STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155570	A. BUILDING **01** B. WING _____	R **08/13/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAJESTIC CARE OF MCCORDSVILLE	**7476 W LANE RD** **MCCORDSVILLE, IN 46055**

(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 000}	INITIAL COMMENTS A Fire Safety Evaluation (FSES) Survey and Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 06/24/24 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a). Survey Date: 08/13/24 Facility Number: 000477 Provider Number: 155570 AIM Number: 100290860 At this FSES and PSR survey, Majestic Care of McCordsville was found in compliance with National Fire Protection Association (NFPA) 101A, Chapter 4, Fire Safety Evaluation System for Health Care Occupancies in regard to the PSR to the Life Safety Code Recertification and State Licensure Survey. Achieving a passing score on the FSES survey for Health Care Occupancies found in Chapter 4 of NFPA 101A, Guide on Alternative Approaches to Life Safety, 2013 Edition, shows the facility provides a level of Life Safety at least equivalent to that prescribed by NFPA 101, Life Safety Code (LSC). The facility was surveyed with Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2. This two-story facility with a partial basement was determined to be of Type V (000) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, in all areas open to the corridor and in resident Room 22. The facility has battery operated smoke detectors in 20 of 21 resident sleeping rooms. The facility has a capacity of 48	{K 000}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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{K 000}	Continued From page 1 and had a census of 30 at the time of this survey. All areas where residents have customary access were sprinklered. The facility has an unsprinklered, detached 2 story wood frame pole barn housing a sprinkler system water storage tank and fire pump; an unsprinklered, detached 2 car garage used for oxygen storage; and an unsprinklered, 2 story wood barn used for housing a lawn mower and tractor and a snow blower. Quality Review completed on 08/15/24	{K 000}		
{K 161} SS=F	Building Construction Type and Height CFR(s): NFPA 101 Building Construction Type and Height 2012 EXISTING Building construction type and stories meets Table 19.1.6.1, unless otherwise permitted by 19.1.6.2 through 19.1.6.7 19.1.6.4, 19.1.6.5 Construction Type 1 I (442), I (332), II (222) Any number of stories non-sprinklered and sprinklered 2 II (111) One story non-sprinklered Maximum 3 stories sprinklered 3 II (000) Not allowed non-sprinklered 4 III (211) Maximum 2 stories sprinklered	{K 161}		

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{K 161}	Continued From page 2 5 IV (2HH) 6 V (111) 7 III (200) Not allowed non-sprinklered 8 V (000) Maximum 1 story sprinklered Sprinklered stories must be sprinklered throughout by an approved, supervised automatic system in accordance with section 9.7. (See 19.3.5) Give a brief description, in REMARKS, of the construction, the number of stories, including basements, floors on which patients are located, location of smoke or fire barriers and dates of approval. Complete sketch or attach small floor plan of the building as appropriate. This REQUIREMENT is not met as evidenced by: Based on record review, observation and interview; the facility failed to ensure the building construction type for the two-story portion of the facility was a permitted type as listed in Table 19.1.6.1. Table 19.1.6.1 prohibits a two story sprinklered building to be of Type V(000) construction. This deficient practice could affect all residents, staff and visitors. Findings include: Based on observations and interviews during a tour of the facility with the Executive Director and Maintenance Director on 06/24/24 between 1:05 p.m. and 2:20 p.m., the two-story portion of this fully sprinklered building had exposed wood as the structural element for the exterior load bearing wall and an interior load bearing wall in the sprinkler riser room in the basement. In addition, the top portion of the stairwell wall in the	{K 161}	Correction obviated - Passed FSES	

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{K 161}	Continued From page 3 attic had exposed wood with one half inch thick plaster covering the interior portion of the stairwell wall. Residents have customary access to the dining room and the therapy room on the first floor of the two-story portion of the facility. Based on interview at the time of record review and of the observations, the Executive Director stated the second floor has been totally vacated of staff offices and storage and would be utilizing a Fire Safety Evaluation System (FSES) to show compliance to the Life Safety Code (LSC). Based on observation at the Post Survey Revisit on 08/13/24, the facility was utilizing an FSES to show equivalency to the Life Safety Code (LSC). This finding was reviewed with the Executive Director and Maintenance Director at the exit conference.	{K 161}		
{K 225} SS=E	3.1-19(b) Stairways and Smokeproof Enclosures CFR(s): NFPA 101 Stairways and Smokeproof Enclosures Stairways and Smokeproof enclosures used as exits are in accordance with 7.2. 18.2.2.3, 18.2.2.4, 19.2.2.3, 19.2.2.4, 7.2 This REQUIREMENT is not met as evidenced by: Based on record review, observation and interview, the facility failed to ensure 1 of 1 stairway enclosure door was secured against unauthorized access for the purpose of the FSES. This deficient practice affects 15 including	{K 225}	Correction obviated - Passed FSES	

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{K 225}	Continued From page 4 staff and visitors. Findings include: Based on observations and interview during a tour of the facility with the Executive Director and Maintenance Director on 06/24/24 at 1:10 p.m., the 90 minute rated stairwell door going into the second floor was unlocked. Based on record review of a Fire Safety Evaluation System (FSES) dated 06/09/23, the second to last paragraph on page one states, 'If both spaces, however, zones 6 and 7 are abandoned and then entirely emptied of all storage items and offices plus the spaces made inaccessible by having the doors to the stairs locked, the zones could be ignored for the purposes of the FSES'. Per the FSES, zone 6 is the second floor with no certified beds and no resident access, offices, or storage. Zone 7 is attic space, with no resident access and only storage. Based on observation with the Executive Director, the second floor and attic have been totally vacated of all storage and office space. The Executive Director confirmed the stairwell door to the second floor was unlocked and not secured against unauthorized access at the time of the survey. Based on observation at the Post Survey Revisit on 08/13/24, the facility had placed a deadbolt lock on the stairwell door and was utilizing an FSES to show equivalency to the Life Safety Code (LSC). This finding was reviewed with the Executive Director and the Maintenance Director at the exit conference.	{K 225}		
{K 232} SS=E	3.1-19(b) Aisle, Corridor, or Ramp Width	{K 232}		

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{K 232}	Continued From page 5 CFR(s): NFPA 101 Aisle, Corridor or Ramp Width 2012 EXISTING The width of aisles or corridors (clear or unobstructed) serving as exit access shall be at least 4 feet and maintained to provide the convenient removal of nonambulatory patients on stretchers, except as modified by 19.2.3.4, exceptions 1-5. 19.2.3.4, 19.2.3.5 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to maintain the required corridor width throughout the facility. LSC 19.2.3.4* states any required aisle, corridor, or ramp shall be not less than 48 in. (1220 mm) in clear width where serving as a means of egress. This deficient practice could affect at least seven residents and staff using the dining room. Findings include: Based on observations and interviews during a tour of the facility with the Maintenance Director and Executive Director on 06/24/24 between 1:05 p.m. and 2:20 p.m., the ramp and adjacent stairs by Room 22 measured 35 inches (ramp) and 33 inches (steps) in width. Additionally, the aforementioned ramp which is approximately 15-20 feet in length, did not appear to meet the overall slope requirement for existing facilities which is 1 inch of fall for every 6 inches of rise. Based on interview with the Executive Director, she stated Room 22 is no longer a resident room and is now office space. The Executive Director stated residents use the dining room in the house portion of the facility at the top of the ramp	{K 232}	Correction obviated - Passed FSES	

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{K 232}	Continued From page 6 /stairs that measure less than 48 inches in clear width. Based on observation at the Post Survey Revisit on 08/13/24, the facility was utilizing an FSES to show equivalency to the Life Safety Code (LSC). This finding was reviewed with the Executive Director and Maintenance Director at the exit conference.	{K 232}		
{K 241} SS=E	3.1-19(b) Number of Exits - Story and Compartment CFR(s): NFPA 101 Number of Exits - Story and Compartment Not less than two exits, remote from each other, and accessible from every part of every story are provided for each story. Each smoke compartment shall likewise be provided with two distinct egress paths to exits that do not require the entry into the same adjacent smoke compartment. 18.2.4.1-18.2.4.4, 19.2.4.1-19.2.4.4 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to provide the required number of exits from the basement area. LSC 19.2.4.4 states that not less than two exits shall be accessible from each smoke compartment, and egress shall be permitted through an adjacent compartment(s), provided that the two required egress paths are arranged so that both do not pass through the same adjacent smoke compartment. This deficient practice could affect up to 5 staff in the facility. Findings include:	{K 241}	Correction obviated - Passed FSES	

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{K 241}	Continued From page 7 Based on observations during a tour of the facility with the Maintenance Director and Executive Director on 06/24/24 between 1:05 p.m. and 2:20 p.m., in the basement only one means of egress was provided. There appeared to be only one way into and one way out of the basement area. Based on interview with the Executive Director, she stated a Fire Safety Evaluation System (FSES) would be utilitzed to show equivalency to the Life Safety Code (LSC). Based on observation at the Post Survey Revisit on 08/13/24, the facility was utilizing an FSES to show equivalency to the Life Safety Code (LSC). This finding was reviewed with the Executive Director and the Maintenance Director at the exit conference. 3.1-19(b)	{K 241}		