PRINTED: 11/14/2022 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1 AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 , 02 , 03 , 04 , 05 , 06 , 07			(X3) DATE SURVEY COMPLETED R	
		155858	B. WING				≺ 03/2022
NAME OF PROVIDER OR SUPPLIER RESTORACY OF WHITESTOWN, THE				STREET ADDRESS, CITY, STATE, ZIP CODE 6712 RESTORACY DRIVE WHITESTOWN, IN 46075			00/2022
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
{K 000}	A Post Survey Revision Code Recertification Conducted on 09/13/2 Indiana Department of 42 CFR 483.90(a). Survey Date: 11/03/2 Facility Number: 014 Provider Number: 15 AIM Number: 300040 At this PSR Survey, Whitestown was foun Requirements for Parameter Medicare/Medicaid, 4 Life Safety from Fire National Fire Protecti Life Safety Code (LSG facility consists of a total Administration Building 02, Home #2 Building 04, Home #4 Building 04, Home #4 Building 06 and Home 01 was surveyed with Care Occupancies. Building 01 is a one-sof Type V (111) const sprinklered. Building Building, has a fire all	it (PSR) to the Life Safety and State Licensure Survey 22 was conducted by the of Health in accordance with 22 586 5858 0744 The Restoracy of d in compliance with ticipation in 2 CFR Subpart 483.90(a), and the 2012 edition of the on Association (NFPA) 101, C), and 410 IAC 16.2. This otal of seven buildings, the ng is Building 01, Home #1 is 2 is Building 03, Home #3 is 4 is Building 05, Home #5 is 8 is Building 07. Building in Chapter 38, New Business story facility determined to be	{K C			ATE	DATE
	sleeping rooms and r residents. The entire	no customary access for facility has a capacity of 72 70 at the time of this survey.					
LABORATORY	DIRECTOR'S OR PROVIDER!	SUPPLIER REPRESENTATIVE'S SIGNATUR			TITI F		(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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 , 02 , 03 , 04 , 05 , 06 , 07		(X3) DATE SURVEY COMPLETED	
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		155858	B. WING	B. WING		11/	03/2022
NAME OF PROVIDER OR SUPPLIER RESTORACY OF WHITESTOWN, THE				6	TREET ADDRESS, CITY, STATE, ZIP CODE 712 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 PREFI TAG	X	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
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{K 000}	Quality Review comp INITIAL COMMENTS		{K 0	00}			
	Code Recertification a conducted on 09/13/2	it (PSR) to the Life Safety and State Licensure Survey 22 was conducted by the of Health in accordance with					
	Facility Number: 014 Provider Number: 15 AIM Number: 300040	5858					
	Life Safety from Fire a National Fire Protection Life Safety Code (LSC facility consists of a to Administration Building Building 02, Home #2 Building 04, Home #4 Building 06 and Home	d in compliance with					
	of Type V (111) const sprinklered. Building (Building, has a fire all detection in the corrid	story facility determined to be ruction and was not 02, The Administration arm system with smoke lor and has no resident to customary access for					

X2) MULTIPLE CONSTRUCTION A. BUILDING 01, 02, 03, 04, 05, 06, 07			
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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED		
		155858	B. WING _			R / 03/2022		
NAME OF PROVIDER OR SUPPLIER RESTORACY OF WHITESTOWN, THE				STREET ADDRESS, CITY, STATE, ZIP CODE 6712 RESTORACY DRIVE WHITESTOWN, IN 46075		700/2022		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC ((EACH CORRECTIVE ACTION SHOUNDER) CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE		
{K 000}	with smoke detection open to the corridor. It total of 12 resident slet through 112, which ar operated smoke detect a capacity of 72 and It time of this survey. All areas where reside were sprinklered and services were sprinkles.	o3 has a fire alarm system in the corridor and in areas Building 02, Home #1, has a seeping rooms, Rooms 101 re equipped with battery ction. The entire facility has had a census of 70 at the ents have customary access all areas providing facility ered.	{K 00	00}				
{K 000}	Quality Review completed on 11/09/22		{K 00	00}				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 , 02 , 03 , 04 , 05 , 06 , 07		(X3) DATE SURVEY COMPLETED		
		155858	B. WING			R 11/03/2022	
NAME OF PROVIDER OR SUPPLIER RESTORACY OF WHITESTOWN, THE			1	6	STREET ADDRESS, CITY, STATE, ZIP CODE 1712 RESTORACY DRIVE VHITESTOWN, IN 46075	111/	03/2022
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG	PREFIX (EACH CORRECTIVE ACTION SHOULD I			(X5) COMPLETION DATE
{K 000}	05, Home #5 is Buildi Building 07. Building 07. Building 07. Chapter 18, New Heat Building 04 is a one-sof Type V (111) construction open to the corridor. Exprinklered. Building 04 with smoke detection open to the corridor. Exprinklered 12 resident slet through 112, which are operated smoke detection open to the smoke detection open to the corridor. Expression of 12 resident slet through 112, which are operated smoke detection of this survey. All areas where residence were sprinklered and services were sprinklered and services were sprinkle. Quality Review complimitation of the complete the complete through 112 and 112 and 113 and 113 areas where residence were sprinklered and services were sprinkle. Quality Review complete through 113 areas where the complete through 113 area	ing 04, Home #4 is Building ing 06 and Home #6 is 02 was surveyed with alth Care Occupancies. Story facility determined to be ruction and was fully 04 has a fire alarm system in the corridor and in areas Building 02, Home #1, has a seping rooms, Rooms 101 re equipped with battery ction. The entire facility has had a census of 70 at the ents have customary access all areas providing facility ered. Ideted on 11/09/22 It (PSR) to the Life Safety and State Licensure Survey 22 was conducted by the of Health in accordance with 122 586 5858 0744 The Restoracy of	{K 0				
	At this PSR Survey, T	The Restoracy of d in compliance with					

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NAME OF PI	ROVIDER OR SUPPLIER	100000			STREET ADDRESS, CITY, STATE, ZIP CODE	111/	03/2022
DESTORA	OV OF 14/1/1750TO4/1/1				6712 RESTORACY DRIVE		
RESTORA	CY OF WHITESTOWN, T	HE		,	WHITESTOWN, IN 46075		
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{K 000}	Life Safety from Fire a National Fire Protectic Life Safety Code (LSC facility consists of a to buildings. The Admini 01, Home #1 is Buildi 03, Home #3 is Buildi 05, Home #5 is Buildi Building 07. Building 08 is a one-sof Type V (111) const sprinklered. Building 08 with smoke detection open to the corridor. It total of 12 resident slet through 112, which are operated smoke detect a capacity of 72 and it time of this survey. All areas where reside were sprinklered and services were sprinkle. Quality Review complimitation of the Community Review complimitation and conducted on 09/13/2	2 CFR Subpart 483.90(a), and the 2012 edition of the on Association (NFPA) 101, C), and 410 IAC 16.2. This otal of seven separated stration Building is Building ing 02, Home #2 is Building ing 04, Home #4 is Building ing 06 and Home #6 is 02 was surveyed with alth Care Occupancies. It ory facility determined to be ruction and was fully 05 has a fire alarm system in the corridor and in areas Building 02, Home #1, has a reping rooms, Rooms 101 is equipped with battery cition. The entire facility has had a census of 70 at the sents have customary access all areas providing facility reed. It (PSR) to the Life Safety and State Licensure Survey 22 was conducted by the of Health in accordance with	{K 0				

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					6712 RESTORACY DRIVE		
RESTORA	CY OF WHITESTOWN, T	THE			WHITESTOWN, IN 46075		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
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(Facility Number: 014		1110	,00			
	Provider Number: 15						
	AIM Number: 300040	0744					
	At this PSR Survey, T	<u> </u>					
	Whitestown was foun Requirements for Par						
		2 CFR Subpart 483.90(a),					
		and the 2012 edition of the					
		on Association (NFPA) 101,					
		C), and 410 IAC 16.2. This					
	-	otal of seven separated istration Building is Building					
	•	ng 02, Home #2 is Building					
	03, Home #3 is Buildi	ng 04, Home #4 is Building					
		ng 06 and Home #6 is					
	Building 07. Building (
	Chapter 18, New Hea	alth Care Occupancies.					
	Building 06 is a one-s	story facility determined to be					
	of Type V (111) const						
		06 has a fire alarm system					
		in the corridor and in areas					
		Building 02, Home #1, has a eeping rooms, Rooms 101					
		re equipped with battery					
		ction. The entire facility has					
		nad a census of 70 at the					
	time of this survey.						
	All areas where reside	ents have customary access					
		all areas providing facility					
	services were sprinkle						
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	ROVIDER OR SUPPLIER	1		STREET ADDRESS, CITY, STATE, ZIP CODE 6712 RESTORACY DRIVE WHITESTOWN, IN 46075				
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