STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	155844	A. BUILDING -- B. WING	11/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
SYMPHONY OF CHESTERTON LLC	2775 VILLAGE POINT CHESTERTON, IN 46304

(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. --	An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73. Survey Date: 11/08/23 Facility Number: 013688 Provider Number: 155844 AIM Number: 201352370 At this Emergency Preparedness survey, Symphony of Chesterton, LLC, was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73 The facility has 70 certified beds. At the time of the survey, the census was 68. Quality Review completed on 11/09/23	E 0000	This plan of correction shall serve as this facilities' credible allegation of compliance Preparation, submission, and implementation of the plan of corrections does not constitute an admission of or agreement with the facts and conclusions set forth in this survey report Our plan of correction is prepared and executed as a means to continuously improve the quality of care and to comply with all applicable state and federal regulatory requirements. The facility respectfully requests paper compliance Thank you for your consideration, Respectfully, Kevin Mehay Symphony of Chesterton 317-525-3537	
K 0000 Bldg. 01	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).	K 0000	This plan of correction shall serve as this facilities' credible allegation of compliance Preparation, submission, and implementation	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Kevin Mehay	Administrator	11/21/2023

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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	Survey Date: 11/08/23 Facility Number: 013688 Provider Number: 155844 AIM Number: 201352370 At this Life Safety Code survey, Symphony of Chesterton LLC 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. This one-story facility was determined to be of Type V (111) construction and fully sprinklered. The facility has a fire alarm system with hard wired smoke detection in resident rooms, in corridors and in spaces open to the corridors. The building is partially protected by a 175-kW diesel powered generator. The facility has a capacity of 70 and had a census of 68 at the time of this survey. All areas where residents have customary access and all areas providing facility services were sprinklered. Quality Review completed on 11/09/23		of the plan of corrections does not constitute an admission of or agreement with the facts and conclusions set forth in this survey report Our plan of correction is prepared and executed as a means to continuously improve the quality of care and to comply with all applicable state and federal regulatory requirements. The facility respectfully requests paper compliance Thank you for your consideration, Respectfully, Kevin Mehay Symphony of Chesterton 317-525-3537	
K 0374 SS=E Bldg. 01	NFPA 101 Subdivision of Building Spaces - Smoke Barrie Subdivision of Building Spaces - Smoke Barrier Doors 2012 EXISTING Doors in smoke barriers are 1-3/4-inch thick solid bonded wood-core doors or of construction that resists fire for 20 minutes.			

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	Nonrated protective plates of unlimited height are permitted. Doors are permitted to have fixed fire window assemblies per 8.5. Doors are self-closing or automatic-closing, do not require latching, and are not required to swing in the direction of egress travel. Door opening provides a minimum clear width of 32 inches for swinging or horizontal doors. 19.3.7.6, 19.3.7.8, 19.3.7.9 Based on observation and interview, the facility failed to ensure 1 of 5 sets of smoke barrier doors would restrict the movement of smoke for at least 20 minutes. LSC 19.3.7.8 requires doors in smoke barriers shall comply with LSC Section 8.5.4. LSC 8.5.4.1 requires doors in smoke barrier shall close the opening leaving only the minimum clearance necessary for proper operation. This deficient practice could affect approximately 12 residents and staff. Findings include: Based on observation on 11/08/23 between 11:08 a.m. and 12:37 p.m. during a tour of the facility with the Director of Environmental Services, the set of smoke barrier doors between the corridor leading to the front lobby and the physical therapy area did not close completely due to air pressure from one side of the doors. There was an approximate two inch gap between the doors when closed to their fullest. Based on interview during the time of observations, the Director of Environmental Services acknowledged these smoke barrier doors did not close completely due to air pressure pushing one door slightly open. The doors were fixed upon observation. This finding was reviewed with the Director of Environmental Services at the exit conference. 3.1-19(b)	K 0374	**POC for K374** **What corrective action(s) will be accomplished for those resident(s) found to have been affected by the deficient practice?** The Maintenance Director adjusted the door immediately and corrected the issue. The door closed properly after the adjustment. **How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken.** 12 residents, visitors and staff have the potential to be affected by this alleged deficient practice. A full house audit was completed to ensure that all smoke barrier doors worked properly. **What measure will be put into place or what systemic changes you will make to ensure that the deficient practice do not reoccur?** Maintenance	11/17/2023

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			Director/Designee will audit weekly for 4 weeks then monthly thereafter for 5 months to ensure smoke barrier doors function properly. **How will the corrective action(s) be monitored to ensure the deficient practice will not reoccur, ie., what quality assurance program will be put into place?** The Administrator will review the Preventative Maintenance Worksheets monthly. Maintenance Director/Designee will present summaries of the audit to the Quality Assurance Committee monthly for six months. Thereafter, if determined by Quality Assurance Committee that further monitoring is needed, audits will continue. Date of Compliance: 11-17-23	
K 0920 SS=E Bldg. 01	NFPA 101 Electrical Equipment - Power Cords and Extens Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assembles that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics),			

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	except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4. 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5 Based on observation and interview, the facility failed to ensure 1 of 1 power strips were not used as a substitute for fixed wiring to provide power equipment with a high current draw. NFPA-70/2011, 400.8 state unless specifically permitted in 400.7 flexible cords and cables shall not be used for (1) as a substitute for fixed wiring. This deficient practice could affect approximately 2 staff and an unknown number of residents. Findings include: Based on observations during a tour of the facility with the Director of Environmental Services on 11/08/23 between 11:08 a.m. and 12:37 p.m., a refrigerator (high power draw equipment) was plugged into and supplied power by a power strip in the Medical Records office. Based on interview at the time of observation, the Director of Environmental Services acknowledged a power strip was supplying power to high power draw equipment. The fridge was unplugged from the power strip upon observation. Findings were discussed with the Director of	K 0920	**POC for K920** **What corrective action(s) will be accomplished for those resident(s) found to have been affected by the deficient practice?** The Maintenance Director adjusted the door immediately and corrected the issue. The door closed properly after the adjustment. **How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken.** Visitors, staff, and residents that reside at the facility have the potential to be affected by the alleged deficient practice. A full house audit was completed to ensure power strips and extension cords are used properly and not used as a	11/17/2023

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	Environmental Services at exit conference. 3.1-19(b)		substitute for fixed wiring. **What measure will be put into place or what systemic changes you will make to ensure that the deficient practice do not reoccur?** Maintenance Director/Designee will audit weekly for 4 weeks then monthly thereafter for 5 months to ensure all power strips and extension cords are used properly and not used as a substitute for fixed wiring. **How will the corrective action(s) be monitored to ensure the deficient practice will not reoccur, ie., what quality assurance program will be put into place?** The Administrator will review the Preventative Maintenance Worksheets monthly. Maintenance Director/Designee will present summaries of the audit to the Quality Assurance Committee monthly for six months. Thereafter, if determined by Quality Assurance Committee that further monitoring is needed, audits will continue. Date of Compliance: 11-17-23	