

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

PRINTED: 06/18/2024  
FORM APPROVED  
OMB NO. 0938-039

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	
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	SUMMARY STATEMENT OF DEFICIENCIE (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. --	A Post Survey Revisit (PSR) to the Emergency Preparedness Survey conducted on 04/18/24 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73.  Survey Date: 06/03/24  Facility Number: 000336 Provider Number: 155376 AIM Number: 100290170  At this PSR survey to the Emergency Preparedness survey, Majestic Care of Sheridan was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73.  The facility has 80 certified beds. At the time of the survey, the census was 78.  Quality Review conducted on 06/04/24			E 0000			
K 0000  Bldg. 01	A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 04/18/24 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a).  Survey Date: 06/03/24  Facility Number: 000336 Provider Number: 155376 AIM Number: 100290170			K 0000			

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

TITLE

(X6) DATE

Lauren Kirkwood

HFA, RN

06/14/2024

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 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 0352 SS=F Bldg. 01	<p>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.</p> <p>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.</p> <p>All areas where residents have customary access were sprinklered. The facility has two detached buildings providing storage services which were not sprinklered.</p> <p>Quality Review conducted on 06/04/24</p> <p>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. 9.7.2.1, NFPA 72 Based on record review, observation, and interview; the facility failed to maintain automatic</p>			K 0352	K-352		06/14/2024

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	<p>sprinkler systems in accordance with LSC 9.7.2.1. LSC 9.7.2.1 states where supervised automatic sprinkler systems are required by another section of this Code, supervisory attachments shall be installed and monitored for integrity in accordance with NFPA 72, National Fire Alarm and Signaling Code, and a distinctive supervisory signal shall be provided to indicate a condition that would impair the satisfactory operation of the sprinkler system. Supervisory signals shall sound and shall be displayed either at a location within the protected building that is constantly attended by qualified personnel or at an approved, remotely located receiving facility. This deficient practice could affect all residents, staff, and visitors in the facility.</p> <p>Findings include:</p> <p>Based on review of the sprinkler system inspection contractor's "Work Performed" documentation dated 05/15/23 with the Administrator and the Director of Maintenance during record review from 9:55 a.m. to 12:55 p.m. on 04/18/24, the facility's dry sprinkler system does not have a tamper switch. The "Description" section of the 05/15/23 documentation stated "Noticed system did not have tamper switch on main control valve. Recommended to maintenance they install tamper switch. Send quote to install tamper switch". Based on interview at the time of record review, the Director of Maintenance stated he did not know if a tamper switch had been installed on the main control valve because he just started working at the facility within the last two weeks.</p> <p>Based on observations with the Director of Maintenance at 11:20 a.m. on 06/03/24, the main control valve for the facility's dry sprinkler system</p>				<p>1. A tamper switch that is electronically supervised was installed on the main control valve.</p> <p>2. No other issues were identified.</p> <p>3. The Maintenance Director was educated on the requirement of a tamper switch that is electronically supervised being in place on the main control valve.</p> <p>4. This was reviewed by Executive Director upon completion and then annually thereafter with the disaster plan review. The information will be sent to QAPI for trending and completion follow-up.</p> <p>5. 6/14/24</p>		

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	was not electrically supervised. Based on interview at the time 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 installed due to being locked up".  These findings were reviewed with the Director of Maintenance during the exit conference  3.1-19(b)						