PRINTED: 06/18/2024

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES						FORM APPROVED OMB NO. 0938-039		
STATEME	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155376		X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING			(X3) DATE SURVEY COMPLETED 06/03/2024		
	PROVIDER OR SUPPLIE		803 S I	ADDRESS, CITY, STATE, ZIP COD HAMILTON ST				
IVIAJES I	TIC CARE OF SHEI	RIDAN	SHERI	DAN, IN 46069		_		
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIE NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRI DEFICIENCY)	D BE	(X5) COMPLETION DATE		
L 0000								
Bldg	Preparedness Surv	visit (PSR) to the Emergency ey conducted on 04/18/24 was ndiana Department of Health in 2 CFR 483.73.	E 0000					
	Survey Date: 06/0	3/24						
	Facility Number: Provider Number: AIM Number: 100	155376						
	Preparedness surve was found in comp Preparedness Requ	to the Emergency ey, Majestic Care of Sheridan bliance with Emergency airements for Medicare and string Providers and Suppliers, 42						
	The facility has 80 the survey, the cen	certified beds. At the time of sus was 78.						
	Quality Review co	nducted on 06/04/24						
K 0000								
Bldg. 01								
2.03. 01	Code Recertification conducted on 04/1	visit (PSR) to the Life Safety on and State Licensure Survey 8/24 was conducted by the nt of Health in accordance with	K 0000					
	Survey Date: 06/0	3/24						
	Facility Number:	000336						

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

Provider Number: 155376 AIM Number: 100290170

> TITLE (X6) DATE

Lauren Kirkwood HFA, RN 06/14/2024

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclo 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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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155376		A. BUILDING B. WING	<u>01</u>	(X3) DATE SURVEY COMPLETED 06/03/2024	
		803 S F	HAMILTON ST		
(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL	ID PREFIX TAG			(X5) COMPLETION DATE
was found not in corfor Participation in It Subpart 483.90(a), I 2012 edition of the It Association (NFPA) Chapter 19, Existing 410 IAC 16.2. This one story facility Type V (111) construction of the action in the corror corridors and has based etectors installed in The facility has a case of 78 at the time of the All areas where resist were sprinklered. The buildings providing not sprinklered.	mpliance with Requirements Medicare/Medicaid, 42 CFR Life Safety from Fire and the National Fire Protection 101, Life Safety Code (LSC), Health Care Occupancies and ty was determined to be of ruction and fully sprinklered. The alarm system with smoke idors, spaces open to the ttery powered smoke In all resident sleeping rooms. The pacity of 80 and had a census this visit. In the pacity of the stronger of the s				
Sprinkler System - Automatic sprinkle attachments are in integrity in accorda National Fire Alarr provide a signal th at a continuously a approved remote f operation is impair 9.7.2.1, NFPA 72 Based on record rev	Supervisory Signals r system supervisory stalled and monitored for ance with NFPA 72, n and Signaling Code, and at sounds and is displayed attended location or acility when sprinkler red.	K 0352	K-352		06/14/2024
	SUMMARY S (EACH DEFICIENCE REGULATORY OR At this PSR survey, was found not in core for Participation in P. Subpart 483.90(a), I. 2012 edition of the P. Association (NFPA) Chapter 19, Existing 410 IAC 16.2. This one story facili Type V (111) constrained from the correction of the	This one story facility was determined to be of Type V (111) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors and has battery powered smoke detectors installed in all resident sleeping rooms. The facility has a capacity of 80 and had a census of 78 at the time of this visit. All areas where residents have customary access were sprinklered. The facility has two detached buildings providing storage services which were not sprinklered. Quality Review conducted on 06/04/24 NFPA 101 Sprinkler System - Supervisory Signals Sprinkler System - Supervisory Signals Automatic sprinkler system supervisory attachments are installed and monitored for integrity in accordance with NFPA 72, National Fire Alarm and Signaling Code, and provide a signal that sounds and is displayed at a continuously attended location or approved remote facility when sprinkler operation is impaired.	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION At this PSR survey, Majestic Care of Sheridan 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. This one story facility was determined to be of Type V (111) construction and fully sprinklered. 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	NT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155376	(X2) MULTIPLE C A. BUILDING B. WING	onstruction 2 01	COMPLETED 06/03/2024	
NAME OF PROVIDER OR SUPPLIER MAJESTIC CARE OF SHERIDAN		STREET ADDRESS, CITY, STATE, ZIP COD 803 S HAMILTON ST SHERIDAN, IN 46069				
(X4) ID PREFIX TAG	(EACH DEFICIEN	SUMMARY STATEMENT OF DEFICIENCIE EACH DEFICIENCY MUST BE PRECEDED BY FULL PI EGULATORY OR LSC IDENTIFYING INFORMATION		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
	LSC 9.7.2.1 states sprinkler systems a of this Code, super installed and monit with NFPA 72, Nat Code, and a distinc provided to indicate the satisfactory ope Supervisory signals	where supervised automatic re required by another section visory attachments shall be ored for integrity in accordance cional Fire Alarm and Signaling tive supervisory signal shall be a condition that would impair reation of the sprinkler system.		1. A tamper switch that is electronically supervised was installed on the main control valve. 2. No other issues were identified. 3. The Maintenance Director was educated on the requirement of		
	building that is con personnel or at an a receiving facility.	a location within the protected stantly attended by qualified approved, remotely located This deficient practice could		tamper switch that is electronically supervised being place on the main control valve		
	facility. Findings include:	staff, and visitors in the		4. This was reviewed by Execut Director upon completion and the annually thereafter with the disaster plan review. The	nen	
	inspection contracted documentation date	the sprinkler system or's "Work Performed" at 05/15/23 with the		information will be sent to QAPI trending and completion follow-up.	for	
	during record revie on 04/18/24, the factors of have a tan "Description" section documentation state have tamper switch Recommended to a switch. Send quote Based on interview the Director of Maiknow if a tamper symain control valve working at the facili	on of the 05/15/23 ed "Noticed system did not on main control valve. naintenance they install tamper to install tamper switch". at the time of record review, ntenance stated he did not witch had been installed on the because he just started lity within the last two weeks.		5. 6/14/24		
	Maintenance at 11:	ons with the Director of 20 a.m. on 06/03/24, the main e facility's dry sprinkler system				

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AND PLAN OF CORRECTION		IDENTIFICATION NUMBER 155376	A. BUILDING <u>01</u> B. WING		<u>U1</u>	COMPLETED 06/03/2024	
				CTREET	DDDEGG CITY CTATE ZID COD		
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD 803 S HAMILTON ST SHERIDAN, IN 46069				
MAJESTIC CARE OF SHERIDAN							
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE COMPLE		(X5)
PREFIX	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL		PREFIX			COMPLETION
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION		TAG			DATE
	was not electrically	supervised. Based on					
	interview at the tim	e of the observations, the					
	Director of Maintenance agreed the main control						
	valve was not electrically supervised and						
	provided "Work Order" documentation dated						
	05/16/24 from the sprinkler system inspection						
	contractor stating "Control valve does not need						
	tamper switch insta	lled due to being locked up".					
	These findings were	e reviewed with the Director of					
	_	g the exit conference					
	Ì	-					
	3.1-19(b)						
	, ,						

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