

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

PRINTED: 06/03/2025

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155115		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING _____		X3) DATE SURVEY COMPLETED 05/13/2025	
NAME OF PROVIDER OR SUPPLIER CARDINAL NURSING AND REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 1121 E LASALLE AVE SOUTH BEND, IN 46617			
(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: 05/13/2025</p> <p>Facility Number: 000048 Provider Number: 155115 AIM Number: 100275330</p> <p>At this Emergency Preparedness survey, Cardinal Nursing and Rehabilitation Center was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73.</p> <p>The facility is licensed for 144 dually certified Medicare and Medicaid beds; however, it is operating at only 122. At the time of the survey, the census was 59.</p> <p>Quality Review completed on 05/14/25</p>			E 0000	<p>The creation and submission of this plan of correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation.</p> <p>Due to the relatively low scope and severity of this survey, the facility respectfully requests a desk review in lieu of a post-survey revisit on or after May 29, 2025.</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: 05/13/2025</p> <p>Facility Number: 000048 Provider Number: 155115 AIM Number: 100275330</p>			K 0000	<p>The creation and submission of this plan of correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation.</p> <p>Due to the relatively low scope and severity of this survey, the facility respectfully requests a</p>		

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

TITLE

(X6) DATE

Jamie Corpe

Executive Director

05/29/2025

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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K 0324 SS=E Bldg. 01	<p>At this Life Safety Code survey, Cardinal Nursing and Rehabilitation Center 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 three-story facility with a basement was determined to be of Type II (111) construction with a one-story addition determined to be of Type V (111) construction and both were fully sprinklered except for the housekeeping closet in the kitchen and the outside attached walk-in-freezer. The facility has a fire alarm system with smoke detection on all levels in the corridors and in all areas open to the corridor. The facility has battery operated smoke detectors in all resident sleeping rooms. The building is fully protected by a 600-kW diesel powered generator. The facility is licensed for 144 dually certified Medicare and Medicaid beds, however, is only operating at 122. At the time of this survey, the census was 59.</p> <p>All areas where residents have customary access were sprinklered and all areas providing facility services were sprinklered except for the housekeeping closet in the kitchen, the outside attached walk-in-freezer, and two detached storage sheds.</p> <p>Quality Review completed on 05/14/25</p> <p>NFPA 101 Cooking Facilities</p> <p>Based on observation and interview, the facility</p>		K 0324	<p>desk review in lieu of a post-survey revisit on or after May 29, 2025.</p> <p>K324 – Cooking Facilities</p>		05/28/2025	

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	<p>failed to maintain 1 of 1 kitchen extinguishing system in accordance with NFPA 96, Standard for Ventilation and Fire Protection of Commercial Cooking Operations, Section 10.5.1 states A readily accessible means for manual activation shall be located between 42 inches and 48 inches above the floor, be accessible in the event of a fire, be located in a path of egress, and clearly identify the hazard protected. This deficient practice could affect kitchen staff only.</p> <p>Findings include:</p> <p>Based on observation with the Executive Director and Maintenance Director at 1:57 p.m. on 05/13/2025, the ANSUL system pull station was mounted 58 inches above the floor in the path of egress out of the kitchen from the cooking area. Based on interview with the Maintenance Director at 1:57 p.m. on 05/13/2025, he viewed the measurement on the tape measure that was used to measure the height of the pull station from the floor and acknowledged the measurement.</p> <p>This finding was reviewed with the Executive Director and Maintenance Director during the exit conference.</p> <p>3.1-19(b)</p>				<p>Standard was not met; facility failed to maintain 1 of 1 kitchen extinguishing systems in accordance with NFPA 96 which indicates a readily accessible means for manual activation shall be located between 42 inches to 48 inches above the floor.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.</p> <p>It is the practice of the facility to maintain the kitchen extinguishing system at a readily accessible means for manual activation between 42 inches and 48 inches above the floor; the pull station was moved to a height between 42 in and 48 in.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken:</p> <p>All kitchen staff have the potential to be affected by this deficient practice. A facility audit was conducted on 5/21/25 to ensure pull stations are properly maintained</p> <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p>		

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					<p>The Maintenance Director/designee completed a facility audit to ensure pull stations are properly maintained at the standard height range above the floor. All staff were in-serviced on 5/21/25.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place:</p> <p>Ongoing compliance with this corrective action will be monitored through the facility Quality Assurance and Performance Improvement Program (QAPI). The Maintenance Supervisor/designee will be responsible for completing the QAPI Audit tool "Life Safety Code" weekly for 4 weeks, monthly for 6 months and quarterly thereafter for at least 2 quarters. If the threshold of 90% is not met, an action plan will be developed. Findings will be submitted to the QAPI Committee for review and follow-up.</p> <p>By what date the systemic changes will be completed:</p> <p>Compliance Date: 5/29/25 QAPI Tool Dates: Weekly = 5/21 _x_ 5/28 _x_ 6/4 ____ 6/11 _____ Monthly x6 = June ____ July ____ August ____ September ____ October ____ November ____ Quarterly</p>		

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					x2 = July _____ October _____		