

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

PRINTED: 01/12/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155331		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING _____		X3) DATE SURVEY COMPLETED 12/19/2022	
NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF VALPARAISO				STREET ADDRESS, CITY, STATE, ZIP COD 3405 N CAMPBELL RD VALPARAISO, IN 46385			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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: 12/19/22</p> <p>Facility Number: 000224 Provider Number: 155331 AIM Number: 100267700</p> <p>At this Emergency Preparedness survey, Life Care Center of Valparaiso was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73. The facility has a capacity of 110 and had a census of 82 at the time of this survey.</p> <p>Quality Review completed 12/20/22</p>			E 0000	<p>I respectfully request consideration for paper compliance. I have forwarded the signed 2567 via fax today (1-4-23) to 1-317-233-7322. I will also forward all supportive documents as well to the number listed above. Please reference the attached 2567 as "Credible Allegation of Compliance" for our Life Safe Code survey conducted on 12-19-22. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusion set forth in the statement of deficiencies. This plan of correction is prepared and/or executed solely because it is required by the provision of Federal and State Laws. Please feel free to contact us should you have any questions. Thank you! Amber Janeczko, Executive Director</p>		
K 0000 Bldg. 01	A Life Safety Code Recertification and State			K 0000	I respectfully request		

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

TITLE

(X6) DATE

Amber Janeczko

Executive Director

01/04/2023

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 30 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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K 0753 SS=E Bldg. 01	<p>Licensure Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a).</p> <p>Survey Date: 12/19/22</p> <p>Facility Number: 000224 Provider Number: 155331 AIM Number: 100267700</p> <p>At this Life Safety Code survey, Life Care Center Valparaiso 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 II (111) construction and was fully sprinklered. The facility has a monitored fire alarm system with hard-wired smoke detection in the corridors, areas open to the corridors and hard wired smoke detectors in the resident rooms. The facility has a capacity of 110 and had a census of 82 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered. All areas providing facility services were sprinklered.</p> <p>Quality Review completed 12/20/22</p> <p>NFPA 101 Combustible Decorations Combustible Decorations Combustible decorations shall be prohibited unless one of the following is met: o Flame retardant or treated with approved</p>				<p>consideration for paper compliance. I have forwarded the signed 2567 via fax today (1-4-23) to 1-317-233-7322. I will also forward all supportive documents as well to the number listed above. Please reference the attached 2567 as "Credible Allegation of Compliance" for our Life Safe Code survey conducted on 12-19-22. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusion set forth in the statement of deficiencies. This plan of correction is prepared and/or executed solely because it is required by the provision of Federal and State Laws. Please feel free to contact us should you have any questions. Thank you! Amber Janeczko, Executive Director</p>		

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	<p>fire-retardant coating that is listed and labeled for product.</p> <ul style="list-style-type: none"> o Decorations meet NFPA 701. o Decorations exhibit heat release less than 100 kilowatts in accordance with NFPA 289. o Decorations, such as photographs, paintings and other art are attached to the walls, ceilings and non-fire-rated doors in accordance with 18.7.5.6(4) or 19.7.5.6(4). o The decorations in existing occupancies are in such limited quantities that a hazard of fire development or spread is not present. <p>19.7.5.6</p> <p>Based on observation and interview, the facility failed to ensure 1 of 15 corridor doors in the 300 hall had decorations that did not exceed 30 percent of the door. LSC 18.7.5.6 states combustible decorations shall be prohibited in any health care occupancy, unless one of the following criteria is met:</p> <p>(1) They are flame-retardant or are treated with approved fire-retardant coating that is listed and labeled for application to the material to which it is applied.</p> <p>(2) The decorations meet the requirements of NFPA 701, Standard Methods of Fire Tests for Flame Propagation of Textiles and Films.</p> <p>(3) The decorations exhibit a heat release rate not exceeding 100 kW when tested in accordance with NFPA 289, Standard Method of Fire Test for Individual Fuel Packages, using the 20 kW ignition source.</p> <p>(4)*The decorations, such as photographs, paintings, and other art, are attached directly to the walls, ceiling, and non-fire-rated doors in accordance with the following:</p> <p>(a) Decorations on non-fire-rated doors do not interfere with the operation or any required latching of the door and do not exceed the area</p>			K 0753	<p>K753</p> <p>1. On 12-19-22, the Maintenance Director removed the Christmas decoration from the patient room.</p> <p>2. A full facility audit was completed on 12/19/22 by the Maintenance Director to ensure there are no more Christmas decorations on the doors throughout the facility. No further issues were identified.</p> <p>3. The Maintenance Director or Designee will conduct audits during the various holiday seasons to ensure that there are no holiday decorations attached to any resident room doors.</p> <p>4. The Maintenance Supervisor or Designee will follow the above audits for 6 months and provide the Executive Director with the results of those audits. The Executive Director will present a report of the findings at the monthly QA/QI meeting. Any</p>		01/03/2023

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	<p>limitations of 18.7.5.6(b), (c), or (d).</p> <p>(b) Decorations do not exceed 20 percent of the wall, ceiling, and door areas inside any room or space of a smoke compartment that is not protected throughout by an approved automatic sprinkler system in accordance with Section 9.7.</p> <p>(c) Decorations do not exceed 30 percent of the wall, ceiling, and door areas inside any room or space of a smoke compartment that is protected throughout by an approved supervised automatic sprinkler system in accordance with Section 9.7.</p> <p>(d) Decorations do not exceed 50 percent of the wall, ceiling, and door areas inside patient sleeping rooms having a capacity not exceeding four persons, in a smoke compartment that is protected throughout by an approved, supervised automatic sprinkler system in accordance with Section 9.7.</p> <p>This deficient practice could affect residents of room 304.</p> <p>Findings include:</p> <p>Based on an observation during a tour of the facility with the Maintenance Director on 12/19/22 at 11:50 a.m., the door to resident room 304 had decorations that covered approximately 40% of the door. Based on interview at the time of the observation, the Maintenance Director stated that the decorations did cover the door and fixed the deficiency at time of observation.</p> <p>Findings were discussed with the Maintenance Director and Administrator at exit conference.</p> <p>3.1-19(b)</p>				<p>negative trends will be addressed with an action plan. This criteria for determining that monitoring is no longer necessary will be 100% accuracy. If audits do not meet this criteria, audits shall continue at the same schedule for an additional 6 months. At that time, analysis of data will be done to ensure the deficient practice does not reoccur and/or adapt audit schedules.</p> <p>THIS IS OUR CREDIBLE ALLEGATION</p>		