affect at least 6 residents, 2 staff, Disclaimer: and 2 visitors. This Plan of Correction constitutes this facility's written allegation of Findings include: compliance for the deficiencies cited. However, submission of this Based on observations made with the Plan of Correction is not an Maintenance Director and visiting Maintenance admission that a deficiency exists Director on 09/13/22 at 2:08 p.m., Building #6 had a or that one was cited correctly. glass panel door that led outside to the Courtyard. This Plan of Correction is This door had no signage attached or near it to submitted to meet requirements distinguish whether it was an exit or not an exit to established by the state and the public way. Based on interview at the time of federal law. the observation, the Maintenance Director agreed that the door that led outside to the Courtyard Alleged deficiency: The facility could easily be mistakenly identified as a facility failed to ensure 1 of 5 egress exit because there was no signage to direct staff, discharge paths were marked with visitors, or residents to an exit egress that led to directional signage. the public way adding that he would order signage as soon as he had time to do so. During the exit conference with the facility Maintenance **Corrective Action for deficient:** Director and the visiting Maintenance Director at A NO EXIT sign was immediately 2:30 p.m., no additional information or evidence placed on the glass panel door the could be provided contrary to this deficient lead outside to the courtyard in finding. Building #6. 3.1-19(b) Identify same potential deficient: Facility audit was conducted by the Maintenance Director to ensure all other egress paths were marked with correct directional signage. Life Safety Surveyor and Maintenance

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155858	(X2) MULTIPL A. BUILDING B. WING	E CONSTRUCTION G <u>07</u>	(X3) DATE SURVEY COMPLETED 09/13/2022				
NAME OF PROVIDER OR SUPPLIER RESTORACY OF WHITESTOWN, THE				STREET ADDRESS, CITY, STATE, ZIP COD 6712 RESTORACY DRIVE WHITESTOWN, IN 46075					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION		ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPI		E	(X5) COMPLETION DATE			
				Director identified no other concerns.					
				Measures put into place or systemic changes: Permar directional signage will be p on all glass panel doors that outside to the courtyard on a before 10/10/2022.	ent aced lead				
				Plan to monitor performan maintain compliance: The Maintenance Director and/o designee will perform rando audits weekly on all glass parts are marked with direct signage.	r m anel until ge is charge				
				Date of Compliance: 10/10/2022					

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