STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVE			SURVEY			
AND PLAN OF CORRECTION IDENTIFICATION		IDENTIFICATION NUMBER	A. Bl	A. BUILDING			COMPLETED	
		155844	B. W	B. WING			12/12/2024	
				CTDEET A	ADDRESS, CITY, STATE, ZIP COD			
NAME OF P	ROVIDER OR SUPPLIEF	₹			LLAGE POINT			
I ICNITE N	MEDICAL RESORT	CHESTERTON			ERTON, IN 46304			
IGNITE	IEDICAL RESORT	CHESTERTON		CHEST	ERTON, IN 40304			
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		COMPLETION	
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION		TAG			DATE	
E 0000								
Bldg								
	An Emergency Prep	paredness Survey was	E 0	000				
	conducted by the In	idiana Department of Health in						
	accordance with 42	CFR 483.73.						
	Survey Date: 12/12	/24						
	,							
	Facility Number: 01	13688						
	Provider Number: 1							
	AIM Number: 2013	352370						
	At this Emergency	Preparedness survey, Ignite						
		esterton, was found in						
		mergency Preparedness						
	_	Medicare and Medicaid						
	_	ders and Suppliers, 42 CFR						
	483.73.							
	The facility has 70	certified beds. At the time of						
	the survey, the cens							
	3,							
	Ouality Review cor	mpleted on 12/13/24						
		1						
K 0000								
Bldg. 01								
	A Life Safety Code	Recertification and State	K 0	000				
		vas conducted by the Indiana	12 0					
		Ith in accordance with 42 CFR						
	483.90(a).							
	Survey Date: 12/12	/24						
	-							
	Facility Number: 03	13688						
	Provider Number: 155844							
	AIM Number: 2013							
	At this Life Safety	Code survey, Ignite Medical						

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

TITLE (X6) DATE

Kristina M. Herrera General Manager Admin 12/26/2024

Any defiency statement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclodays 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.

FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: JB0C21 Facility ID: 013688 If continuation sheet Page 1 of 7

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155844		(X2) MULTIPLE CO A. BUILDING B. WING							
NAME OF PROVIDER OR SUPPLIER IGNITE MEDICAL RESORT CHESTERTON			2775 V	STREET ADDRESS, CITY, STATE, ZIP COD 2775 VILLAGE POINT CHESTERTON, IN 46304					
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	(X5) COMPLETION DATE				
	with Requirements Medicare/Medicaid Life Safety from Fi National Fire Prote Life Safety Code (I Health Care Occupa	, 42 CFR Subpart 483.90(a), re and the 2012 edition of the ction Association (NFPA) 101, LSC), Chapter 19, Existing							
	The facility has a fi hard-wired smoke of corridors and in spart The building is part diesel powered gen	ruction and fully sprinklered. re alarm system with letection in resident rooms, in aces open to the corridors. rially protected by a 175-kW erator. The facility has a rad a census of 55 at the time							
	and all areas provid sprinklered.	idents have customary access ing facility services were							
K 0324 SS=E Bldg. 01	Quality Review cor NFPA 101 Cooking Facilities	npleted on 12/13/24							
3 - 1	failed to provide an returning cooking a when the kitchen he was designed and in extinguishing syste. Ventilation Control Commercial Cookin Edition Section 12. requiring protection or rearranged with fire-extinguishing s	approved method for ppliances to where they were cod extinguishing equipment astalled for 1 of 1 kitchen hood m. NFPA 96 Standard for and Fire Protection of ang Operations Section 2011 1.2.2* Cooking appliances a shall not be moved, modified, but prior re-evaluation of the ystem by the system installer unless otherwise allowed by	K 0324	Life Safety Compliance Date 01/03/2024 K324 Cooking Facilities The General Manager (Administrator) notified the Medical Director and the Governing Body on 12/13/2024 the Annual Survey findings. At time the facility is requesting a desk review for the findings all in the annual survey. Chesterto Ignite Medical Resorts denies implication of guilt relating to the	this eged on				

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

JB0C21

Facility ID: 013688

If continuation sheet Page 2 of 7

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION 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	(X5) COMPLETION DATE			
TAG	the design of the fir Section 12.1.2.3 Th shall not require recappliances are move maintenance and cleappliances are return location prior to coordisconnected fire-exattached to the appliance with the manual. Section 12. shall be provided the appliance is returned location. This deficiency is returned location. This deficiency is returned to a staff only. The findings included Based on observation Director of Environ to 1:45 p.m. on 12/2 including a gas burn flat-top grill was look it chen was not promethod that would returned to an appropriate to an appropriate to the province of t	e extinguishing system. e fire-extinguishing system evaluation where the cooking ed for the purposes of eaning, provided the med to approved design oking operations, and any extinguishing system nozzles iances are reconnected in e manufacturer's listed design 1.2.3.1 An approved method at will ensure that the d to an approved design eient practice could affect on and interview with the mental Services from 11:42 a.m. 12/24, cooking appliances mer stove and oven with a cated under the hood in the vided with an approved ensure that the appliance was oved design location after it e maintenance and cleaning. with the Director of vices, the facility was not aware d should be provided to iances were returned to an eation after maintenance or	TAG	deficiencies outlines in this ple correction. The facilities' inter always to provide quality care its guests and residents. No heame to any residents/guests related to this alleged deficient practice. The approved designed area the flat-top grill was outlined a labeled to ensure that the appliance is returned to the approved designed location a moving it for maintenance or cleaning. Identification of Other Residents with the Potential be Affected: 1.No residents were affected this alleged deficient practice. Systemic Changes: 1.On 12/26/2024 A Qappi meeting with Maintenance Director, General Manager. I was educated on K324 and herelates to the Standard for Ventilation Control and Fire Protection for Commercial Cooking. 2.All current kitchen staff weeducated to ensure they understand the Standard for Ventilation Control and Fire Protection for Commercial Cooking. 2.All current control and Fire Protection for Commercial Cooking. 4 Starting on 12/26/2024 to St	an of at is a to arm at to arm at to arm and at to arm at the arm at to arm at the arm at th		
				Maintenance Designee will			

JB0C21

STATEMENT OF DEFICIENCIES		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER 155844	A. BUILDING 01 B. WING		01	COMPL 12/12/	
NAME OF PROVIDER OR SUPPLIER IGNITE MEDICAL RESORT CHESTERTON			STREET ADDRESS, CITY, STATE, ZIP COD 2775 VILLAGE POINT CHESTERTON, IN 46304				
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIE			ID			(X5)
PREFIX		ICY MUST BE PRECEDED BY FULL		PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE	TE	COMPLETION
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION		TAG	CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	NIE.	DATE
K 0351 SS=E	NFPA 101	locate Heating			complete audits five days a w to ensure that the approved designed area for the flat-top was outlined and labeled Thereafter, if determined by Quality Assurance Committee further monitoring is needed, audits will continue.	grill	
Bldg. 01	failed to ensure the heads were not obsiclosets in the admir accordance with 19 Section 8.5.5.1 state as to minimize obst defined in 8.5.5.2 a sprinklers shall be proverage of the hazed on not permit controbstructions less that the sprinkler deflect more than 18 inches that prevent the sprinkler developing. This destaff in the administ Findings include: Based on observation Director of Environt to 1:45 p.m. on 12/storage closet in admirate accordance.	on and interview, the facility spray pattern for sprinkler tructed in 1 of 1 storage histrative office area in 1.3.5.1. NFPA 13, 2010 edition, es sprinklers shall be located so tructions to discharge as and 8.5.5.3 or additional provided to ensure adequate transparent to 18 inches below tor or in a horizontal plane as below the sprinkler deflector ay pattern from fully efficient practice could affect trative office area only.	K 0.	351	Life Safety Compliance Date 01/03/2025 K351 Sprinkler System The General Manager (Administrator) notified the Medical Director and the Governing Body on 12/13/202 the Annual Survey findings. A time the facility is requesting a desk review for the findings al in the annual survey. Chester Ignite Medical Resorts denies implication of guilt relating to t deficiencies outlines in this pla correction. The facilities' intenalways to provide quality care its guests and residents. No h came to any residents/guests related to this alleged deficient practice. The Closet in the administrative office were cleaned out to ensure that all items are equal to or greater than 18 inches from the	24 of t this a leged ton he an of t is to arm t	01/03/2025

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

PRINTED: 01/02/2025 FORM APPROVED OMB NO. 0938-039

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) M	JLTIPLE CO	ONSTRUCTION	(X3) DATE SURVEY		
AND PLAN	AND PLAN OF CORRECTION IDENTIFICATION NUMBER		A. BU	a. building <u>01</u>			ΓED
155844		B. WI	B. WING			12/12/2024	
				STREET	ADDRESS, CITY, STATE, ZIP COD		
NAME OF I	PROVIDER OR SUPPLIE	R			ILLAGE POINT		
IGNITE N	MEDICAL RESORT	CHESTERTON			ERTON, IN 46304		
					1		
(X4) ID		STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	· ·	NCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	ATE (COMPLETION
TAG		R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
		inches from the sprinkler			sprinkler deflector.		
		es would obstruct the flow of			Identification of Other		
		ler was activated. Based on			Residents with the Potential	<u>to</u>	
		ne of observation, the Director			be Affected:		
		Services agreed the boxes were			No maridanta como affa et al loc	. 41- : -	
	within 18 inches of	f the sprinkler deflector.			No residents were affected by	่ เกเร	
	This finding was	eviewed with the General			alleged deficient practice.		
		Director of Environmental			Systemic Changes: 1 On 12/26/2024 A Qappi		
	Services at the exit				meeting with Maintenance		
	Services at the exit	Comerciace.			Director, General Manager.	_{DT}	
	3.1-19(b)				was educated on K351 and he		
					relates to the obstruction of th	I	
					sprinkler deflector that preven		
					the spray pattern from fully		
					developing and ensuring that	all I	
					items are greater than 18inch	I	
					from the sprinkler deflector.		
					2 On 12/30/2024 Staff wer	e	
					educated on K351 and how it		
					relates to the obstruction of th	e	
					sprinkler deflector that preven	ts	
					the spray pattern from fully		
					developing and ensuring that	all	
					items are greater than 18inch	es	
					from the sprinkler deflector.		
					-		
					-		
					Monitoring:		
					Starting on 12/26/2024 the		
					maintenance Designee will	_	
					complete audits obstruction of	I	
					sprinkler detectors 5 days a w	еек	
					for 6 months. Thereafter, if		
					determined by Quality Assura		
					Committee that further monito	-	
					is needed, audits will continue	; .	
					-		
						1	

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

JB0C21

Facility ID: 013688

If continuation sheet

Page 5 of 7

STATEMENT OF DEFICIENCIES XI) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155844 NAME OF PROVIDER OR SUPPLIER		A. BU	X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING STREET ADDRESS, CITY, STATE, ZIP COD 2775 VILLAGE POINT CHESTERTON, IN 46304			LETED	
IGNITE MEDICAL RESORT CHESTERTON				CHEST	TERTON, IN 40304		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	(X5) COMPLETION DATE
K 0923 SS=F Bldg. 01	1.) Based on observe facility failed to ensum nonflammable gase properly secured from Care Facilities Codestates: cylinders shared by means of the folic (11) Freestanding contained or supported cart. This deficient pract and visitors in 1 of Findings include: Based on observation Director of Environ to 1:45 p.m. on 12/cylinders were standard properly chained or loading dock area. It of observation, the acknowledged the cand stated they were supplier. 2.) Based on observe facility failed to ensum segregated by full a avoid confusion. Notifiempty and full cylinders cylinders empty cylinders were segregated from full states empty cylinders.	Cylinder and Container ation and interview, the ture 5 of 5 cylinders of s such as oxygen were om falling. NFPA 99, Health e, 2012 Edition, Section 11.6.2.3 all be protected from damage dowing specific procedures: cylinders shall be properly d in a proper cylinder stand or dice could affect residents, staff as smoke compartments. Some and interview with the mental Services from 11:42 a.m. 12/24, five 'E' type oxygen ding upright on the floor not supported in the interior assed on interview at the time Maintenance Director oxygen tanks were not secured the there for the oxygen ation and interview, the sure oxygen cylinders were and empty and were marked to a the fact of the first oxygen ation and interview, the sure oxygen cylinders were and empty and were marked to a the first oxygen ation are stored within the pty cylinders shall be a cylinders. Section 11.6.5.3 are shall be marked to avoid a fa full cylinder is needed in	K 0	923	Life Safety Compliance Date 01/03/2024 K923 Gas Equipment Cylinds and Container Storage The General Manager (Administrator) notified the Medical Director and the Governing Body on 12/13/202 the Annual Survey findings. A time the facility is requesting a desk review for the findings al in the annual survey. Chesterl Ignite Medical Resorts denies implication of guilt relating to the deficiencies outlines in this placorrection. The facilities' intensal ways to provide quality care its guests and residents. No hame to any residents/guests related to this alleged deficient practice. The 5 type oxygen cylinders were moved from the floor and properly supported. The oxygen cylinders in both and "D" enclosers were separand marked to identify as full a empty containers. Identification of Other Residents with the Potential be Affected: No residents were affected by alleged deficient practice.	er 24 of t this a lleged ton the an of t is to arm at vere "C" ated and	01/03/2025

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

PRINTED: 01/02/2025 FORM APPROVED OMB NO. 0938-039

STATEMENT OF DEFICIENCIES		X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER	A. BUILDING <u>01</u>		01	COMPLETED		
		155844	B. W	ING		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	SUMMARY STATEMENT OF DEFICIENCIE			ID		(X5)		
PREFIX	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL		PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	JLD BE	COMPLETION	
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)	VIE.	DATE	
	a rapid manner. Th	is deficient practice could affect			Systemic Changes:			
	all residents and sta	aff.			1 On 12/26/2024 A Qappi			
					meeting with Maintenance			
	Findings include:				Director, General Manager. IDT			
					was educated on K923 and h	ow it		
		on and interview with the			relates storage and labeling o			
		nmental Services from 11:42 a.m.			oxygen.			
		12/24, the oxygen storage areas			2 On 12/30/2024 Staff were			
		D" had more than 10 oxygen			educated on K923 and how it			
		were not marked or separated			relates to oxygen storage and			
		ylinders. Based on interview at			labeling full and empty cylinde	ers.		
		tion, the Director of			_			
		vices agreed the oxygen			_			
	-	marked as full and empty			Monitoring:			
	cylinders.				Starting on 12/26/2024 the			
					maintenance Designee will			
	_	e reviewed with the General			complete audits 5 days a wee			
	_	irector of Environmental			6 months to ensure proper ox			
	Services at the exit	conference.			storage, labeling, and identify	-		
					full and empty oxygen cylinde	rs.		
	3.1-19(b)				Thereafter, if determined by			
					Quality Assurance Committee	that		
					further monitoring is needed,			
					audits will continue.			
					-			

FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: JB0C21 Facility ID: 013688 If continuation sheet Page 7 of 7