

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

PRINTED: 04/03/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155744		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING _____		X3) DATE SURVEY COMPLETED 03/18/2024	
NAME OF PROVIDER OR SUPPLIER LUTHERAN LIFE VILLAGES				STREET ADDRESS, CITY, STATE, ZIP COD 351 N ALLEN CHAPEL RD KENDALLVILLE, IN 46755			
(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: 03/18/24</p> <p>Facility Number: 000570 Provider Number: 155744 AIM Number: 100275010</p> <p>At this Emergency Preparedness survey, Lutheran Life Villages 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 99 certified beds. At the time of the survey, the census was 69.</p> <p>Quality Review completed on 03/20/24</p>			E 0000	<p>Please accept this as our credible allegation of compliance for our recent Life Safety survey. Submission of this Plan of Correction does not constitute an admission or agreement by the provider of the truth of facts alleged or the corrections set forth on the statement of deficiencies. This Plan of Correction is prepared and submitted in line with the requirements under State and Federal Law.</p> <p>Please consider this Plan of Correction for "paper compliance". Exhibits are uploaded to show the completion of the items identified as deficiencies.</p> <p><u>Supportive Documentation</u> <u>Uploaded:</u> Photo – Sprinkler Head Audit Form Fire/Smoke Damper Test Schedule Confirmation</p>		
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: 03/18/24</p>			K 0000	<p>Please accept this as our credible allegation of compliance for our recent Life Safety survey. Submission of this Plan of Correction does not constitute an admission or agreement by the provider of the truth of facts</p>		

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

TITLE

(X6) DATE

Sadie Fenstermaker

Administrator

03/29/2024

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 disclosed 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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K 0353 SS=E Bldg. 01	<p>Facility Number: 000570 Provider Number: 155744 AIM Number: 100275010</p> <p>At this Life Safety Code survey, Lutheran Life Villages 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), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This one story facility with a basement was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, areas open to the corridors and hard wired smoke detectors in the resident rooms. The facility has a capacity of 99 and had a census of 69 at the time of this survey.</p> <p>All areas where the residents have customary access are sprinklered. The facility does have a garage providing facility services that was not sprinklered.</p> <p>Quality Review completed on 03/20/24</p> <p>NFPA 101 Sprinkler System - Maintenance and Testing Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available.</p>				<p>alleged or the corrections set forth on the statement of deficiencies. This Plan of Correction is prepared and submitted in line with the requirements under State and Federal Law.</p> <p>Please consider this Plan of Correction for "paper compliance". Exhibits are uploaded to show the completion of the items identified as deficiencies.</p> <p><u>Supportive Documentation</u> <u>Uploaded:</u> Photo – Sprinkler Head Audit Form Fire/Smoke Damper Test Schedule Confirmation</p>		

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	<p>a) Date sprinkler system last checked</p> <p>b) Who provided system test</p> <p>c) Water system supply source</p> <p>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 Based on observation and interview, the facility failed to ensure 1 of 2 sprinklers in the kitchen dishing room were free of corrosion. NFPA 25, 2011 edition, at 5.2.1.1.1 sprinklers shall not show signs of leakage; shall be free of corrosion, foreign materials, paint, and physical damage; and shall be installed in the correct orientation (e.g., up-right, pendent, or sidewall). Furthermore, at 5.2.1.1.2 any sprinkler that shows signs of any of the following shall be replaced: (1) Leakage (2) Corrosion (3) Physical Damage (4) Loss of fluid in the glass bulb heat responsive element (5) Loading (6) Painting unless painted by the sprinkler manufacturer. This deficient practice could affect staff and up to 20 residents in one smoke compartment.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Director and Administrator on 03/18/24 at 12:15 p.m., the sprinkler head in the dishing room by the sink was green and showed signs of corrosion. Based on interview at the time of observation, the Maintenance Director agreed the sprinkler head in the dishing room showed signs of corrosion.</p> <p>The findings were reviewed with Maintenance Director and Administrator during the exit conference.</p>			K 0353	<p>1 1. The sprinkler head in the dish room was replaced on 3/22/24. (Photo attached)</p> <p>2 2. Maintenance Director reviewed the rest of the building and no other concerns were identified.</p> <p>3 3. Maintenance Director or designee will inspect sprinkler heads monthly to identify any signs of leakage, corrosion, or physical damage. (See attached audit form)</p> <p>4 4. Quality Monitor: Maintenance Director/designee will complete sprinkler head audit monthly and submit the audit results to the Administrator for reporting to the monthly QAA Committee through December 2024.</p>		03/29/2024

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K 0521 SS=F Bldg. 01	<p>3.1-19(b)</p> <p>NFPA 101 HVAC HVAC</p> <p>Heating, ventilation, and air conditioning shall comply with 9.2 and shall be installed in accordance with the manufacturer's specifications.</p> <p>18.5.2.1, 19.5.2.1, 9.2</p> <p>Based on record review and interview, the facility failed to ensure 1 of 1 fire damper system was inspected and provided necessary maintenance after the first year after installation and at least every four years in accordance with NFPA 90A. LSC 9.2.1 requires heating, ventilating and air conditioning (HVAC) ductwork and related equipment shall be in accordance with NFPA 90A, Standard for the Installation of Air-Conditioning and Ventilating Systems. NFPA 90A, 2012 Edition, Section 5.4.8.1 states fire dampers shall be maintained in accordance with NFPA 80, Standard for Fire Doors and Other Opening Protectives. NFPA 80, 2010 Edition, Section 19.4.1 states each damper shall be tested and inspected 1 year after installation. Section 19.4.1.1 states the test and inspection frequency shall be every 4 years except for hospitals where the frequency is every 6 years. If the damper is equipped with a fusible link, the link shall be removed for testing to ensure full closure and lock-in-place if so equipped. The damper shall not be blocked from closure in any way. All inspections and testing shall be documented, indicating the location of the fire damper, date of inspection, name of inspector and deficiencies discovered. The documentation shall have a space to indicate when and how the deficiencies were corrected. This deficient practice could affect all residents.</p>			K 0521	<p>1 1. The Maintenance Director scheduled the smoke/fire damper test on 3/21/24. The test will take place on 4/1/24. (See attached Smoke/Fire Damper Test Schedule Confirmation)</p> <p>2 2. The Maintenance Director reviewed the rest of the fire alarm system testing requirements; no other areas of concern identified.</p> <p>3 3. The Maintenance Director/designee will audit all areas of the required fire alarm system testing monthly to ensure compliance with regulations.</p> <p>4 4. Quality Monitor: The Maintenance Director/designee will review the fire alarm system testing regulation audit monthly for both accuracy and completion. The Maintenance Director will submit the audit results to the Administrator for reporting to the monthly QAA Committee through December 2024.</p>		04/01/2024

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	Findings include: Based on records review with the Maintenance Director and Administrator on 03/18/24 at 10:50 a.m., the smoke/fire damper testing was past due. The damper testing form had a completion date of 05/14/19. Based on an interview at the time of records review, the Maintenance Director agreed the damper inspection was ten months past due. This finding was reviewed with the Administrator and Maintenance Director during the exit conference. 3.1-19(b)						