

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

PRINTED: 01/02/2025

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155844		X2) MULTIPLE CONSTRUCTION A. BUILDING      -- B. WING      _____		X3) DATE SURVEY COMPLETED 12/12/2024	
NAME OF PROVIDER OR SUPPLIER  IGNITE MEDICAL RESORT CHESTERTON				STREET ADDRESS, CITY, STATE, ZIP COD 2775 VILLAGE POINT CHESTERTON, IN 46304			
(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. --	An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73.  Survey Date: 12/12/24  Facility Number: 013688 Provider Number: 155844 AIM Number: 201352370  At this Emergency Preparedness survey, Ignite Medical Resort Chesterton, was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73.  The facility has 70 certified beds. At the time of the survey, the census was 55.  Quality Review completed on 12/13/24			E 0000			
K 0000  Bldg. 01	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).  Survey Date: 12/12/24  Facility Number: 013688 Provider Number: 155844 AIM Number: 201352370  At this Life Safety Code survey, Ignite Medical			K 0000			

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

TITLE

(X6) DATE

Kristina M. Herrera

General Manager Admin

12/26/2024

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 disclosed 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 0324 SS=E Bldg. 01	<p>Resort Chesterton 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.</p> <p>This one-story facility was determined to be of Type V (111) construction and fully sprinklered. The facility has a fire alarm system with hard-wired smoke detection in resident rooms, in corridors and in spaces open to the corridors. The building is partially protected by a 175-kW diesel powered generator. The facility has a capacity of 70 and had a census of 55 at the time of this survey.</p> <p>All areas where residents have customary access and all areas providing facility services were sprinklered.</p> <p>Quality Review completed on 12/13/24</p> <p>NFPA 101 Cooking Facilities</p> <p>Based on observation and interview, the facility failed to provide an approved method for returning cooking appliances to where they were when the kitchen hood extinguishing equipment was designed and installed for 1 of 1 kitchen hood extinguishing system. NFPA 96 Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations Section 2011 Edition Section 12.1.2.2* Cooking appliances requiring protection shall not be moved, modified, or rearranged without prior re-evaluation of the fire-extinguishing system by the system installer or servicing agent, unless otherwise allowed by</p>			K 0324	<p><b>Life Safety Compliance Date 01/03/2024</b></p> <p><b>K324 Cooking Facilities</b></p> <p>The General Manager (Administrator) notified the Medical Director and the Governing Body on 12/13/2024 of the Annual Survey findings. At this time the facility is requesting a desk review for the findings alleged in the annual survey. Chesterton Ignite Medical Resorts denies implication of guilt relating to the</p>		01/03/2025

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	<p>the design of the fire extinguishing system. Section 12.1.2.3 The fire-extinguishing system shall not require reevaluation where the cooking appliances are moved for the purposes of maintenance and cleaning, provided the appliances are returned to approved design location prior to cooking operations, and any disconnected fire-extinguishing system nozzles attached to the appliances are reconnected in accordance with the manufacturer's listed design manual. Section 12.1.2.3.1 An approved method shall be provided that will ensure that the appliance is returned to an approved design location. This deficient practice could affect kitchen staff only.</p> <p>The findings include:</p> <p>Based on observation and interview with the Director of Environmental Services from 11:42 a.m. to 1:45 p.m. on 12/12/24, cooking appliances including a gas burner stove and oven with a flat-top grill was located under the hood in the kitchen was not provided with an approved method that would ensure that the appliance was returned to an approved design location after it had been moved for maintenance and cleaning. Based on interview with the Director of Environmental Services, the facility was not aware an approved method should be provided to ensure that the appliances were returned to an approved design location after maintenance or cleaning.</p> <p>This finding was reviewed with the General Manager and the Director of Environmental Services at the exit conference.</p> <p>3.1-19(b)</p>				<p>deficiencies outlines in this plan of correction. The facilities' intent is always to provide quality care to its guests and residents. No harm came to any residents/guests related to this alleged deficient practice.</p> <p>The approved designed area for the flat-top grill was outlined and labeled to ensure that the appliance is returned to the approved designed location after moving it for maintenance or cleaning.</p> <p><b><u>Identification of Other Residents with the Potential to be Affected:</u></b></p> <p>1.No residents were affected by this alleged deficient practice.</p> <p><b><u>Systemic Changes:</u></b></p> <p>1.On 12/26/2024 A Qappi meeting with Maintenance Director, General Manager. IDT was educated on K324 and how it relates to the Standard for Ventilation Control and Fire Protection for Commercial Cooking.</p> <p>2.All current kitchen staff were educated to ensure they understand the Standard for Ventilation Control and Fire Protection for Commercial Cooking.</p> <p>- <b><u>Monitoring:</u></b></p> <p>4 Starting on 12/26/2024 the Maintenance Designee will</p>		

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K 0351 SS=E Bldg. 01	<p>NFPA 101 Sprinkler System - Installation</p> <p>Based on observation and interview, the facility failed to ensure the spray pattern for sprinkler heads were not obstructed in 1 of 1 storage closets in the administrative office area in accordance with 19.3.5.1. NFPA 13, 2010 edition, Section 8.5.5.1 states sprinklers shall be located so as to minimize obstructions to discharge as defined in 8.5.5.2 and 8.5.5.3 or additional sprinklers shall be provided to ensure adequate coverage of the hazard. Sections 8.5.5.2 and 8.5.5.3 do not permit continuous or noncontinuous obstructions less than or equal to 18 inches below the sprinkler deflector or in a horizontal plane more than 18 inches below the sprinkler deflector that prevent the spray pattern from fully developing. This deficient practice could affect staff in the administrative office area only.</p> <p>Findings include:</p> <p>Based on observation and interview with the Director of Environmental Services from 11:42 a.m. to 1:45 p.m. on 12/12/24, the top shelf in the storage closet in administrative office area had cardboard boxes containing office supplies</p>		K 0351	<p>complete audits five days a week to ensure that the approved designed area for the flat-top grill was outlined and labeled Thereafter, if determined by Quality Assurance Committee that further monitoring is needed, audits will continue.</p> <p>-</p> <p><b>Life Safety Compliance Date 01/03/2025</b> <b>K351 Sprinkler System</b> The General Manager (Administrator) notified the Medical Director and the Governing Body on 12/13/2024 of the Annual Survey findings. At this time the facility is requesting a desk review for the findings alleged in the annual survey. Chesterton Ignite Medical Resorts denies implication of guilt relating to the deficiencies outlines in this plan of correction. The facilities' intent is always to provide quality care to its guests and residents. No harm came to any residents/guests related to this alleged deficient practice.</p> <p>The Closet in the administrative office were cleaned out to ensure that all items are equal to or greater than 18inches from the</p>		01/03/2025	

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	<p>stacked within 18 inches from the sprinkler deflector. The boxes would obstruct the flow of water if the sprinkler was activated. Based on interview at the time of observation, the Director of Environmental Services agreed the boxes were within 18 inches of the sprinkler deflector.</p> <p>This finding was reviewed with the General Manager and the Director of Environmental Services at the exit conference.</p> <p>3.1-19(b)</p>		<p>sprinkler deflector.</p> <p><b><u>Identification of Other Residents with the Potential to be Affected:</u></b></p> <p>No residents were affected by this alleged deficient practice.</p> <p><b><u>Systemic Changes:</u></b></p> <p>1 On 12/26/2024 A Qappi meeting with Maintenance Director, General Manager. IDT was educated on K351 and how it relates to the obstruction of the sprinkler deflector that prevents the spray pattern from fully developing and ensuring that all items are greater than 18inches from the sprinkler deflector.</p> <p>2 On 12/30/2024 Staff were educated on K351 and how it relates to the obstruction of the sprinkler deflector that prevents the spray pattern from fully developing and ensuring that all items are greater than 18inches from the sprinkler deflector.</p> <p>-</p> <p>-</p> <p><b><u>Monitoring:</u></b></p> <p>Starting on 12/26/2024 the maintenance Designee will complete audits obstruction of sprinkler detectors 5 days a week for 6 months. Thereafter, if determined by Quality Assurance Committee that further monitoring is needed, audits will continue.</p> <p>-</p>		

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K 0923 SS=F Bldg. 01	<p>NFPA 101 Gas Equipment - Cylinder and Container Storag</p> <p>1.) Based on observation and interview, the facility failed to ensure 5 of 5 cylinders of nonflammable gases such as oxygen were properly secured from falling. NFPA 99, Health Care Facilities Code, 2012 Edition, Section 11.6.2.3 states: cylinders shall be protected from damage by means of the following specific procedures: (11) Freestanding cylinders shall be properly chained or supported in a proper cylinder stand or cart.</p> <p>This deficient practice could affect residents, staff and visitors in 1 of 3 smoke compartments.</p> <p>Findings include:</p> <p>Based on observation and interview with the Director of Environmental Services from 11:42 a.m. to 1:45 p.m. on 12/12/24, five 'E' type oxygen cylinders were standing upright on the floor not properly chained or supported in the interior loading dock area. Based on interview at the time of observation, the Maintenance Director acknowledged the oxygen tanks were not secured and stated they were there for the oxygen supplier.</p> <p>2.) Based on observation and interview, the facility failed to ensure oxygen cylinders were segregated by full and empty and were marked to avoid confusion. NFPA 99, Section 11.6.5.2 states, if empty and full cylinders are stored within the same enclosure, empty cylinders shall be segregated from full cylinders. Section 11.6.5.3 states empty cylinders shall be marked to avoid confusion and delay if a full cylinder is needed in</p>			K 0923	<p><b>Life Safety Compliance Date 01/03/2024</b></p> <p><b>K923 Gas Equipment Cylinder and Container Storage</b></p> <p>The General Manager (Administrator) notified the Medical Director and the Governing Body on 12/13/2024 of the Annual Survey findings. At this time the facility is requesting a desk review for the findings alleged in the annual survey. Chesterton Ignite Medical Resorts denies implication of guilt relating to the deficiencies outlines in this plan of correction. The facilities' intent is always to provide quality care to its guests and residents. No harm came to any residents/guests related to this alleged deficient practice.</p> <p>The 5 type oxygen cylinders were removed from the floor and properly supported.</p> <p>The oxygen cylinders in both "C" and "D" enclosers were separated and marked to identify as full and empty containers.</p> <p><b><u>Identification of Other Residents with the Potential to be Affected:</u></b></p> <p>No residents were affected by this alleged deficient practice.</p>		01/03/2025

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	<p>a rapid manner. This deficient practice could affect all residents and staff.</p> <p>Findings include:</p> <p>Based on observation and interview with the Director of Environmental Services from 11:42 a.m. to 1:45 p.m. on 12/12/24, the oxygen storage areas in "C" hall and in "D" had more than 10 oxygen cylinders each that were not marked or separated as full and empty cylinders. Based on interview at the time of observation, the Director of Environmental Services agreed the oxygen cylinders were not marked as full and empty cylinders.</p> <p>These findings were reviewed with the General Manager and the Director of Environmental Services at the exit conference.</p> <p>3.1-19(b)</p>				<p><b><u>Systemic Changes:</u></b></p> <p><b>1</b> On 12/26/2024 A Qappi meeting with Maintenance Director, General Manager. IDT was educated on K923 and how it relates storage and labeling of oxygen.</p> <p><b>2</b> On 12/30/2024 Staff were educated on K923 and how it relates to oxygen storage and labeling full and empty cylinders.</p> <p>-</p> <p>-</p> <p><b><u>Monitoring:</u></b></p> <p>Starting on 12/26/2024 the maintenance Designee will complete audits 5 days a week for 6 months to ensure proper oxygen storage, labeling, and identifying full and empty oxygen cylinders. Thereafter, if determined by Quality Assurance Committee that further monitoring is needed, audits will continue.</p> <p>-</p>		