PRINTED: 08/16/2024 FORM APPROVED OMB NO. 0938-0391

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					
		155570	B. WING			l	R 1 3/2024
NAME OF PROVIDER OR SUPPLIER MAJESTIC CARE OF MCCORDSVILLE				74	REET ADDRESS, CITY, STATE, ZIP CODE 76 W LANE RD CCORDSVILLE, IN 46055	,	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG	EIX (EACH CORRECTIVE ACTION SHOULD BE			(X5) COMPLETION DATE
{K 000}	INITIAL COMMENTS		{K 0	00}			
	Survey Revisit (PSR) Recertification and St conducted on 06/24/2 Indiana Department of 42 CFR 483.90(a). Survey Date: 08/13/2 Facility Number: 000 Provider Number: 15 AIM Number: 100290 At this FSES and PSF McCordsville was fou National Fire Protection 101A, Chapter 4, Fire for Health Care Occup PSR to the Life Safety State Licensure Surve score on the FSES su Occupancies found in Guide on Alternative A 2013 Edition, shows to Life Safety at least equity by NFPA 101, Life Sa was surveyed with Ch Care Occupancies an This two-story facility determined to be of T and was fully sprinkle alarm system with sm corridors, in all areas resident Room 22. Th	44 was conducted by the if Health in accordance with 4477 5570 0860 R survey, Majestic Care of and in compliance with 55 on Association (NFPA) Safety Evaluation System 55 pancies in regard to the 67 Code Recertification and 68 per Achieving a passing 17 or Health Care 18 of NFPA 101A, 18 of Approaches to Life Safety, 18 of Health Care 19 of Health Car					
ADODATOSY	sleeping rooms. The f	ctors in 20 of 21 resident facility has a capacity of 48			TITLE		(X6) DATE

(Xb) 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.

(X1) PROVIDER/SUPPLIER/CLIA

PRINTED: 08/16/2024 FORM APPROVED OMB NO. 0938-0391

(X3) DATE SURVEY

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	IPLE CONSTRUCTION (X3) DATE COMPI		
		155570	B. WING _		08/	R 13/2024
NAME OF PROVIDER OR SUPPLIER MAJESTIC CARE OF MCCORDSVILLE				STREET ADDRESS, CITY, STATE, ZIP CODE 7476 W LANE RD MCCORDSVILLE, IN 46055	·	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
{K 000}	All areas where reside were sprinklered. The unsprinklered, detach barn housing a sprink tank and fire pump; at car garage used for ounsprinklered, 2 story housing a lawn mowe blower. Quality Review complete.	ants have customary access facility has an ed 2 story wood frame pole ler system water storage in unsprinklered, detached 2 xygen storage; and an wood barn used for in and tractor and a snow eted on 08/15/24	{K 00	00}		
{K 161} SS=F		Type and Height type and stories meets s otherwise permitted by .6.7 Type 2), II (222) Any number of non-sprinklered and One story	{K 16	51}		
	sprinklered 3 II (000) non-sprinklered 4 III (211) sprinklered	Maximum 3 stories Not allowed Maximum 2 stories				

PRINTED: 08/16/2024 FORM APPROVED OMB NO. 0938-0391 (X3) DATE SURVEY

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION IG 01	1, ,	(X3) DATE SURVEY COMPLETED	
		155570	B. WING _		ı	R / 13/2024	
	ROVIDER OR SUPPLIER	LLE		STREET ADDRESS, CITY, STATE, ZIP CODE 7476 W LANE RD MCCORDSVILLE, IN 46055			
(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 CORRECT (EACH CORRECTIVE ACTION SHOUTH CORRESTIVE ACTION SHOUTH CORRESTIVE ACTION SHOUTH CORRESTIVE ACTION SHOUTH CORRESTIVE ACTION OF THE APPLICATION OF THE APPLICA	OULD BE	(X5) COMPLETION DATE	
{K 161}	system in accordance 19.3.5) Give a brief description construction, the numbasements, floors on location of smoke or fapproval. Complete splan of the building as This REQUIREMENT by: Based on record revisiterview; the facility from the facility was a permitte 19.1.6.1. Table 19.1.1 sprinklered building to construction. This defall residents, staff and Findings include: Based on observation tour of the facility with Maintenance Director p.m. and 2:20 p.m., the fully sprinklered building the structural element bearing wall and an in the sprinkler riser room.	Maximum 1 story ust be sprinklered roved, supervised automatic with section 9.7. (See on, in REMARKS, of the ber of stories, including which patients are located, ire barriers and dates of ketch or attach small floor appropriate. Is not met as evidenced ew, observation and ailed to ensure the building he two-story portion of the ditype as listed in Table 6.1 prohibits a two story or be of Type V (000) icient practice could affect divisitors. It is and interviews during a lithe Executive Director and on 06/24/24 between 1:05 he two-story portion of this ng had exposed wood as if for the exterior load interior load bearing wall in	{K 16	Correction obviated - Passed FS	ES		

INDUSTRIES AND STREET ADDRESS, CITY, STATE, 2P CODE TATE W LANKE R MAJESTIC CARE OF MCCORDSVILLE WALLE R MAJESTIC CARE OF MCCORDSVILLE WALLE R MAJESTIC CARE OF MCCORDSVILLE WALLE R MCCORDSVILLE, IN 48055 (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 for 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). This finding was reviewed with the Executive Director at the exit conference. 3.1-19(b) (K 225) 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 for the post of	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT		CONSTRUCTION	SURVEY LETED	
MAJESTIC CARE OF MCCORDSVILLE MAJESTIC CARE OF MCCORDSVILLE, IN 46955 MAJESTIC CARE OF MCCORDSV			155570	B. WING				
MAJESTIC CARE OF MCCORDSVILLE MCCORDSVILLE, IN 46655	NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 00/	13/2024
CALID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PREFIX SUMMARY STATEMENT OF DEFICIENCIES PREFIX SUCH CORRECTION COMMISSION PREFIX PROVIDER PREFIX SUCH CORRECTION COMMISSION PREFIX PROVIDER PROVIDER PREFIX PROVIDER PREFIX PROVIDER PREFIX PROVIDER PROVIDER PREFIX PROVIDER	MAJESTIC	CARE OF MCCORDSVI	LLE					
(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. 3.1-19(b) (K 225) SS=E Stairways and Smokeproof Enclosures 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	(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID		, , , , , , , , , , , , , , , , , , ,		
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interview, the facility failed to ensure 1 of 1 stairway enclosure door was secured against unauthorized access for the purpose of the			ew, observation and			Correction obviated - Passed FSES		
unauthorized access for the purpose of the		interview, the facility f	ailed to ensure 1 of 1					

_ ` · ·		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL ⁻ A. BUILDI		CONSTRUCTION 1	(X3) DATE SURVEY COMPLETED			
		155570	B. WING				R 13/2024		
	ROVIDER OR SUPPLIER	ILLE		7	TREET ADDRESS, CITY, STATE, ZIP CODE 476 W LANE RD ICCORDSVILLE, IN 46055	1 00/	10/2024		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE		
{K 225}	tour of the facility with Maintenance Director the 90 minute rated a second floor was unknown of a Fire Safe dated 06/09/23, the spage one states, 'If be 6 and 7 are abandon of all storage items a made inaccessible by stairs locked, the zor purposes of the FSE the second floor with resident access, officiattic space, with no restorage. Based on ob Director, the second totally vacated of all of the Executive Direct door to the second flosecured against unatof the survey. Based Survey Revisit on 08 a deadbolt lock on the utilizing an FSES to safety Code (LSC).	ns and interview during a in the Executive Director and r on 06/24/24 at 1:10 p.m., stairwell door going into the ocked. Based on record ty Evaluation System (FSES) second to last paragraph on oth spaces, however, zones ed and then entirely emptied and offices plus the spaces y having the doors to the nes could be ignored for the S'. Per the FSES, zone 6 is no certified beds and no ses, or storage. Zone 7 is esident access and only observation with the Executive floor and attic have been storage and office space. Or confirmed the stairwell bor was unlocked and not authorized access at the time on observation at the Post /13/24, the facility had placed e stairwell door and was show equivalency to the Life ewed with the Executive intenance Director at the exit	{K 2						
{K 232}	Aisle, Corridor, or Ra	ımp Width	{K 2	32}					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:) MULTIPLE CONSTRUCTION (X BUILDING 01			(X3) DATE SURVEY COMPLETED	
						F	₹	
		155570	B. WING _			08/	13/2024	
	ROVIDER OR SUPPLIER CARE OF MCCORDSVI	LLE		7	TREET ADDRESS, CITY, STATE, ZIP CODE 476 W LANE RD ICCORDSVILLE, IN 46055			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
{K 232}	least 4 feet and maint convenient removal of stretchers, except as exceptions 1-5. 19.2.3.4, 19.2.3.5 This REQUIREMENT by: Based on observation failed to maintain the throughout the facility required aisle, corridor than 48 in. (1220 mm serving as a means of practice could affect a staff using the dining of the facility with an and Executive Directors, and 2:20 p.m., the properties of the facility with an and 2:20 p.m., the properties of the facility with an and 2:20 p.m., the properties of the facility with an and 2:20 p.m., the properties of the facility with an and 2:20 p.m., the properties of the facility with an and 2:20 p.m., the properties of the facility with an and 2:20 p.m., the properties of the facility with a forementioned ramp 15-20 feet in length, of the facility with a forementioned ramp 15-20 feet in length, of the facility with a forementioned ramp 15-20 feet in length, of the facility with a forementioned ramp 15-20 feet in length, of the facility with a facility and the facility with a facility and 2:20 p.m., the properties of the facility with a f	corridors (clear or as exit access shall be at ained to provide the for nonambulatory patients on modified by 19.2.3.4, is not met as evidenced and interview, the facility required corridor width. LSC 19.2.3.4* states any required corridor width be not less in clear width where fegress. This deficient at least seven residents and room. as and interviews during a the Maintenance Director or on 06/24/24 between 1:05 are ramp and adjacent stairs d 35 inches (ramp) and 33	{K 2	232}	Correction obviated - Passed FSES			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ') MULTIPLE CONSTRUCTION BUILDING 01		(X3) DATE SURVEY COMPLETED	
		455570	D WING			1	٦
		155570	B. WING _			08/	13/2024
NAME OF PE	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE		
MAJESTIC	CARE OF MCCORDSVI	LLE			176 W LANE RD		
				IVI	CCORDSVILLE, IN 46055		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC 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
{K 232}	width. Based on obse Revisit on 08/13/24, the FSES to show equival Code (LSC). This finding was revied Director and Maintenation conference. 3.1-19(b)	ess than 48 inches in clear ervation at the Post Survey he facility was utilizing an lency to the Life Safety ewed with the Executive ance Director at the exit	{K 2				
{K 241} SS=E	Number of Exits - Sto Not less than two exit and accessible from e provided for each stor compartment shall like distinct egress paths to the entry into the same compartment. 18.2.4.1-18.2.4.4, 19. This REQUIREMENT by: Based on observation failed to provide the re- from the basement ar	ry and Compartment s, remote from each other, every part of every story are ry. Each smoke ewise be provided with two to exits that do not require lie adjacent smoke	{K 2	41}	Correction obviated - Passed FSES		
	each smoke compartr permitted through an provided that the two arranged so that both same adjacent smoke	ment, and egress shall be adjacent compartment(s), required egress paths are do not pass through the					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDI	TIPLE CONSTRUCTION NG 01	(X3)	(X3) DATE SURVEY COMPLETED			
		155570	B. WING			R		
	ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE 7476 W LANE RD MCCORDSVILLE, IN 46055			08/13/2024		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN X (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLETION DATE		
{K 241}	Based on observation with the Maintenance Director on 06/24/24 p.m., in the basemen was provided. There into and one way out Based on interview w she stated a Fire Safe (FSES) would be utili the Life Safety Code observation at the Po 08/13/24, the facility is show equivalency to a This finding was review.	ns during a tour of the facility Director and Executive between 1:05 p.m. and 2:20 t only one means of egress appeared to be only one way of the basement area. ith the Executive Director, ety Evaluation System tzed to show equivalency to (LSC). Based on	{K 2	41}				