

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155166		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING		X3) DATE SURVEY COMPLETED 09/05/2024	
NAME OF PROVIDER OR SUPPLIER  VALPARAISO CARE & REHABILITATION				STREET ADDRESS, CITY, STATE, ZIP COD 606 WALL STREET VALPARAISO, IN 46383			
(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. --	<p>An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73.</p> <p>Survey Date: 09/05/24</p> <p>Facility Number: 000083 Provider Number: 155166 AIM Number: 100289670</p> <p>At this Emergency Preparedness survey, Valparaiso Care &amp; Rehabilitation was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73</p> <p>The facility has 164 certified beds. At the time of the survey, the census was 127.</p> <p>Quality Review completed on 09/10/24</p>			E 0000	<p>/p&gt; This provider respectfully requests that this 2567 Plan of Correction be considered the Letter of Credible Allegation of Compliance and requests a desk review in lieu of a post survey review on or after 9/20/24.</p>		
K 0000  Bldg. 01	<p>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).</p> <p>Survey Date: 09/05/24</p> <p>Facility Number: 000083 Provider Number: 155166 AIM Number: 100289670</p> <p>At this Life Safety Code survey, Valparaiso Care</p>			K 0000	<p>/p&gt; This provider respectfully requests that this 2567 Plan of Correction be considered the Letter of Credible Allegation of Compliance and requests a desk review in lieu of a post survey review on or after 9/20/24.</p>		

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

TITLE

(X6) DATE

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 0353 SS=E Bldg. 01	<p>&amp; Rehabilitation 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 fire alarm system with smoke detection in the corridors, in spaces open to the corridors and battery-operated smoke detectors in resident sleeping rooms. The facility maintains a ventilator unit, and the building is fully protected by a 400-kW diesel-powered generator. The facility has a capacity of 164 and had a census of 127 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 except for two detached garages and one shed that is being used for facility storage.</p> <p>Quality Review completed on 09/10/24</p> <p>NFPA 101 Sprinkler System - Maintenance and Testing</p> <p>Based on observation and interview, the facility failed to replace 1 of 4 sprinkler heads in the central supply room in accordance with LSC 9.7.5. NFPA 25, 2011 edition, at 5.2.1.1.1 sprinklers shall not show signs of leakage; shall be free of corrosion, foreign materials, paint, and physical damage; and shall be installed in the correct orientation (e.g., up-right, pendent, or sidewall). Furthermore, at 5.2.1.1.2 any sprinkler that shows signs of any of the following shall be replaced: (1)</p>			K 0353	<p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: Viking Fire Protection will replace the sprinkler head in Central Supply room closet across from resident room #249 by 10/21/24. <b>How other residents having the potential to be affected by the</b></p>		10/21/2024

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	<p>Leakage (2) Corrosion (3) Physical Damage (4) Loss of fluid in the glass bulb heat responsive element (5) Loading (6) Painting unless painted by the sprinkler manufacturer. This deficient practice could affect approximately 20 residents and staff.</p> <p>Findings include:</p> <p>Based on observation during a tour of the facility with the Maintenance Director on 09/05/24 between 12:14 p.m. and 1:41 p.m., the central supply room, across from resident room 249 had one sprinkler head in the closet. The sprinkler head was observed to have paint on the frame and fusible link of the sprinkler head. Based on interview at the time of observation, the Maintenance Director confirmed the foreign material on the sprinkler head and further stated that the material could be drywall mud due to past maintenance of the sprinkler system which required repairs near the sprinkler heads.</p> <p>The finding was discussed with the Maintenance Director and Administrator at exit conference.</p> <p>3.1-19(b)</p>				<p><b>same deficient practice will be identified and what corrective action(s) will be taken:</b> All residents have the potential of being affected by the alleged deficient practice. The Maintenance Director has been re-educated regarding inspection of all sprinklers to ensure they are free of corrosion, foreign materials, paint, and physical damage, and that any sprinkler heads showing any of these conditions will need to be replaced.. The Maintenance Director has inspected all sprinkler heads throughout the facility as of 9/20/24 to ensure they are all free of corrosion, foreign materials, paint, and physical damage. <b>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</b> Maintenance Director/Designee will inspect all sprinkler heads throughout the facility monthly for 3 months to ensure they remain free of corrosion, foreign materials, paint, and physical damage. The Maintenance Director/Designee will inspect all sprinkler heads throughout the facility quarterly ongoing thereafter and document in TELS to ensure sprinkler heads are free of corrosion, foreign materials, paint and physical damage. <b>How the corrective action(s) will be monitored to ensure the</b></p>		

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			<b>deficient practice will not recur, what quality assurance program will be put into place:</b> The Maintenance Director/Designee will be responsible for reporting sprinkler head audits monthly for three months and quarterly thereafter for one year to the Quality Assurance and Performance Improvement Committee overseen by the Executive Director. If a threshold of 90% is not achieved, an action plan will be developed to ensure compliance.  <b>By what date the systemic changes will be completed:</b> 10/21/24		