

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

PRINTED: 10/05/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155858		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING		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 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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
E 0000 Bldg. --	<p>An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73.</p> <p>Survey Date: 09/13/22</p> <p>Facility Number: 014586 Provider Number: 155858 AIM Number: 300040744</p> <p>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.</p> <p>The facility has 72 certified beds. At the time of the survey, the census was 69.</p> <p>Quality Review completed on 09/15/22</p>			E 0000			
K 0000 Bldg. 01	<p>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).</p> <p>Survey Date: 09/13/22</p> <p>Facility Number: 014586 Provider Number: 155858 AIM Number: 300040744</p> <p>At this Life Safety Code Survey, The Restoracy of</p>			K 0000			

LABORATORY DIRECTOR'S OR PROVIDER/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 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 disclosable 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		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155858		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING		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 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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 0000 Bldg. 02	<p>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 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 01 was surveyed with Chapter 38, New Business Care Occupancies.</p> <p>Building 01 is a one-story facility determined to be of Type V (111) construction and was not sprinklered. Building 01, The Administration Building, has a fire alarm system with smoke detection in the corridor and has no resident sleeping rooms and no customary access for residents. The entire facility has a capacity of 72 and had a census of 69 at the time of this survey.</p> <p>All areas providing facility services were sprinklered.</p> <p>Quality Review completed on 09/15/22</p> <p>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).</p> <p>Survey Date: 09/13/22</p> <p>Facility Number: 014586 Provider Number: 155858</p>			K 0000			

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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 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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 0000 Bldg. 03	<p>AIM Number: 300040744</p> <p>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.</p> <p>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.</p> <p>All areas where residents have customary access were sprinklered and all areas providing facility services were sprinklered.</p> <p>Quality Review completed on 09/15/22</p> <p>A Life Safety Code Recertification and State Licensure survey was conducted by the Indiana Department of Health in accordance with 42 CFR</p>			K 0000			

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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 PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>483.90(a).</p> <p>Survey Date: 09/13/22</p> <p>Facility Number: 014586 Provider Number: 155858 AIM Number: 300040744</p> <p>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 03 was surveyed with Chapter 18, New Health Care Occupancies.</p> <p>Building 03 is a one-story facility determined to be of Type V (111) construction and was fully sprinklered. Building 03 has a fire alarm system with smoke detection in the corridor and in areas open to the corridor. Building 03, Home #2, has a total of 12 resident sleeping rooms, Rooms 201 through 212, which were 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.</p> <p>All areas where residents have customary access were sprinklered and all areas providing facility services were sprinklered.</p> <p>Quality Review completed on 09/15/22</p>						

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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 PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 0000 Bldg. 04	<p>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).</p> <p>Survey Date: 09/13/22</p> <p>Facility Number: 014586 Provider Number: 155858 AIM Number: 300040744</p> <p>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.</p> <p>Building 04 is a one-story facility determined to be of Type V (111) construction and was fully sprinklered. Building 04 has a fire alarm system with smoke detection in the corridor and in areas open to the corridor. Building 04, Home #3, has a total of 12 resident sleeping rooms, Rooms 301 through 312, which were 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.</p>			K 0000			

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NAME OF PROVIDER OR SUPPLIER RESTORACY OF WHITESTOWN, THE				STREET ADDRESS, CITY, STATE, ZIP COD 6712 RESTORACY DRIVE WHITESTOWN, IN 46075			
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K 0000 Bldg. 05	<p>All areas where residents have customary access were sprinklered and all areas providing facility services were sprinklered.</p> <p>Quality Review completed on 09/15/22</p> <p>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).</p> <p>Survey Date: 09/13/22</p> <p>Facility Number: 014586 Provider Number: 155858 AIM Number: 300040744</p> <p>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.</p> <p>Building 05 is a one-story facility determined to be of Type V (111) construction and was fully sprinklered. Building 05 has a fire alarm system with smoke detection in the corridor and in areas open to the corridor. Building 05, Home #4, has a</p>			K 0000			

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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 PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 0211 SS=E Bldg. 05	<p>total of 12 resident sleeping rooms, Rooms 301 through 312, which were 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.</p> <p>All areas where residents have customary access were sprinklered and all areas providing facility services were sprinklered.</p> <p>Quality Review completed on 09/15/22</p> <p>NFPA 101 Means of Egress - General Means of Egress - General Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.11. 18.2.1, 19.2.1, 7.1.10.1 Based on observation and interview, the facility failed to ensure the means of egress in 1 of 4 corridors in Building #5 was continuously maintained and free of obstructions. This deficient practice could affect as many as 6 residents, 4 staff, and 2 visitors.</p> <p>Findings include:</p> <p>Based on observations made with the Maintenance Director and visiting Maintenance Director on 09/13/22 at 1:27 p.m., Building #5 - Resident room #412 had a small three-drawer chest containing PPE stored outside it in the corridor. This three-drawer chest was not on wheels. Based on an interview with the Maintenance Director at the time of the</p>			K 0211	<p>The Restoracy of Whitestown Plan of Correction- K211</p> <p>Disclaimer: This Plan of Correction constitutes this facility's written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by the state and federal law.</p>		10/03/2022

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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 PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
	<p>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.</p> <p>3.1-19(b)</p>		<p>Alleged deficiency: Failure to ensure means of egress in 1 of 4 corridors in Building #5 was continuously maintained and free of obstructions. This deficient practice could affect as many as 6 residents, 4 staff, and 2 visitors.</p> <p>Corrective Action for resident(s) found to have deficient: Maintenance personnel immediately relocated the small three-drawer chest containing PPE into Resident 412's room.</p> <p>Identify other residents having same potential deficient: Initial audit was conducted by the Maintenance Director to ensure no other small three-drawer chests containing PPE were blocking the means of egress. Life Safety Surveyor and Maintenance Director saw no other small three-drawer chests containing PPE. Staff were re-educated on keeping all corridors clear of small three-drawer chests containing PPE.</p> <p>Measures put into place or systemic changes: The Maintenance Director eliminated all small three-drawer chests without wheels and replaced them with small three-drawer chests with wheels. The Maintenance Director will provide education to all employees regarding the means of egress are continuously</p>		

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NAME OF PROVIDER OR SUPPLIER RESTORACY OF WHITESTOWN, THE				STREET ADDRESS, CITY, STATE, ZIP COD 6712 RESTORACY DRIVE WHITESTOWN, IN 46075			
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K 0000 Bldg. 06	<p>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).</p> <p>Survey Date: 09/13/22</p> <p>Facility Number: 014586 Provider Number: 155858 AIM Number: 300040774</p> <p>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</p>			K 0000	<p>maintained free of all obstructions to full use in case of emergency.</p> <p>Plan to monitor performance to maintain compliance: The Maintenance Director and/or designee will perform random audits weekly on all corridors x 2 months, then monthly x 2 months to ensure the means of egress are continuously maintained free of all obstructions to full use in case of emergency. If any compliance trends are identified, they will be reviewed in QAPI.</p> <p>Date of Compliance: 10/03/2022</p>		

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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 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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 0271 SS=E Bldg. 06	<p>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 06 was surveyed with Chapter 18, New Health Care Occupancies.</p> <p>Building 06 is a one-story facility determined to be of Type V (111) construction and was fully sprinklered. Building 06 has a fire alarm system with smoke detection in the corridor and in areas open to the corridor. Building 06, Home #5, has a total of 12 resident sleeping rooms, Rooms 501 through 512, were 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.</p> <p>All areas where residents have customary access were sprinklered and all areas providing facility services were sprinklered.</p> <p>Quality Review completed on 09/15/22</p> <p>NFPA 101 Discharge from Exits Discharge from Exits Exit discharge is arranged in accordance with 7.7, provides a level walking surface meeting the provisions of 7.1.7 with respect to changes in elevation and shall be maintained free of obstructions. Additionally, the exit discharge shall be a hard packed all-weather travel surface. 18.2.7, 19.2.7 Based on observation and interview, the facility failed to ensure 1 of 5 egress discharge paths were</p>			K 0271	The Restoracy of Whitestown Plan of Correction		10/10/2022

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NAME OF PROVIDER OR SUPPLIER RESTORACY OF WHITESTOWN, THE				STREET ADDRESS, CITY, STATE, ZIP CODE 6712 RESTORACY DRIVE WHITESTOWN, IN 46075			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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
	<p>marked with directional signage. LSC 7.7.3.2 states 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, and 2 visitors.</p> <p>Findings include:</p> <p>Based on observations made with the Maintenance Director and visiting Maintenance Director on 09/13/22 at 1:46 p.m., Building #5 had a glass panel door that led outside to the Courtyard. This door had no signage attached or near it to distinguish whether it was an exit or not an exit to the public way. Based on interview at the time of the observation, the Maintenance Director agreed that the door that led outside to the Courtyard could easily be mistakenly identified as a facility exit because there was no signage to direct staff, visitors, or residents to an exit egress that led to 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 Director and the visiting Maintenance Director at 2:30 p.m., no additional information or evidence could be provided contrary to this deficient finding.</p> <p>3.1-19(b)</p>				<p>K 271 SS=E</p> <p>Disclaimer: This Plan of Correction constitutes this facility's written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by the state and federal law.</p> <p>Alleged deficiency: The facility failed to ensure 1 of 5 egress discharge paths were marked with directional signage.</p> <p>Corrective Action for deficient: A NO EXIT sign was immediately placed on the glass panel door the lead outside to the courtyard in Building #6.</p> <p>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 Director identified no other concerns.</p>		

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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 PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 0000 Bldg. 07	<p>A Life Safety Code survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a).</p> <p>Survey Date: 09/13/22</p> <p>Facility Number: 014586 Provider Number: 155858 AIM Number: 300040744</p> <p>At this Life Safety Code Survey, The Restoracy of Whitestown was found not in compliance with</p>	K 0000	<p>Measures put into place or systemic changes: Permanent directional signage will be placed on all glass panel doors that lead outside to the courtyard on or before 10/10/2022.</p> <p>Plan to monitor performance to maintain compliance: The Maintenance Director and/or designee will perform random audits weekly on all glass panel doors leading to courtyards until permanent directional signage is placed to ensure egress discharge paths are marked with directional signage.</p> <p>Date of Compliance: 10/10/2022</p>		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155858		X2) MULTIPLE CONSTRUCTION A. BUILDING 07 B. WING		X3) DATE SURVEY COMPLETED 09/13/2022	
NAME OF PROVIDER OR SUPPLIER RESTORACY OF WHITESTOWN, THE				STREET ADDRESS, CITY, STATE, ZIP CODE 6712 RESTORACY DRIVE WHITESTOWN, IN 46075			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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
K 0271 SS=E Bldg. 07	<p>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 06 was surveyed with Chapter 18, New Health Care Occupancies.</p> <p>Building 06 is a one-story facility determined to be of Type V (111) construction and was fully sprinklered. Building 06 has a fire alarm system with smoke detection 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 detection. The entire facility has a capacity of 72 and had a census of 69 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered and all areas providing facility services were sprinklered.</p> <p>Quality Review completed on 09/15/22</p> <p>NFPA 101 Discharge from Exits Discharge from Exits Exit discharge is arranged in accordance with 7.7, provides a level walking surface meeting the provisions of 7.1.7 with respect to changes in elevation and shall be maintained free of obstructions. Additionally, the exit discharge shall be a hard packed all-weather travel surface.</p>						

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	<p>18.2.7, 19.2.7 Based on observation and interview, the facility failed to ensure 1 of 5 egress discharge paths were marked with directional signage. LSC 7.7.3.2 states 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, and 2 visitors.</p> <p>Findings include:</p> <p>Based on observations made with the Maintenance Director and visiting Maintenance Director on 09/13/22 at 2:08 p.m., Building #6 had a glass panel door that led outside to the Courtyard. This door had no signage attached or near it to distinguish whether it was an exit or not an exit to the public way. Based on interview at the time of the observation, the Maintenance Director agreed that the door that led outside to the Courtyard could easily be mistakenly identified as a facility exit because there was no signage to direct staff, visitors, or residents to an exit egress that led to 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 Director and the visiting Maintenance Director at 2:30 p.m., no additional information or evidence could be provided contrary to this deficient finding.</p> <p>3.1-19(b)</p>			K 0271	<p>The Restoracy of Whitestown Plan of Correction K 271 SS=E</p> <p>Disclaimer: This Plan of Correction constitutes this facility's written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by the state and federal law.</p> <p>Alleged deficiency: The facility failed to ensure 1 of 5 egress discharge paths were marked with directional signage.</p> <p>Corrective Action for deficient: A NO EXIT sign was immediately placed on the glass panel door the lead outside to the courtyard in Building #6.</p> <p>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</p>		10/10/2022

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					<p>Director identified no other concerns.</p> <p>Measures put into place or systemic changes: Permanent directional signage will be placed on all glass panel doors that lead outside to the courtyard on or before 10/10/2022.</p> <p>Plan to monitor performance to maintain compliance: The Maintenance Director and/or designee will perform random audits weekly on all glass panel doors leading to courtyards until permanent directional signage is placed to ensure egress discharge paths are marked with directional signage.</p> <p>Date of Compliance: 10/10/2022</p>		