

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

PRINTED: 05/10/2024  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155637		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING		X3) DATE SURVEY COMPLETED 04/15/2024	
NAME OF PROVIDER OR SUPPLIER  CROWN POINT CHRISTIAN VILLAGE				STREET ADDRESS, CITY, STATE, ZIP COD 6685 EAST 117TH AVENUE CROWN POINT, IN 46307			
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K 0000  Bldg. 01	<p>A Life Safety Code Preoccupancy Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a).</p> <p>This visit was in conjunction with the Life Safety Code Recertification and Emergency Preparedness Survey that exited on 04/16/24.</p> <p>Facility Renovation: Phase 7 of a multiphase project.</p> <p>Removal of the old HVAC system and installation of new VRF HVAC systems in the resident rooms.</p> <p>Replacement of corridor ceiling and lighting.</p> <p>Repairs to walls and ceilings due to removal of the old HVAC system components. Rooms 135A-149B coming back online. No changes to bed inventory or, substantially, the floorplan.</p> <p>Installation of a 500kW diesel-powered generator, 1200A automatic transfer switch, and distribution equipment to provide an NFPA 99-2012 Type 2 essential electrical system. The generator is intended to also provide equipment branch power to the comprehensive care facility HVAC systems.</p> <p>Survey Date: 04/15/2024</p> <p>Facility Number: 001198 Provider Number: 155637 AIM Number: 100471000</p> <p>At this Life Safety Code Preoccupancy Survey, Crown Point Christian Village 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</p>			K 0000	The facility kindly requests a desk review.		

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

TITLE

(X6) DATE

Natalie Porcaro

Administrator

05/03/2024

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined 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 0345 SS=E Bldg. 01	<p>Health Care Occupancies and 410 IAC 16.2.</p> <p>This facility was located on the west side of the first floor and the entire lower level of a two story building. The facility was determined to be of Type II (111) construction and was fully sprinklered. The Healthcare Occupancy includes the atrium area of the second floor as it not separated by a two-hour barrier. No residents use the second floor. The facility has a fire alarm system with hard wired smoke detection in the corridors, in spaces open to the corridors and hard wired single-station detectors in resident rooms. The facility is certified for 145 beds. At the time of the survey, the census was 100.</p> <p>All areas where the residents have customary access were sprinklered. The detached wastewater treatment plant, fire system pump house and equipment storage garages were unsprinklered.</p> <p>Quality Review completed on 04/19/24</p> <p>NFPA 101 Fire Alarm System - Testing and Maintenance Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 Based on record review, observation and interview; the facility failed to ensure 1 of 1 fire alarm systems was maintained in accordance with NFPA 72, National Fire Alarm and Signaling Code.</p>			K 0345	<p><b>Crown Point Christian Village Life Safety Code Pre-Occupancy Survey 4.15.24</b></p>		05/03/2024

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	<p>NFPA 72, 2010 Edition, 14.2.1.2.1 states the requirements of Section 10.19 shall be applicable when a system is impaired. Section 14.2.1.2.2 states system defects and malfunctions shall be corrected. This deficient practice could affect approximately 32 residents and staff.</p> <p>Findings include:</p> <p>Based on observation during a tour of the facility with the Maintenance Director, Administrator and Executive Director on 04/15/24 between 2:45 p.m. and 3:11 p.m., the hardwired smoke detectors located in resident rooms 135 through 149 except in rooms 137 and 139 were covered with either a plastic wrapping or covered with blue tape. Based on interview at the time of observation, the Maintenance Director stated that the smoke detectors were covered due to cleaning and the work that had been completed within the halls and resident rooms.</p> <p>Findings were discussed with the Maintenance Director, Administrator and Executive Director at exit conference</p> <p>3.1-19(b)</p>				<p><b>K 345 Fire Alarm System-Testing and Maintenance</b></p> <p>Please accept the following as the facility's plan of correction. This plan of correction does not constitute an admission of guilt or liability by the facility and is submitted only in response to the regulatory requirement. The facility cordially requests paper compliance for this citation.</p> <p><b>What corrective action will be accomplished for those areas found to have been affected by the deficient practice?</b></p> <p>The hardwired smoke detectors located in resident rooms 135 through 149, excluding 137 and 139 which were already uncovered, had the plastic wrapping or blue tape removed.</p> <p><b>How will the facility identify other areas having the potential to be affected by the same deficient practice?</b></p> <p>This deficient practice has a potential to affect all residents. Maintenance staff conducted rounds in the entire facility to ensure that the deficiency in contain to this area.</p> <p>What measures will the facility</p>		

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K 0351 SS=D Bldg. 01	NFPA 101 Sprinkler System - Installation Spinkler System - Installation				<p>take, or systems the facility will alter, to ensure that the problem is corrected and will not recur?</p> <p>The Maintenance Director and/or designee will review and in- service staff to ensure that all hardwired smoke detectors remain free and clear of any coverings.</p> <p><b>How will the corrective action be monitored to ensure that the deficient practice will not recur (i.e., what quality assurance program will be put into place)?</b></p> <p>Administrator/ Maintenance Supervisor will conduct weekly audits to ensure that all hardwired smoke detectors remain free and clear of any coverings.</p> <p>Maintenance Director/designee will present a summary of audits to the QA committee monthly x 6 months. After 6 months, it will be determined by the Quality Assurance committee if further monitoring should continue and for what time period.</p> <p><b>Completion Date: 5.3.24</b></p>		

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	<p><b>2012 EXISTING</b></p> <p>Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems.</p> <p>In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers.</p> <p>In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems.</p> <p>19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1)</p> <p>Based on observation and interview, the facility failed to maintain the ceiling construction in 1 of 6 smoke compartments in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. NFPA 13, 2010 edition, Section 6.2.7.1 states plates, escutcheons, or other devices used to cover the annular space around a sprinkler shall be metallic, or shall be listed for use around a sprinkler. This deficient practice could affect approximately 4 residents and staff.</p> <p>Findings include:</p> <p>Based on observations during a tour of the facility with the Maintenance Director, Administrator and Executive Director on 04/15/24 between 1:40 p.m. and 2:15 p.m., resident room 137 had one sprinkler head missing its escutcheon plate leaving a gap between the sprinkler head and ceiling. Based on</p>			K 0351	<p><b>Crown Point Christian Village Life Safety Code Pre-Occupancy Survey 4.15.24</b></p> <p><b>K 351 Sprinkler System-Installation</b></p> <p>Please accept the following as the facility's plan of correction. This plan of correction does not constitute an admission of guilt or liability by the facility and is submitted only in response to the regulatory requirement.</p> <p><b>What corrective action will be accomplished for those residents found to have been</b></p>		05/03/2024

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	<p>interview at the time of observation, the Maintenance Director acknowledged the missing escutcheon plate.</p> <p>Findings were reviewed with the Maintenance Director, Administrator and Executive Director at exit conference.</p> <p>3.1-19(b)</p>				<p><b>affected by the deficient practice?</b></p> <p>The facility has replaced the missing escutcheon plate around the sprinkler head and ceiling by resident room 137.</p> <p><b>How will the facility identify other residents having the potential to be affected by the same deficient practice?</b></p> <p>The deficient practice has the potential to affect all staff and residents in the facility.</p> <p><b>What measures will the facility take or what systems will the facility alter to ensure that the problem will be corrected and will not recur?</b></p> <p>The Maintenance Department was educated to ensure that all sprinkler heads have the escutcheon plate in place. A one time audit of the sprinklers heads all have the escutcheon plates to ensure compliance in other areas.</p> <p>How will the corrective action be monitored to ensure the deficient practice will not recur and what quality assurance program will be put into place?</p> <p>Copy of audits will be reviewed at safety committee meeting for a</p>		

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K 0353 SS=E Bldg. 01	NFPA 101 Sprinkler System - Maintenance and Testing Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked  b) Who provided system test  c) Water system supply source  Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system.				duration of 6 months. All other deficient practices will be immediately corrected upon occurrence.  Maintenance Director/designee will present a summary of audits to the QA committee monthly x 6 months. After 6 months, it will be determined by the Quality Assurance committee if further monitoring should continue and for what time period.  Date of Completion: 5.3.24		

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	<p><b>9.7.5, 9.7.7, 9.7.8, and NFPA 25</b> Based on observation and interview, the facility failed to maintain the ceiling construction of 1 of 6 corridors. The ceiling tiles trap hot air and gases around the sprinkler and cause the sprinkler to operate at a specified temperature. NFPA 13, 2010 edition, 8.5.4.11 states the distance between the sprinkler deflector and the ceiling above shall be selected based on the type of sprinkler and the type of construction. This deficient practice could affect approximately 32 residents and staff.</p> <p>Findings include:</p> <p>Based on observations during a tour of the facility with the Maintenance Director, Administrator and Executive Director on 04/15/24 between 1:40 p.m. and 2:15 p.m., within the corridor which contained resident rooms 135 through 149 had approximately four ceiling tiles missing exposing approximately one foot of ceiling above the drop ceiling. Based on interview at the time of observation, the Maintenance Director confirmed the missing ceiling tiles and stated that was from the HVAC work that had been completed throughout the wing.</p> <p>The finding was reviewed with the Maintenance Director, Administrator and Executive Director during the exit conference.</p> <p>3.1-19(b)</p>		K 0353	<p><b>Crown Point Christian Village Life Safety Code Pre-Occupancy Survey 4.15.24 K 353 Sprinkler System-Maintenance and Testing</b> Please accept the following as the facility's plan of correction. This plan of correction does not constitute an admission of guilt or liability by the facility and is submitted only in response to the regulatory requirement.</p> <p><b>What corrective action will be accomplished for those residents found to have been affected by the deficient practice?</b>  The corridor which contains resident rooms 135 through 149 had approximately four ceiling tiles missing. The identified ceiling tiles have been replaced.</p> <p><b>How will the facility identify other residents having the potential to be affected by the same deficient practice?</b>  The deficient practice has the potential to affect all staff, residents, and visitors.</p> <p><b>What measures will the facility take or what systems will the facility alter to ensure that the</b></p>		05/03/2024	



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K 0511 SS=E	NFPA 101 Utilities - Gas and Electric		<p><b>problem will be corrected and will not recur?</b></p> <p>The maintenance department was educated on ensuring that all ceiling tiles are in place to maintain ceiling construction. A monthly audit will be performed for 6 months of all required inspections to ensure compliance.</p> <p>How will the corrective action be monitored to ensure the deficient practice will not recur and what quality assurance program will be put into place?</p> <p>Copy of audit will be reviewed at safety committee meeting for a duration of 6 months. All other deficient practices will be immediately corrected upon occurrence.</p> <p>Maintenance Director/designee will present a summary of audits to the QA committee monthly x 6 months. After 6 months, it will be determined by the Quality Assurance committee if further monitoring should continue and for what time period.</p> <p><b>Date of Completion: 5.3.24</b></p>		

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Bldg. 01	<p><b>Utilities - Gas and Electric</b></p> <p>Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life.</p> <p>18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2</p> <p>Based on observation and interview, the facility failed to ensure 16 of 16 resident room outlet &amp; light switches were protected according to LSC 19.5.1. NFPA 70, 2011 Edition, Article 406.6, Receptacle Faceplates (Cover Plates), requires receptacle faceplates shall be installed so as to completely cover the opening and seat against the mounting surface. This deficient practice could affect approximately 32 residents and staff.</p> <p>Findings include:</p> <p>Based on observations with the Maintenance Director, Administrator and Executive Director on 04/15/24 between 1:40 p.m. and 2:15 p.m., resident rooms 135A through 149B each had approximately six outlets and receptacles missing faceplates exposing the receptacle and wires. Based on interview at the time of observation, the Maintenance Director acknowledged the missing faceplates throughout the hall and stated the cleaning and repair process was starting and has not been completed at the time of the pre-occupancy.</p> <p>The finding was reviewed with the Maintenance Director, Administrator and Executive Director during the exit conference.</p> <p>3.1-19(b)</p>			K 0511	<p><b>Crown Point Christian Village Life Safety Code Pre-Occupancy Survey 4.15.24</b></p> <p><b>K 511Utilities-Gas and Electric</b></p> <p>Please accept the following as the facility's plan of correction. This plan of correction does not constitute an admission of guilt or liability by the facility and is submitted only in response to the regulatory requirement.</p> <p><b>What corrective action will be accomplished for those residents found to have been affected by the deficient practice?</b></p> <p>The resident rooms 135A through 149B each had approximately six outlets and receptacles missing faceplates exposing the receptacle and wires. The missing faceplates are now in place.</p> <p><b>How will the facility identify other residents having the potential to be affected by the same deficient practice?</b></p> <p>The deficient practice has the</p>		05/03/2024

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			<p>potential to affect all staff, residents, and visitors.</p> <p><b>What measures will the facility take or what systems will the facility alter to ensure that the problem will be corrected and will not recur?</b></p> <p>Maintenance staff were educated on ensuring all electrical outlets are covered. A weekly audit will be completed for 6 months to ensure compliance.</p> <p>How will the corrective action be monitored to ensure the deficient practice will not recur and what quality assurance program will be put into place?</p> <p>Copy of audit will be reviewed at safety committee meeting for a duration of 6 months. All other deficient practices will be immediately corrected upon occurrence.</p> <p>Maintenance Director/designee will present a summary of audits to the QA committee monthly x 6 months. After 6 months, it will be determined by the Quality Assurance committee if further monitoring should continue and for what time period.</p> <p><b>Date of Completion: 5.3.24</b></p>		

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K 9999  Bldg. 01	<p>3.1-19(a) The facility must be designed, constructed, equipped, and maintained to protect the health and safety of residents, personnel, and the public.</p> <p>3.1-19(k)(7) Except in private rooms, each bed must have ceiling suspended cubicle curtains or screens of flameproof or flame-retardant material, which extend around the bed to provide total visual privacy, in combination with adjacent walls and curtains.</p> <p>3.1-19(u)(1) The nurses' station must be equipped to receive resident calls through a communication system from the resident rooms.</p> <p>This State Rule has not been met as evidenced by:</p> <p>1. Based on observation and interview, the facility failed to provide privacy curtains in 16 of 16 resident sleeping rooms containing at least 2 residents. This deficient practice could affect approximately 32 residents.</p> <p>Findings include:</p> <p>Based on observations with the Maintenance Director, Administrator, and Executive Director on 04/15/24 between 1:40 p.m. and 2:15 p.m., resident sleeping rooms 135A through 149B had no privacy curtains installed within the rooms. Based on interview at the time of observation, the Maintenance Director acknowledged the aforementioned issue. Later during the survey, the Executive Director stated that each room will have two residents and acknowledged the resident rooms were not ready to be occupied.</p>		K 9999	<p><b>Crown Point Christian Village Life Safety Code Pre-Occupancy Survey 4.15.24</b></p> <p><b>K 9999 Final Observations</b></p> <p>Please accept the following as the facility's plan of correction. This plan of correction does not constitute an admission of guilt or liability by the facility and is submitted only in response to the regulatory requirement.</p> <p><b>What corrective action will be accomplished for those residents found to have been affected by the deficient practice?</b></p> <p>The resident rooms 135A through 149B had no privacy curtains installed in the rooms. The privacy curtains have all been hung.</p> <p>The resident rooms 135A through 149B did not have access for nurse call light cords in 16 of 16 resident sleeping rooms. The call lights cords are now all available and installed.</p> <p>The resident rooms 135A through 149B did not have resident beds in 16 of 16 resident sleeping rooms. The beds will all be available by</p>		05/03/2024	

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155637		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING		X3) DATE SURVEY COMPLETED 04/15/2024	
NAME OF PROVIDER OR SUPPLIER  CROWN POINT CHRISTIAN VILLAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 6685 EAST 117TH AVENUE CROWN POINT, IN 46307			
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	<p>Findings were discussed with the Maintenance Director, Administrator and Executive Director at exit conference.</p> <p>3.1-19(a)</p> <p>2. Based on observation and interview, the facility failed to provide access for nurse call lights in 16 of 16 resident sleeping rooms. This deficient practice could affect approximately 32 residents and staff.</p> <p>Findings include:</p> <p>Based on observations with the Maintenance Director, Administrator and Executive Director on 04/15/24 between 1:40 p.m. and 2:15 p.m., resident sleeping rooms 135-149 were either not equipped with a call light cords or had at least one for a double resident room. Based on interview at the time of observation, the Maintenance Director acknowledged the aforementioned rooms had lack of adequate call light buttons within the rooms. The Executive Director stated that the rooms were planned to be used for double beds and acknowledged the resident rooms were not ready to be occupied.</p> <p>The findings were reviewed with the Maintenance Director, Administrator, and Executive Director during the exit conference.</p> <p>3.1-19(a)</p> <p>3. Based on observation and interview, the facility failed to provide beds in 16 of 16 resident sleeping rooms. This deficient practice could affect approximately 32 residents and staff.</p>			<p>5/17/24.</p> <p><b>How will the facility identify other residents having the potential to be affected by the same deficient practice?</b></p> <p>The deficient practice has the potential to affect all residents in rooms 135A through 149B.</p> <p><b>What measures will the facility take or what systems will the facility alter to ensure that the problem will be corrected and will not recur?</b></p> <p>Maintenance staff were to ensure that all rooms have privacy curtains hung, call lights installed and resident beds in the resident rooms. A weekly audit will be completed for 6 months to ensure compliance.</p> <p>How will the corrective action be monitored to ensure the deficient practice will not recur and what quality assurance program will be put into place?</p> <p>Copy of audit will be reviewed at safety committee meeting for a duration of 6 months. All other deficient practices will be immediately corrected upon occurrence.</p>			

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	<p>Findings include:</p> <p>Based on observation on 04/15/24 between 1:40 p.m. and 2:15 p.m. with the Maintenance Director, Executive Director and Administrator, resident sleeping rooms 135 through 149 were not provided with any resident beds. Based on interview at the time of observation, the Executive Director stated that the rooms were planned to be double occupancy, so two residents were supposed to be in each room. Both the Maintenance Director and Executive Director agreed that the rooms were not provided with beds and acknowledged the resident rooms were not ready to be occupied.</p> <p>Findings were discussed with the Maintenance Director, Administrator and Executive Director at exit conference.</p> <p>3.1-19(a)</p>				<p>Maintenance Director/designee will present a summary of audits to the QA committee monthly x 6 months. After 6 months, it will be determined by the Quality Assurance committee if further monitoring should continue and for what time period.</p> <p><b>Date of Completion: 5.3.24</b></p>		