

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

PRINTED: 04/24/2024
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155269		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING		X3) DATE SURVEY COMPLETED 04/05/2024	
NAME OF PROVIDER OR SUPPLIER EAST LAKE NURSING & REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 1900 JEANWOOD DR ELKHART, IN 46514			
(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
K 0000 Bldg. 01	<p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 02/26/24 was conducted by the Indiana Department of Health in accordance 42 CFR Subpart 483.90(a).</p> <p>Survey Date: 04/05/24</p> <p>Facility Number: 000169 Provider Number: 155269 AIM Number: 100267100</p> <p>At this Life Safety Code PSR, East Lake Nursing and 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 V (111) construction and was fully sprinklered. The facility has a monitored fire alarm system with hard-wire 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 152 and had a census of 95 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 on 04/10/24</p>			K 0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
McKenzie Hojara	Executive Director	04/22/2024

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 0351 SS=E Bldg. 01	<p>NFPA 101 Sprinkler System - Installation Spinkler System - Installation 2012 EXISTING 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. 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. 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. 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) 1. Based on observation and interview, the facility failed to properly install and maintain 1 of 5 sprinkler heads in the main lobby area. 2010 edition of NFPA 13, section 8.6.3.3 states the minimum distance from walls for standard pendant and upright spray sprinkler heads is 4 inches from a wall. This deficient practice could affect approximately 15 residents and staff.</p> <p>Findings include:</p> <p>Based on observation during a tour of the facility with the Maintenance Director on 04/05/24 between 09:06 a.m. and 09:30 a.m., a pendant sprinkler head located on the left side of the main entrance doors was measured to be approximately</p>			K 0351	<p>It is the practice of the facility properly install and maintain sprinkler heads. The pendant in the main lobby located too close to the wall was removed. The pendant less than 6 ft from another pendant was removed. All staff and/or residents could be affected by the deficient practice. A facility audit will be completed by 4/26/24 to ensure no other corridor doors are affected by this deficient practice. The Maintenance Director/designee will complete a facility wide audit on or before</p>		04/26/2024

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	<p>2-1/4 inches away from a wall. Based on interview at the time of observation, the Maintenance Director acknowledged the aforementioned issue. The measurement was provided using the Maintenance Directors tape measure.</p> <p>Findings were discussed with the Maintenance Director and Administrator at exit conference.</p> <p>3.1-19(b)</p> <p>2. Based on observation and interview, the facility failed to ensure proper operation and installation for 2 of 5 sprinkler heads. NFPA 13, 2010 edition section 8.6.3.4.1 states sprinklers shall be spaced not less than 6 ft on center. This deficient practice could affect approximately 15 residents and staff.</p> <p>Findings include:</p> <p>Based on observation during a tour of the facility with the Maintenance Director on 04/05/24 between 09:06 a.m. and 09:30 a.m., the two standard pendant sprinkler heads located above the receptionist desk next to the main entrance were installed too close together. The minimal distance between the two sprinkler heads were approximately measured at 4 feet 6 inches. The measurement was taken with the Maintenance Directors measuring tape. Based on interview at the time of record review, the Maintenance Director acknowledged the aforementioned issue.</p> <p>Findings were discussed with the Maintenance Director and Administrator at exit conference.</p> <p>3.1-19(b)</p>			<p>4/26/24 to ensure no other sprinkler heads are affected by this deficient practice. All staff to be inserviced on or before 4/26/24. Ongoing compliance with this corrective action will be monitored through the facility Quality Assurance and Performance Improvement Program (QAPI). The Maintenance Supervisor/designee will be responsible for completing the QAPI Audit tool "Life Safety Code" monthly for 6 months and quarterly thereafter for at least 2 quarters. If the threshold of 90% is not met, an action plan will be developed. Findings will be submitted to the QAPI Committee for review and follow up.</p>			