STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155835	A. BUILDING **01** B. WING _____	R **05/30/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IGNITE MEDICAL RESORT CROWN POINT LLC	**1555 S MAIN STREET** **CROWN POINT, IN 46307**

(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 000}	Initial Comments A Post Survey Revisit (PSR) for the Emergency Preparedness Survey conducted on 05/03/24 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73. Survey Date: 05/30/2024 Facility Number: 013452 Provider Number: 155835 AIM Number: 201299290 At this Emergency Preparedness PSR, Ignite Medical Resort Crown Point, was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73 The facility has 68 certified beds. 65 beds are certified for Medicare only. 3 beds are dually certified for Medicare and Medicaid. At the time of the survey, the census was 61.	{E 000}		
{K 000}	Quality Review conducted on 06/03/24 INITIAL COMMENTS A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 05/03/24 was conducted by the Indiana Department of Health in accordance 42 CFR Subpart 483.90(a). Survey Date: 05/30/2024 Facility Number: 013452 Provider Number: 155835 AIM Number: 201299290	{K 000}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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{K 000}	Continued From page 1	{K 000}		

At this Life Safety Code PSR, the health care portion of Ignite Medical Resort Crown Point, the first floor, was found 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 two story facility was determined to be of Type V (111) construction and fully sprinklered. A 2 hour fire wall is provided to divide the facility into two separate buildings. Each separate building is subdivided into two smoke compartments. Separation between the first floor healthcare occupancy and the second floor residential occupancy is provided by a 2 hour horizontal floor/ceiling assembly and fire barriers. The rated floor/ceiling system is supported by 2 hour rated construction. The second floor contains a theater room that skilled residents and staff do occupy on certain days and times. The facility has a fire alarm system with smoke detection in the corridor and in all areas open to the corridor. The facility has smoke detectors hard wired to the fire alarm system installed in all resident sleeping rooms. The building is fully protected by a 300 kW diesel powered emergency generator.

The facility has 68 certified beds. 65 beds are certified only for Medicare, 3 beds are dually certified for Medicare and Medicaid . At the time of the survey, the census was 61.

All areas where the residents have customary access were sprinklered. All areas providing

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{K 000}	Continued From page 2 facility services were sprinklered. Quality Review conducted on 06/03/24	{K 000}		