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

AND PLAN OF CORRECTION IDENTIFICATION NUMBER	A. BU	III DINIC			
		A. BUILDING		COMPLETED	
155158	B. W	ING		01/10/2023	
		T			
NAME OF PROVIDER OR SUPPLIER			ADDRESS, CITY, STATE, ZIP COD		
			LIZABETH DR		
LIFE CARE CENTER OF THE WILLOWS		VALPAI	RAISO, IN 46383		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIE		ID	DROUBLENG BY AN OF CORRECTION	(X5)	
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL	L	PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT	COMPLETION	
TAG REGULATORY OR LSC IDENTIFYING INFORMATIO	N	TAG	DEFICIENCY)	DATE	
E 0000					
Bldg					
An Emergency Preparedness Survey was	E 0	000	The facility requests that this p	lan	
conducted by the Indiana Department of Health in		000	of correction be considered its	lan	
accordance with 42 CFR 483.73.			credible allegations of		
44467441110 H 111 12 61 14 1661/64			compliance. Submission of this		
Survey Date: 01/10/23			response and Plan of Correction		
2011-07 20101 01110/20			is not a legal admission that a		
Facility Number: 000078			deficiency exits or that this		
Provider Number: 155158			statement of deficiency was		
AIM Number: 100289310			correctly cited and is also not t	_	
111111111111111111111111111111111111111			be construed as an admission	l l	
At this Emergency Preparedness survey, Life Care		interest against the facility, the			
Center of the Willows, was found in compliance			Administrator, or any employed	l l	
with Emergency Preparedness Requirements for		agents, or other individuals who		l l	
Medicare and Medicaid Participating Providers			draft or may be discussed in the	l l	
and Suppliers, 42 CFR 483.73			response and Plan of Correction	l l	
and Suppliers, 12 CFR 103.75			In addition, preparation and	JII.	
The facility has 100 certified beds. At the time of			submission of the Plan of		
the survey, the census was 59.			Correction does not constitute	an	
the survey, the consus was 59.			admission or agreement of any		
Quality Review completed on 01/11/23			kind by the facility of the truth		
Quality Review completed on 01/11/25			any facts alleged or the	7	
			corrections of a conclusion set		
			forth in this allegation by the		
			survey agency. Accordingly, th	_	
			facility has prepared and	·	
			submitted this Plan of Correcti	on	
			prior to the resolution of Appea		
			this matter solely because of the		
			requirements under State and	~	
			Federal law that mandates		
			submission of the Plan of		
			Corrections a condition to		
			participate in the Title 18 and	Title	
			19 programs. The submission		
			Plan of Correction within this		
			timeframe should in no way be	of	
			non-compliance or admission l		
			non-compliance of admission	- y	

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

Tami Adams **Executive Director** 01/24/2023

Any defiencystatement 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 disclo 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.

FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: JKHY21 Facility ID: 000078 If continuation sheet

TITLE

(X6) DATE

	OF HEALTH AND HUM						TED: 01/26/2023 RM APPROVED B NO. 0938-039	
STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155158				TIPLE CO DING	INSTRUCTION	(X3) DATE COMPL 01/10	ETED	
NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF THE WILLOWS				1000 EL	ADDRESS, CITY, STATE, ZIP COD LIZABETH DR RAISO, IN 46383			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	PR	ID EFIX FAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	(X5) COMPLETION DATE	
					the facility. This facility respectfully requests consideration of paper compliance for the cited deficiencies			
K 0000								
Bldg. 01	A Life Safety Code	Recertification and State	K 000	0	The facility requests that this p	nlan		
	Department of Heal 483.90(a). Survey Date: 01/10 Facility Number: 0 Provider Number: 100 At this Life Safety 0 of the Willows was Requirements for Pa Medicare/Medicaid Life Safety from Fit National Fire Protect	00078 155158 289310 Code survey, Life Care Center found not in compliance with			of correction be considered its credible allegations of compliance. Submission of thi response and Plan of Correcti is not a legal admission that a deficiency exits or that this statement of deficiency was correctly cited and is also not be construed as an admission interest against the facility, the Administrator, or any employe agents, or other individuals where the deficiency was correctly cited and is also not be construed as an admission interest against the facility, the Administrator, or any employe agents, or other individuals where the discussed in the response and Plan of Correction addition, preparation and submission of the Plan of Correction does not constitute	s on of e e, no ne on.		

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

survey.

Health Care Occupancies and 410 IAC 16.2.

This one-story facility was verified to be of Type

The facility has a fire alarm system with hard wired

II (111) construction and was fully sprinklered.

smoke detection in corridors and areas open to

the corridors. Resident rooms are equipped with

battery operated smoke detectors. The facility is

emergency generator. The facility has the capacity

for 100 and had a census of 59 at the time of this

fully protected by a 230 kW diesel-powered

Event ID:

JKHY21

Facility ID: 000078

If continuation sheet

admission or agreement of any kind by the facility of the truth of

corrections of a conclusion set

survey agency. Accordingly, the

submitted this Plan of Correction

this matter solely because of the

requirements under State and

Federal law that mandates submission of the Plan of

prior to the resolution of Appeal of

forth in this allegation by the

facility has prepared and

any facts alleged or the

Page 2 of 9

MEDICAKE & MEDIC	AID SERVICES			OMB NO. 0938-039
		î î		(X3) DATE SURVEY
OF CORRECTION	155158	A. BUILDING B. WING	<u>01</u>	COMPLETED 01/10/2023
		1000 E	LIZABETH DR	
(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE
access were sprinkl facility services we	ered. All areas providing re sprinklered.		Corrections a condition to participate in the Title 18 and 19 programs. The submission Plan of Correction within this timeframe should in no way be non-compliance or admission the facility. This facility respectfully requests consideration of paper compliance for the cited deficiencies	of e of
Maintenance Fire Alarm System Maintenance A fire alarm system in accordance with complying with the National Electric C National Fire Alarm Records of system and testing are re- 9.6.1.3, 9.6.1.5, N Based on record rev failed to ensure 1 of maintained in accord 9.6.1.3 requires a fit tested, and maintain 70, National Electri National Fire Alarm 14.4.5 states unless sections of this Cod in accordance with or more often if req jurisdiction. NFPA smoke detector sense	m is tested and maintained in an approved program requirements of NFPA 70, Code, and NFPA 72, m and Signaling Code. In acceptance, maintenance adily available. FPA 70, NFPA 72 View and interview, the facility of 1 fire alarm systems was redance with LSC 9.6.1.3. LSC are alarm system to be installed, and in accordance with NFPA cal Code and NFPA 72, in Code. NFPA 72, Section otherwise permitted by other lee, testing shall be performed the schedules in Table 14.4.5, uired by the authority having 1.72, Section 14.4.5.3.1 states stitivity shall be checked within	K 0345	 What corrective action(will be accomplished for K34 to have been found deficient. The report for the sensitivity testing on the fire alarm system was found to be deficient becathe report was not available at time of inspection. Report attached at this time. How will you identify K345 having the potential to affected by the same deficient. 	t? m ause t the be nt
F	PROVIDER OR SUPPLIEF RE CENTER OF TH SUMMARY (EACH DEFICIEN REGULATORY OF All areas where the access were sprinkl facility services were sprinkl facility services were sprinkl facility services were maintenance Fire Alarm System Maintenance A fire alarm system Maintenance A fire alarm system in accordance with complying with the National Electric Contains and testing are resulted to ensure 1 of maintained in accordance with or more often if requires a fit tested, and maintain to maintai	NT OF DEFICIENCIES OF CORRECTION X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155158 PROVIDER OR SUPPLIER RE CENTER OF THE WILLOWS SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION All areas where the residents have customary access were sprinklered. All areas providing facility services were sprinklered. Quality Review completed on 01/11/23 NFPA 101 Fire Alarm System - Testing and Maintenance Fire Alarm System - Testing and	DENTIFICATION NUMBER 155158 A. BUILDING 155158 STREET 1000 E VALPA SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION All areas where the residents have customary access were sprinklered. All areas providing facility services were sprinklered. Quality Review completed on 01/11/23 NFPA 101 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 and interview, the facility failed to ensure 1 of 1 fire alarm systems was maintained in accordance with LSC 9.6.1.3. LSC 9.6.1.3 requires a fire alarm system to be installed, tested, and maintained in accordance with NFPA 70, National Electrical Code and NFPA 72, National Fire Alarm Code. NFPA 72, Section 14.4.5 states unless otherwise permitted by other sections of this Code, testing shall be performed in accordance with the schedules in Table 14.4.5, or more often if required by the authority having jurisdiction. NFPA 72, Section 14.4.5.3.1 states smoke detector sensitivity shall be checked within	DENTIFICATION NUMBER 15518 X1) PROVIDER OF CORRECTION 15518 PROVIDER OR SUPPLIER RE CENTER OF THE WILLOWS SUMMARY STATEMENT OF DEFICIENCIE (ACII DEFICIENCIY) FROM THE APPROPRIA ACIES SAFE FRANCE TO THE APPROPRIA ACIES SAFE

smoke detector sensitivity shall be checked every

action will be taken?

	T OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA			ONSTRUCTION	(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER		UILDING	<u>01</u>	COMPLETED	
		155158	B. W	ING		01/10/20	123
NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF THE WILLOWS				1000 E	ADDRESS, CITY, STATE, ZIP COD LIZABETH DR .RAISO, IN 46383		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE	1	ID			(X5)
PREFIX		CY MUST BE PRECEDED BY FULL		PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	_{TE} (COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)	.16	DATE
	alternate year therea	after unless otherwise			The sensitivity report was four	nd	
		iance with Section 14.4.5.3.3.			and is submitted to the plan of		
	This deficient pract	ice could affect all occupants.			correction. Detail reports will be	е	
	TO 11 1 1 1				kept on file when sensitivity		
	Findings include:				testing is completed.		
	Based on record rev	view with the Maintenance			3. What measures will be		
	Director on 01/10/2				put into place or what system	nic	
		smoke detector sensitivity			changes will you make to		
	test was available for	or review within the last 24			ensure that the deficiency de	oes	
		fire alarm testing dated			not recur?		
		the last senstitivity testing was			The monthly inspection of ver		
		interview at the time of record			schedule testing will be put in		
	· ·	nance Director confirmed			place to ensure that the defici	ency	
		sitivity testing documentation on the was not available for			does not recur.		
	review at the time of				4. How will the corrective		
	Teview at the time of	i the survey.			action(s) be monitored to		
	This finding was re	viewed with the Maintenance			ensure the deficient practice		
	Director at the exit				will not recur, i.e., what qual		
					assurance program will be p	-	
	3.1-19(b)				into place including time		
					frames and person(s)		
					responsible?		
					QA program will be put into pl	ace	
					to ensure that testing is done		
					bi-yearly per manufacturer's		
					instructions. The Director of Maintenance will submit audit		
					monthly to the Executive Direct		
					to be reviewed at safety		
					committee and QA for a perior	d of	
					6 months to ensure 100%		
					compliance.		
K 0353	NEDA 101						
SS=C	NFPA 101	- Maintenance and Testing					
Bldg. 01	1 '	- Maintenance and Testing - Maintenance and Testing					
Diag. 01	1 '	er and standpipe systems					
	I	ted. and maintained in					

STATEME	NT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) M	ULTIPLE CO	ONSTRUCTION	(X3) DATE SURVEY	
AND PLAN	AND PLAN OF CORRECTION IDENTIFICATION NUMBER		A. BU	JILDING	COMPLETED		
		155158	B. WING			01/10/2023	
NAME OF PROVIDER OR SUPPLIER				STREET .	ADDRESS, CITY, STATE, ZIP COD		
NAME OF FROVIDER OR SOFFLIER				LIZABETH DR			
LIFE CA	RE CENTER OF TI	HE WILLOWS		VALPA	RAISO, IN 46383		
(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		
TAG		R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)	DATE	
		NFPA 25, Standard for the					
		ng, and Maintaining of					
		Protection Systems.					
		m design, maintenance, sting are maintained in a					
		nd readily available.					
		r system last checked					
	a) Date sprinkle	a system last officence					
	b) Who provided	system test					
	c) Water system	supply source					
		RKS information on					
	,	non-required or partial					
	automatic sprinkle	-					
	9.7.5, 9.7.7, 9.7.8						
		on and interview, the facility	K 0	353	1. What corrective action	` '	
		of 1 sprinkler systems were			will be accomplished for K3		
	-	e sprinklers, a spare sprinkler			to have been found deficient	i?	
	_	kler wrench on the premises.			A box to contain the excess		
		d for the Inspection, Testing,			sprinkler heads has been		
		f Water-Based Fire Protection tion, Section 5.4.1.4 states a			purchased and installed.		
	supply of spare spr	inklers shall be maintained on			2. How will you identify		
	the premises so tha	t any sprinklers that have been			K353 having the potential to	be	
	operated or damage	ed in any way can be promptly			affected by the same deficie	nt	
	replaced. The sprin	nklers shall correspond to the			practice and what corrective	;	
		ure ratings of the sprinklers on			action will be taken?		
		sprinklers shall be kept in a			The sprinkler head storage bo	ox(es)	
	cabinet located where the temperature in which they are subjected will at no time exceed 100 degrees Fahrenheit. A special sprinkler wrench				will be monitored to ensure the		
					excess sprinkler heads do not		
					exceed the number of spaces	,	
	_	nd kept in the cabinet to be			available.		
		l and installation of sprinklers.					
	_	tice could affect all residents			3. What measures will be		
	and staff in the fact	uity.			put into place or what system	nic	
	E. 1				changes will you make to		
	Findings include:				ensure that the deficiency de	pes	
	Dagad on the control	and during a torre of the feetile			not recur?	lula.	
	Based on observati	ons during a tour of the facility	- 1		The monthly inspection sched	iule	

	STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155158		A. BU	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING			(X3) DATE SURVEY COMPLETED 01/10/2023	
NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF THE WILLOWS		<u> </u>	1000 E	ADDRESS, CITY, STATE, ZIP COD LIZABETH DR RAISO, IN 46383				
(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	
	p.m., there were 18 spare sprinkler head their own protected heads were stored le secured in a holder. of the observation, tagreed the spare sprinklers not in a p	viewed with the Maintenance			will be revised to ensure that the deficiency does not recur. This be added to the TELS prevent maintenance program 4. How will the corrective action(s) be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be printo place including time frames and person(s) responsible? QA program will be put into place ensure that inspection is do Monthly. The Director of Maintenance will submit audity monthly to the Executive Director be reviewed at safety committee and QA for a period 6 months to ensure 100% compliance.	ty ut		
K 0511 SS=E Bldg. 01	complies with NFF Code, electrical with NFF Code. Existing ins service provided in 18.5.1.1, 19.5.1.1, Based on observation of 1 electrical jummaintained in a safe 19.5.1.1 requires utilized provided in 19.5.1.2 requires of the complex co	Electric gas or related gas piping PA 54, National Fuel Gas iring and equipment PA 70, National Electric tallations can continue in to hazard to life.	K 0	511	1. What corrective action(will be accomplished for K51 to have been found deficient The junction box missing its count has been corrected by installing new blank cover.	1 ? over	01/26/2023	

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING COMPLETED 01 B. WING 01/10/2023 155158 STREET ADDRESS, CITY, STATE, ZIP COD NAME OF PROVIDER OR SUPPLIER 1000 ELIZABETH DR LIFE CARE CENTER OF THE WILLOWS VALPARAISO, IN 46383 (X4) ID SUMMARY STATEMENT OF DEFICIENCIE ID (X5) PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX PREFIX COMPLETION TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG DEFICIENCY) DATE NFPA 70, 2011 Edition, Article 314.28(3) (c) states junction boxes shall be provided with covers How will you identify compatible with the box and suitable for the K511 having the potential to be conditions of use. Where used, metal covers shall affected by the same deficient comply with the grounding requirements of practice and what corrective 250.110. This deficient practice could affect over action will be taken? 10 residents, staff and visitors in the dining room. All areas of the building will be inspected weekly to ensure that Findings include: junction box covers are not missing. Based on observation with the Maintenance Director during a tour of the facility from 1:45 p.m. What measures will be to 2:50 p.m. on 01/10/23, an electrical junction box put into place or what systemic without a cover and with exposed electrical wiring changes will you make to was noted on the ceiling of the sprinkler riser ensure that the deficiency does room, which is located in the main dining room. not recur? Based on interview at the time of the observation. The weekly inspection schedule the Maintenance Director confirmed the electrical will be revised to ensure that the junction box did not have a cover and electrical deficiency does not recur in the wiring was exposed. TEL's preventative maintenance program This finding was reviewed with the Maintenance Director at the exit conference. How will the corrective action(s) be monitored to 3.1-19(b) ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place including time frames and person(s) responsible? QA program will be put into place to ensure that testing is done weekly. The Director of Maintenance will submit audits monthly to the Executive Director to be reviewed at safety committee and QA for a period of 6 months to ensure 100% compliance.

AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155158	A. BUI	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE COMPL 01/10/	ETED
NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF THE WILLOWS				1000 EL	ADDRESS, CITY, STATE, ZIP COD LIZABETH DR RAISO, IN 46383		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION	F	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	ATE	(X5) COMPLETION DATE
K 0920 SS=D Bldg. 01	Extens Electrical Equipme Extension Cords Power strips in a pused for compone patient-care-relate (PCREE) assembled by quathe conditions of the patient care vinon-PCREE (e.g. except in long-tendo not use PCRE meet UL 1363A of for non-PCREE in (outside of vicinity non-patient care rother UL standard used with general cords are not use wiring of a structu temporarily are recompletion of the installed and mee 10.2.3.6 (NFPA 9) (NFPA 70), 590.3 Based on observation failed to ensure a pusubstitute for fixed Office. LSC 19.5.1 Section 9.1. LSC 9 and equipment to control Electrical Code, 20 400.8 requires that, flexible cords and consultations and consultations are provided to the substitute for fixed office.	ent - Power Cords and ent - Power Cords and ent - Power Cords and patient care vicinity are only ents of movable ed electrical equipment eles that have been alified personnel and meet 10.2.3.6. Power strips in icinity may not be used for personal electronics), m care resident rooms that E. Power strips for PCREE r UL 60601-1. Power strips the patient care rooms by meet UL 1363. In cooms, power strips meet ds. All power strips are precautions. Extension d as a substitute for fixed re. Extension cords used moved immediately upon purpose for which it was ts the conditions of 10.2.4. e), 10.2.4 (NFPA 99), 400-8 (D) (NFPA 70), TIA 12-5 en and interview, the facility enter strip was not used as a wiring in 1 of 1 staff Dietary requires utilities to comply with enter 1.2 requires electrical wiring emply with NFPA 70, National 11 Edition. NFPA 70, Article unless specifically permitted, eables shall not be used as a wiring of a structure. This could affect staff only.	K 09	20	1. What corrective actions will be accomplished for K20 have been found deficient? The power strip found in the conds redistributed to power outlets in the wall. 2. How will you identify K920 having the potential to affected by the same deficient practice and what corrective in the wall.	of to office ower be ont	01/26/2023

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Event ID:

JKHY21 Facility ID: 000078

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING COMPLETED 01 B. WING 01/10/2023 155158 STREET ADDRESS, CITY, STATE, ZIP COD NAME OF PROVIDER OR SUPPLIER 1000 ELIZABETH DR LIFE CARE CENTER OF THE WILLOWS VALPARAISO, IN 46383 (X4) ID SUMMARY STATEMENT OF DEFICIENCIE ID (X5) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX PREFIX COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG DEFICIENCY) DATE Findings include: action will be taken? All areas of the building will be Based on observation on 01/10/23 at 1:50 p.m. inspected weekly to eliminate the during a tour of the facility with the Maintenance use of power strips. Director, there was a single serve coffee maker plugged into a power strip in the Executive What measures will be Director's office. Based on interview at the time of put into place or what systemic observation, the Maintenance Director confirmed changes will you make to the use of the power strip in the Executive ensure that the deficiency does Director's office. not recur? A facility audit was completed with This finding was reviewed with the Maintenance no further issues found. A weekly Director during the exit conference. inspection schedule will be revised to ensure that the deficiency does 3.1-19(b) not recur. This will be monitored in the TEL's preventative Maintenance program. Staff re-educated to not using power stripes in the facility. How will the corrective action(s) be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place including time frames and person(s) responsible? QA program will be put into place to ensure that the deficient practice does not recur. The Director of Maintenance will submit audits monthly to the Executive Director to be reviewed at safety committee and QA for a period of 6 months to ensure

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100% compliance.