

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155846	X2) MULTIPLE CONSTRUCTION A. BUILDING -- _____ B. WING _____	X3) DATE SURVEY COMPLETED 01/11/2023
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NAME OF PROVIDER OR SUPPLIER RESTORACY OF CARMEL	STREET ADDRESS, CITY, STATE, ZIP CODE 616 GREEN HOUSE WAY CARMEL, IN 46032
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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 Dates: 01/10/23 and 01/11/23</p> <p>Facility Number: 013753 Provider Number: 155846 AIM Number: 201362150</p> <p>At this Emergency Preparedness survey, Restoracy of Carmel 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 72 certified beds. At the time of the survey, the census was 63.</p> <p>Quality Review completed on 01/17/23</p>	E 0000	This Plan of Correction constitutes this facility's written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or the that one was cited correctly. This Plan of Correction is submitted to meet requirements established by the state and federal law.	
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 Dates: 01/10/23 and 01/11/23</p> <p>Facility Number: 013753 Provider Number: 155846 AIM Number: 201362150</p> <p>At this Life Safety Code survey, Restoracy of Carmel was found not in compliance with</p>	K 0000	This Plan of Correction constitutes this facility's written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or the that one was cited correctly. This Plan of Correction is submitted to meet requirements established by the state and federal law.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Bryan	Lindsay	01/27/2023

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=F Bldg. 01	<p>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>The facility consists of six buildings (01 through 06). Each building is a one-story cottage determined to be of Type V (111) construction and was fully sprinklered. Each cottage has a fire alarm system with smoke detection in the corridors, areas open to the corridors and hard-wired smoke detectors in the resident rooms. The entire facility has a capacity of 72 and had a census of 63 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered and all areas providing facility services were sprinklered, with exception of a separate detached administration building.</p> <p>Building 01 is identified as Cottage #2. The cottage has a capacity of 12 and had a census of 12 at the time of this survey.</p> <p>Quality Review completed on 01/17/23</p> <p>NFPA 101 Cooking Facilities Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless: * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2</p>			

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	<p>* cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or</p> <p>* cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4. Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor.</p> <p>18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2</p> <p>Based on record review, observation, and interview; the facility failed to ensure 1 of 1 kitchen fire suppression system was inspected semiannually. NFPA 96, 2011 Edition, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, Section 11.2.1 states Maintenance of the fire-extinguishing systems and listed exhaust hoods containing a constant or fire-activated water system that is listed to extinguish a fire in the grease removal devices. Hood exhaust plenums, and the exhaust ducts shall be made by properly trained, qualified, and certified person(s) acceptable to the authority having jurisdiction at lease every six months. This deficient practice could affect all occupants in the cottage.</p> <p>Findings include:</p> <p>Based on review with the Maintenance Director on 01/10/23 at 10:01 a.m., documentation of a fire suppression system inspection for the Cottage #2 kitchen was not available for review. Based on interview at the time of record review, the Maintenance Director stated that he was hired in September 0f 2022 and the previous Maintenance man had let the contract with the vendor lapse. He</p>	K 0324	<p>Disclaimer: This Plan of Correction constitutes this facility's written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or the that one was cited correctly. This Plan of Correction is submitted to meet requirements established by the state and federal law.</p> <p>Alleged deficiency: Failed to ensure kitchen fire suppression system was inspected semiannually for the kitchen in house 6.</p> <p>Corrective Action for resident(s) found to have deficient: The previous Maintenance man had let the contract with the vendor lapse. The new maintenance director has since entered into a new contract with Nelbud, a fire suppression vendor, and we are now on a</p>	01/13/2023

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	<p>has since signed a new contract with the vendor, and they are now on a semi-annual inspection rotation for the kitchens fire suppression system testing in all six of the cottages.</p> <p>During the exit conference with the Maintenance Director, the visiting Maintenance Director, and the facility Administrator via telephone on 01/11/23 at 1:30 p.m., no additional information or evidence could be provided contrary to this deficient finding.</p> <p>3.1-19(b)</p>		<p>semi-annual inspection rotation for the kitchen's fire suppression system with the first service scheduled for 2/28/2023.</p> <p>Identify other residents having the same potential deficient: All 6 homes in our community have the same kitchen setup and will be under the same semi-annual service contract put in place.</p> <p>Measures put into place or systemic changes: The Maintenance Director set up services for kitchen fire suppression inspection for all 6 homes in our community for February 28th, 2023. All homes have the same kitchen setup and will be under the same semi-annual service contract.</p> <p>Plan to monitor performance to maintain compliance: Maintenance Director or designee will ensure the semi-annual maintenance is completed, as scheduled semi-annually. If any missed inspections occur, it will be reviewed and addressed in QAPI meetings.</p> <p>Date of Compliance: 1/13/2023</p>	

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K 0353 SS=F Bldg. 01	<p>NFPA 101 Sprinkler System - Maintenance and Testing Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available.</p> <p>a) Date sprinkler system last checked _____</p> <p>b) Who provided system test _____</p> <p>c) Water system supply source _____</p> <p>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 Based on record review and interview, the facility failed to provide written documentation or other evidence the sprinkler system components had been inspected and tested for 2 of 4 quarters. LSC 4.6.12.1 requires any device, equipment or system required for compliance with this Code be maintained in accordance with applicable NFPA requirements. Sprinkler systems shall be properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 4.3.1 requires records shall be made for all inspections, tests, and maintenance of the system components and shall be made available to the authority having jurisdiction upon request. 4.3.2 requires that records shall indicate the procedure performed (e.g., inspection, test, or maintenance), the organization that performed the work, the results, and the date. NFPA 25, 5.2.5 requires that</p>	K 0353	<p>Disclaimer: This Plan of Correction constitutes this facility's written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or the that one was cited correctly. This Plan of Correction is submitted to meet requirements established by the state and federal law.</p> <p>Alleged deficiency: There were no quarterly sprinkler system inspection reports available for review in the second and third quarter of 2022. The previous maintenance director did not keep</p>	01/13/2023
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	<p>waterflow alarm devices shall be inspected quarterly to verify they are free of physical damage. NFPA 25, 5.3.3.1 requires the mechanical waterflow alarm devices including, but not limited to, water motor gongs, shall be tested quarterly. 5.3.3.2 requires vane-type and pressure switch-type waterflow alarm devices shall be tested semiannually. This deficient practice could affect all residents, staff, and visitors in the facility.</p> <p>Findings include:</p> <p>Based on review with the Maintenance Director on 01/10/23 at 10:22 a.m., there was no quarterly sprinkler system inspection report available for review in the second quarter (April, May, and June) of 2022. Furthermore, there was no quarterly sprinkler system inspection documentation for the third quarter (July, August, and September) of 2022 as well. Based on an interview at the time of record review, the Maintenance Director acknowledged there was no written documentation available to show the sprinkler system had been inspected during the second and third quarters of 2022.</p> <p>During the exit conference with the Maintenance Director, the visiting Maintenance Director, and the facility Administrator via telephone on 01/11/23 at 1:30 p.m., no additional information or evidence could be provided contrary to this deficient finding.</p> <p>3.1-19(b)</p>		<p>record of these tests.</p> <p>Corrective Action for resident(s) found to have deficient: The new Maintenance Director had completed quarterly sprinkler system inspection for the 4th quarter of 2022 on 11/2/2022 by Koorsen Fire & Security company.</p> <p>Identify other residents having the same potential deficient: The other 5 homes in the community did not have the 2nd and 3rd quarterly sprinkler inspection reports, but were completed by the new maintenance director for the 4th quarter of 2022 on 11/2/2022.</p> <p>Measures put into place or systemic changes: The Maintenance Director or designee will conduct quarterly sprinkler system inspections and keep them in the preventative maintenance logbook.</p> <p>Plan to monitor performance to maintain compliance: The Maintenance Director or designee will audit sprinkler system inspections quarterly for the next 4 quarters and until 100% of compliance is maintained. If any compliance trends are identified, they will be reviewed in QAPI meetings.</p>		

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K 0712 SS=F Bldg. 01	<p>NFPA 101 Fire Drills Fire Drills</p> <p>Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms.</p> <p>19.7.1.4 through 19.7.1.7 Based on record review and interview, the facility failed to conduct quarterly fire drills for 2 of 3 quarters. LSC 19.7.1.6 requires drills to be conducted quarterly on each shift under varied conditions. This deficient practice affects all residents, staff, and visitors.</p> <p>Findings include:</p> <p>Based on review with the Maintenance Director on 01/10/23 at 9:46 a.m., documentation of the following fire drills could be provided:</p> <p>a) fire drills conducted in the second quarter (April, May, or June) of 2022 on the second or third shifts.</p> <p>b) fire drills conducted in the third quarter (July, August, or September) of 2022 on the first or second shifts.</p> <p>Based on interview at the time of record review, the Maintenance Director acknowledged that</p>	K 0712	<p>Date of Compliance: 1/13/23</p> <p>Disclaimer: This Plan of Correction constitutes this facility's written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or the that one was cited correctly. This Plan of Correction is submitted to meet requirements established by the state and federal law.</p> <p>Alleged deficiency: There were no monthly fire drill reports available for review in the second and third quarter of 2022. The previous maintenance director did not keep record of these drills.</p>	01/13/2023
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	<p>there were no additional available fire drill documents for review as of the time of this survey.</p> <p>During the exit conference with the Maintenance Director, the visiting Maintenance Director, and the facility Administrator via telephone on 01/11/23 at 1:30 p.m., no additional information or evidence could be provided contrary to this deficient finding.</p> <p>3.1-19(b) 3.1-51(c)</p>		<p>Corrective Action for resident(s) found to have deficient: The new Maintenance Director started in September and has completed monthly fire drills in home 6 in September, October, November and December of 2022.</p> <p>Identify other residents having the same potential deficient: The other 5 homes in the community did not have fire drill records available for the 2nd and 3rd quarter, but were completed by the new maintenance director for September, October, November and December of 2022.</p> <p>Measures put into place or systemic changes: The Maintenance Director or designee will conduct monthly fire drills and keep them in the preventive maintenance logbook.</p> <p>Plan to monitor performance to maintain compliance: The Maintenance Director or designee will audit that fire alarm drills are conducted monthly for the next 6 months and until 100% of compliance is maintained. If any compliance trends are identified, they will be reviewed in QAPI meetings.</p>	

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K 0000 Bldg. 02	<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 Dates: 01/10/23 and 01/11/23</p> <p>Facility Number: 013753 Provider Number: 155846 AIM Number: 201362150</p> <p>At this Life Safety Code survey, Restoracy of Carmel 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>The facility consists of six buildings (01 through 06). Each building is a one-story cottage determined to be of Type V (111) construction and was fully sprinklered. Each cottage has a fire alarm system with smoke detection in the corridors, areas open to the corridors and hard-wired smoke detectors in the resident rooms. The entire facility has a capacity of 72 and had a census of 63 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered and all areas providing facility services were sprinklered, with exception of a separate detached administration building.</p>	K 0000	<p>Date of Compliance: 1/13/23</p> <p>This Plan of Correction constitutes this facility's written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or the that one was cited correctly. This Plan of Correction is submitted to meet requirements established by the state and federal law.</p>		

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K 0324 SS=F Bldg. 02	<p>Building 02 is identified as Cottage #3. The cottage has a capacity of 12 and had a census of 12 at the time of this survey. This Cottage serves as the Memory Care building for this facility.</p> <p>Quality Review completed on 01/17/23</p> <p>NFPA 101 Cooking Facilities Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless: * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or * cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4. Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor. 18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2 Based on record review, observation, and interview; the facility failed to ensure 1 of 1 kitchen fire suppression system was inspected semiannually. NFPA 96, 2011 Edition, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, Section 11.2.1 states Maintenance of the fire-extinguishing systems and listed exhaust hoods containing a</p>	K 0324	<p>Disclaimer: This Plan of Correction constitutes this facility's written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or the that one was cited</p>	01/13/2023

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	<p>constant or fire-activated water system that is listed to extinguish a fire in the grease removal devices. Hood exhaust plenums, and the exhaust ducts shall be made by properly trained, qualified, and certified person(s) acceptable to the authority having jurisdiction at lease every six months. This deficient practice could affect all occupants in the cottage.</p> <p>Findings include:</p> <p>Based on review with the Maintenance Director on 01/10/23 at 10:02 a.m., documentation of a fire suppression system inspection for the Cottage #3 kitchen was not available for review. Based on interview at the time of record review, the Maintenance Director stated that he was hired in September 0f 2022 and the previous Maintenance man had let the contract with the vendor lapse. He has since signed a new contract with the vendor, and they are now on a semi-annual inspection rotation for the kitchens fire suppression system testing in all six of the cottages.</p> <p>During the exit conference with the Maintenance Director, the visiting Maintenance Director, and the facility Administrator via telephone on 01/11/23 at 1:30 p.m., no additional information or evidence could be provided contrary to this deficient finding.</p> <p>3.1-19(b)</p>		<p>correctly. This Plan of Correction is submitted to meet requirements established by the state and federal law.</p> <p>Alleged deficiency: Failed to ensure kitchen fire suppression system was inspected semiannually for the kitchen in house 6.</p> <p>Corrective Action for resident(s) found to have deficient: The previous Maintenance man had let the contract with the vendor lapse. The new maintenance director has since entered into a new contract with Nelbud, a fire suppression vendor, and we are now on a semi-annual inspection rotation for the kitchen's fire suppression system with the first service scheduled for 2/28/2023.</p> <p>Identify other residents having the same potential deficient: All 6 homes in our community have the same kitchen setup and will be under the same semi-annual service contract put in place.</p> <p>Measures put into place or systemic changes: The Maintenance Director set up services for kitchen fire suppression inspection for all 6 homes in our community for February 28th, 2023. All homes have the same kitchen setup and</p>		

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K 0353 SS=F Bldg. 02	<p>NFPA 101 Sprinkler System - Maintenance and Testing Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available.</p> <p>a) Date sprinkler system last checked _____</p> <p>b) Who provided system test _____</p> <p>c) Water system supply source _____</p> <p>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25</p>		<p>will be under the same semi-annual service contract.</p> <p>Plan to monitor performance to maintain compliance: Maintenance Director or designee will ensure the semi-annual maintenance is completed, as scheduled semi-annually. If any missed inspections occur, it will be reviewed and addressed in QAPI meetings.</p> <p>Date of Compliance: 1/13/2023</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155846	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>02</u> B. WING _____		X3) DATE SURVEY COMPLETED 01/11/2023
NAME OF PROVIDER OR SUPPLIER RESTORACY OF CARMEL			STREET ADDRESS, CITY, STATE, ZIP COD 616 GREEN HOUSE WAY CARMEL, IN 46032		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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	
	<p>Based on record review and interview, the facility failed to provide written documentation or other evidence the sprinkler system components had been inspected and tested for 2 of 4 quarters. LSC 4.6.12.1 requires any device, equipment or system required for compliance with this Code be maintained in accordance with applicable NFPA requirements. Sprinkler systems shall be properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 4.3.1 requires records shall be made for all inspections, tests, and maintenance of the system components and shall be made available to the authority having jurisdiction upon request. 4.3.2 requires that records shall indicate the procedure performed (e.g., inspection, test, or maintenance), the organization that performed the work, the results, and the date. NFPA 25, 5.2.5 requires that waterflow alarm devices shall be inspected quarterly to verify they are free of physical damage. NFPA 25, 5.3.3.1 requires the mechanical waterflow alarm devices including, but not limited to, water motor gongs, shall be tested quarterly. 5.3.3.2 requires vane-type and pressure switch-type waterflow alarm devices shall be tested semiannually. This deficient practice could affect all residents, staff, and visitors in the facility.</p> <p>Findings include:</p> <p>Based on review with the Maintenance Director on 01/10/23 at 10:23 a.m., there was no quarterly sprinkler system inspection report available for review in the second quarter (April, May, and June) of 2022. Furthermore, there was no quarterly sprinkler system inspection documentation for the third quarter (July, August, and September) of 2022 as well. Based on an interview at the time of</p>	K 0353	<p>Disclaimer: This Plan of Correction constitutes this facility's written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or the that one was cited correctly. This Plan of Correction is submitted to meet requirements established by the state and federal law.</p> <p>Alleged deficiency: There were no quarterly sprinkler system inspection reports available for review in the second and third quarter of 2022. The previous maintenance director did not keep record of these tests.</p> <p>Corrective Action for resident(s) found to have deficient: The new Maintenance Director had completed quarterly sprinkler system inspection for the 4th quarter of 2022 on 11/2/2022 by Koorsen Fire & Security company.</p> <p>Identify other residents having the same potential deficient: The other 5 homes in the community did not have the 2nd and 3rd quarterly sprinkler inspection reports, but were completed by the new maintenance director for the 4th quarter of 2022 on 11/2/2022.</p> <p>Measures put into place or</p>	01/13/2023	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155846	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>02</u> B. WING _____		X3) DATE SURVEY COMPLETED 01/11/2023
NAME OF PROVIDER OR SUPPLIER RESTORACY OF CARMEL			STREET ADDRESS, CITY, STATE, ZIP COD 616 GREEN HOUSE WAY CARMEL, IN 46032		
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K 0712 SS=F Bldg. 02	<p>record review, the Maintenance Director acknowledged there was no written documentation available to show the sprinkler system had been inspected during the second and third quarters of 2022.</p> <p>During the exit conference with the Maintenance Director, the visiting Maintenance Director, and the facility Administrator via telephone on 01/11/23 at 1:30 p.m., no additional information or evidence could be provided contrary to this deficient finding.</p> <p>3.1-19(b)</p> <p>NFPA 101 Fire Drills Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 19.7.1.4 through 19.7.1.7 Based on record review and interview, the facility</p>	K 0712	<p>systemic changes: The Maintenance Director or designee will conduct quarterly sprinkler system inspections and keep them in the preventative maintenance logbook.</p> <p>Plan to monitor performance to maintain compliance: The Maintenance Director or designee will audit sprinkler system inspections quarterly for the next 4 quarters and until 100% of compliance is maintained. If any compliance trends are identified, they will be reviewed in QAPI meetings.</p> <p>Date of Compliance: 1/13/23</p> <p>Disclaimer:</p>	01/13/2023	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155846	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>02</u> B. WING _____	X3) DATE SURVEY COMPLETED 01/11/2023
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NAME OF PROVIDER OR SUPPLIER RESTORACY OF CARMEL	STREET ADDRESS, CITY, STATE, ZIP COD 616 GREEN HOUSE WAY CARMEL, IN 46032
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	<p>failed to conduct quarterly fire drills for 2 of 3 quarters. LSC 19.7.1.6 requires drills to be conducted quarterly on each shift under varied conditions. This deficient practice affects all residents, staff, and visitors.</p> <p>Findings include:</p> <p>Based on review with the Maintenance Director on 01/10/23 at 9:46 a.m., documentation of the following fire drills could be provided:</p> <p>a) fire drills conducted in the second quarter (April, May, or June) of 2022 on the second or third shifts.</p> <p>b) fire drills conducted in the third quarter (July, August, or September) of 2022 on the first or second shifts.</p> <p>Based on interview at the time of record review, the Maintenance Director acknowledged that there were no additional available fire drill documents for review as of the time of this survey.</p> <p>During the exit conference with the Maintenance Director, the visiting Maintenance Director, and the facility Administrator via telephone on 01/11/23 at 1:30 p.m., no additional information or evidence could be provided contrary to this deficient finding.</p> <p>3.1-19(b) 3.1-51(c)</p>		<p>This Plan of Correction constitutes this facility's written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or the that one was cited correctly. This Plan of Correction is submitted to meet requirements established by the state and federal law.</p> <p>Alleged deficiency: There were no monthly fire drill reports available for review in the second and third quarter of 2022. The previous maintenance director did not keep record of these drills.</p> <p>Corrective Action for resident(s) found to have deficient: The new Maintenance Director started in September and has completed monthly fire drills in home 6 in September, October, November and December of 2022.</p> <p>Identify other residents having the same potential deficient: The other 5 homes in the community did not have fire drill records available for the 2nd and 3rd quarter, but were completed by the new maintenance director for September, October, November and December of 2022.</p> <p>Measures put into place or systemic changes: The Maintenance Director or designee</p>	

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NAME OF PROVIDER OR SUPPLIER RESTORACY OF CARMEL	STREET ADDRESS, CITY, STATE, ZIP CODE 616 GREEN HOUSE WAY CARMEL, IN 46032
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K 0000 Bldg. 03	<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 Dates: 01/10/23 and 01/11/23</p> <p>Facility Number: 013753 Provider Number: 155846 AIM Number: 201362150</p> <p>At this Life Safety Code survey, Restoracy of Carmel 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</p>	K 0000	<p>will conduct monthly fire drills and keep them in the preventive maintenance logbook.</p> <p>Plan to monitor performance to maintain compliance: The Maintenance Director or designee will audit that fire alarm drills are conducted monthly for the next 6 months and until 100% of compliance is maintained. If any compliance trends are identified, they will be reviewed in QAPI meetings.</p> <p>Date of Compliance: 1/13/23</p> <p>This Plan of Correction constitutes this facility's written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or the that one was cited correctly. This Plan of Correction is submitted to meet requirements established by the state and federal law.</p>	

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K 0324 SS=F Bldg. 03	<p>National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>The facility consists of six buildings (01 through 06). Each building is a one-story cottage determined to be of Type V (111) construction and was fully sprinklered. Each cottage has a fire alarm system with smoke detection in the corridors, areas open to the corridors and hard-wired smoke detectors in the resident rooms. The entire facility has a capacity of 72 and had a census of 63 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered and all areas providing facility services were sprinklered, with exception of a separate detached administration building.</p> <p>Building 03 is identified as Cottage #1. The cottage has a capacity of 12 and had a census of 10 at the time of this survey.</p> <p>Quality Review completed on 01/17/23</p> <p>NFPA 101 Cooking Facilities Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless: * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under</p>				

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	<p>18.3.2.5.3, 19.3.2.5.3, or * cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4. Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor. 18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2 Based on record review, observation, and interview; the facility failed to ensure 1 of 1 kitchen fire suppression system was inspected semiannually. NFPA 96, 2011 Edition, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, Section 11.2.1 states Maintenance of the fire-extinguishing systems and listed exhaust hoods containing a constant or fire-activated water system that is listed to extinguish a fire in the grease removal devices. Hood exhaust plenums, and the exhaust ducts shall be made by properly trained, qualified, and certified person(s) acceptable to the authority having jurisdiction at lease every six months. This deficient practice could affect all occupants in the cottage.</p> <p>Findings include:</p> <p>Based on review with the Maintenance Director on 01/10/23 at 10:03 a.m., documentation of a fire suppression system inspection for the Cottage #1 kitchen was not available for review. Based on interview at the time of record review, the Maintenance Director stated that he was hired in September 0f 2022 and the previous Maintenance man had let the contract with the vendor lapse. He has since signed a new contract with the vendor, and they are now on a semi-annual inspection rotation for the kitchens fire suppression system</p>	K 0324	<p>Disclaimer: This Plan of Correction constitutes this facility's written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or the that one was cited correctly. This Plan of Correction is submitted to meet requirements established by the state and federal law.</p> <p>Alleged deficiency: Failed to ensure kitchen fire suppression system was inspected semiannually for the kitchen in house 6.</p> <p>Corrective Action for resident(s) found to have deficient: The previous Maintenance man had let the contract with the vendor lapse. The new maintenance director has since entered into a new contract with Nelbud, a fire suppression vendor, and we are now on a semi-annual inspection rotation for the kitchen's fire suppression system with the first service</p>	01/13/2023	

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K 0353 SS=F Bldg. 03	<p>testing in all six of the cottages.</p> <p>During the exit conference with the Maintenance Director, the visiting Maintenance Director, and the facility Administrator via telephone on 01/11/23 at 1:30 p.m., no additional information or evidence could be provided contrary to this deficient finding.</p> <p>3.1-19(b)</p> <p>NFPA 101 Sprinkler System - Maintenance and Testing Sprinkler System - Maintenance and Testing</p>		<p>scheduled for 2/28/2023.</p> <p>Identify other residents having the same potential deficient: All 6 homes in our community have the same kitchen setup and will be under the same semi-annual service contract put in place.</p> <p>Measures put into place or systemic changes: The Maintenance Director set up services for kitchen fire suppression inspection for all 6 homes in our community for February 28th, 2023. All homes have the same kitchen setup and will be under the same semi-annual service contract.</p> <p>Plan to monitor performance to maintain compliance: Maintenance Director or designee will ensure the semi-annual maintenance is completed, as scheduled semi-annually. If any missed inspections occur, it will be reviewed and addressed in QAPI meetings.</p> <p>Date of Compliance: 1/13/2023</p>		

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	<p>Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available.</p> <p>a) Date sprinkler system last checked _____</p> <p>b) Who provided system test _____</p> <p>c) Water system supply source _____</p> <p>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25</p> <p>Based on record review and interview, the facility failed to provide written documentation or other evidence the sprinkler system components had been inspected and tested for 2 of 4 quarters. LSC 4.6.12.1 requires any device, equipment or system required for compliance with this Code be maintained in accordance with applicable NFPA requirements. Sprinkler systems shall be properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 4.3.1 requires records shall be made for all inspections, tests, and maintenance of the system components and shall be made available to the authority having jurisdiction upon request. 4.3.2 requires that records shall indicate the procedure performed (e.g., inspection, test, or maintenance), the organization that performed the work, the results, and the date. NFPA 25, 5.2.5 requires that waterflow alarm devices shall be inspected quarterly to verify they are free of physical damage. NFPA 25, 5.3.3.1 requires the mechanical</p>	K 0353	<p>Disclaimer: This Plan of Correction constitutes this facility's written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or the that one was cited correctly. This Plan of Correction is submitted to meet requirements established by the state and federal law.</p> <p>Alleged deficiency: There were no quarterly sprinkler system inspection reports available for review in the second and third quarter of 2022. The previous maintenance director did not keep record of these tests.</p> <p>Corrective Action for resident(s)</p>	01/13/2023

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	<p>waterflow alarm devices including, but not limited to, water motor gongs, shall be tested quarterly. 5.3.3.2 requires vane-type and pressure switch-type waterflow alarm devices shall be tested semiannually. This deficient practice could affect all residents, staff, and visitors in the facility.</p> <p>Findings include:</p> <p>Based on review with the Maintenance Director on 01/10/23 at 10:24 a.m., there was no quarterly sprinkler system inspection report available for review in the second quarter (April, May, and June) of 2022. Furthermore, there was no quarterly sprinkler system inspection documentation for the third quarter (July, August, and September) of 2022 as well. Based on an interview at the time of record review, the Maintenance Director acknowledged there was no written documentation available to show the sprinkler system had been inspected during the second and third quarters of 2022.</p> <p>During the exit conference with the Maintenance Director, the visiting Maintenance Director, and the facility Administrator via telephone on 01/11/23 at 1:30 p.m., no additional information or evidence could be provided contrary to this deficient finding.</p> <p>3.1-19(b)</p>		<p>found to have deficient: The new Maintenance Director had completed quarterly sprinkler system inspection for the 4th quarter of 2022 on 11/2/2022 by Koorsen Fire & Security company.</p> <p>Identify other residents having the same potential deficient: The other 5 homes in the community did not have the 2nd and 3rd quarterly sprinkler inspection reports, but were completed by the new maintenance director for the 4th quarter of 2022 on 11/2/2022.</p> <p>Measures put into place or systemic changes: The Maintenance Director or designee will conduct quarterly sprinkler system inspections and keep them in the preventative maintenance logbook.</p> <p>Plan to monitor performance to maintain compliance: The Maintenance Director or designee will audit sprinkler system inspections quarterly for the next 4 quarters and until 100% of compliance is maintained. If any compliance trends are identified, they will be reviewed in QAPI meetings.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155846	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>03</u> B. WING _____	X3) DATE SURVEY COMPLETED 01/11/2023
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NAME OF PROVIDER OR SUPPLIER RESTORACY OF CARMEL	STREET ADDRESS, CITY, STATE, ZIP COD 616 GREEN HOUSE WAY CARMEL, IN 46032
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K 0712 SS=F Bldg. 03	<p>NFPA 101 Fire Drills Fire Drills</p> <p>Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms.</p> <p>19.7.1.4 through 19.7.1.7 Based on record review and interview, the facility failed to conduct quarterly fire drills for 2 of 3 quarters. LSC 19.7.1.6 requires drills to be conducted quarterly on each shift under varied conditions. This deficient practice affects all residents, staff, and visitors.</p> <p>Findings include:</p> <p>Based on review with the Maintenance Director on 01/10/23 at 9:46 a.m., documentation of the following fire drills could be provided:</p> <p>a) fire drills conducted in the second quarter (April, May, or June) of 2022 on the second or third shifts.</p> <p>b) fire drills conducted in the third quarter (July, August, or September) of 2022 on the first or second shifts.</p> <p>Based on interview at the time of record review, the Maintenance Director acknowledged that there were no additional available fire drill documents for review as of the time of this survey.</p>	K 0712	<p>Date of Compliance: 1/13/23</p> <p>Disclaimer: This Plan of Correction constitutes this facility's written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or the that one was cited correctly. This Plan of Correction is submitted to meet requirements established by the state and federal law.</p> <p>Alleged deficiency: There were no monthly fire drill reports available for review in the second and third quarter of 2022. The previous maintenance director did not keep record of these drills.</p> <p>Corrective Action for resident(s) found to have deficient: The new Maintenance Director started</p>	01/13/2023
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155846	X2) MULTIPLE CONSTRUCTION A. BUILDING 03 B. WING _____		X3) DATE SURVEY COMPLETED 01/11/2023
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	<p>During the exit conference with the Maintenance Director, the visiting Maintenance Director, and the facility Administrator via telephone on 01/11/23 at 1:30 p.m., no additional information or evidence could be provided contrary to this deficient finding.</p> <p>3.1-19(b) 3.1-51(c)</p>		<p>in September and has completed monthly fire drills in home 6 in September, October, November and December of 2022.</p> <p>Identify other residents having the same potential deficient: The other 5 homes in the community did not have fire drill records available for the 2nd and 3rd quarter, but were completed by the new maintenance director for September, October, November and December of 2022.</p> <p>Measures put into place or systemic changes: The Maintenance Director or designee will conduct monthly fire drills and keep them in the preventive maintenance logbook.</p> <p>Plan to monitor performance to maintain compliance: The Maintenance Director or designee will audit that fire alarm drills are conducted monthly for the next 6 months and until 100% of compliance is maintained. If any compliance trends are identified, they will be reviewed in QAPI meetings.</p> <p>Date of Compliance: 1/13/23</p>		

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NAME OF PROVIDER OR SUPPLIER RESTORACY OF CARMEL	STREET ADDRESS, CITY, STATE, ZIP CODE 616 GREEN HOUSE WAY CARMEL, IN 46032
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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
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K 0000 Bldg. 04	<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 Dates: 01/10/23 and 01/11/23</p> <p>Facility Number: 013753 Provider Number: 155846 AIM Number: 201362150</p> <p>At this Life Safety Code survey, Restoracy of Carmel 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>The facility consists of six buildings (01 through 06). Each building is a one-story cottage determined to be of Type V (111) construction and was fully sprinklered. Each cottage has a fire alarm system with smoke detection in the corridors, areas open to the corridors and hard-wired smoke detectors in the resident rooms. The entire facility has a capacity of 72 and had a census of 63 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered and all areas providing facility services were sprinklered, with exception of a separate detached administration building.</p> <p>Building 04 is identified as Cottage #4. The cottage has a capacity of 12 and had a census of</p>	K 0000	This Plan of Correction constitutes this facility's written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or the that one was cited correctly. This Plan of Correction is submitted to meet requirements established by the state and federal law.	
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155846	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>04</u> B. WING _____		X3) DATE SURVEY COMPLETED 01/11/2023
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K 0324 SS=F Bldg. 04	<p>10 at the time of this survey. This Cottage serves as the Memory Care building for this facility.</p> <p>Quality Review completed on 01/17/23</p> <p>NFPA 101 Cooking Facilities Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless: * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or * cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4. Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor. 18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2 Based on record review, observation, and interview; the facility failed to ensure 1 of 1 kitchen fire suppression system was inspected semiannually. NFPA 96, 2011 Edition, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, Section 11.2.1 states Maintenance of the fire-extinguishing systems and listed exhaust hoods containing a constant or fire-activated water system that is listed to extinguish a fire in the grease removal</p>	K 0324	<p>Disclaimer: This Plan of Correction constitutes this facility's written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or the that one was cited correctly. This Plan of Correction is submitted to meet requirements</p>	01/13/2023	

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	<p>devices. Hood exhaust plenums, and the exhaust ducts shall be made by properly trained, qualified, and certified person(s) acceptable to the authority having jurisdiction at lease every six months. This deficient practice could affect all occupants in the cottage.</p> <p>Findings include:</p> <p>Based on review with the Maintenance Director on 01/10/23 at 10:04 a.m., documentation of a fire suppression system inspection for the Cottage #4 kitchen was not available for review. Based on interview at the time of record review, the Maintenance Director stated that he was hired in September 0f 2022 and the previous Maintenance man had let the contract with the vendor lapse. He has since signed a new contract with the vendor, and they are now on a semi-annual inspection rotation for the kitchens fire suppression system testing in all six of the cottages.</p> <p>During the exit conference with the Maintenance Director, the visiting Maintenance Director, and the facility Administrator via telephone on 01/11/23 at 1:30 p.m., no additional information or evidence could be provided contrary to this deficient finding.</p> <p>3.1-19(b)</p>		<p>established by the state and federal law.</p> <p>Alleged deficiency: Failed to ensure kitchen fire suppression system was inspected semiannually for the kitchen in house 6.</p> <p>Corrective Action for resident(s) found to have deficient: The previous Maintenance man had let the contract with the vendor lapse. The new maintenance director has since entered into a new contract with Nelbud, a fire suppression vendor, and we are now on a semi-annual inspection rotation for the kitchen's fire suppression system with the first service scheduled for 2/28/2023.</p> <p>Identify other residents having the same potential deficient: All 6 homes in our community have the same kitchen setup and will be under the same semi-annual service contract put in place.</p> <p>Measures put into place or systemic changes: The Maintenance Director set up services for kitchen fire suppression inspection for all 6 homes in our community for February 28th, 2023. All homes have the same kitchen setup and will be under the same semi-annual service contract.</p>		

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K 0353 SS=F Bldg. 04	<p>NFPA 101 Sprinkler System - Maintenance and Testing Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available.</p> <p>a) Date sprinkler system last checked _____</p> <p>b) Who provided system test _____</p> <p>c) Water system supply source _____</p> <p>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 Based on record review and interview, the facility failed to provide written documentation or other</p>	K 0353	<p>Plan to monitor performance to maintain compliance: Maintenance Director or designee will ensure the semi-annual maintenance is completed, as scheduled semi-annually. If any missed inspections occur, it will be reviewed and addressed in QAPI meetings.</p> <p>Date of Compliance: 1/13/2023</p> <p>Disclaimer: This Plan of Correction constitutes</p>	01/13/2023	

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	<p>evidence the sprinkler system components had been inspected and tested for 2 of 4 quarters. LSC 4.6.12.1 requires any device, equipment or system required for compliance with this Code be maintained in accordance with applicable NFPA requirements. Sprinkler systems shall be properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 4.3.1 requires records shall be made for all inspections, tests, and maintenance of the system components and shall be made available to the authority having jurisdiction upon request. 4.3.2 requires that records shall indicate the procedure performed (e.g., inspection, test, or maintenance), the organization that performed the work, the results, and the date. NFPA 25, 5.2.5 requires that waterflow alarm devices shall be inspected quarterly to verify they are free of physical damage. NFPA 25, 5.3.3.1 requires the mechanical waterflow alarm devices including, but not limited to, water motor gongs, shall be tested quarterly. 5.3.3.2 requires vane-type and pressure switch-type waterflow alarm devices shall be tested semiannually. This deficient practice could affect all residents, staff, and visitors in the facility.</p> <p>Findings include:</p> <p>Based on review with the Maintenance Director on 01/10/23 at 10:25 a.m., there was no quarterly sprinkler system inspection report available for review in the second quarter (April, May, and June) of 2022. Furthermore, there was no quarterly sprinkler system inspection documentation for the third quarter (July, August, and September) of 2022 as well. Based on an interview at the time of record review, the Maintenance Director acknowledged there was no written</p>		<p>this facility's written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or the that one was cited correctly. This Plan of Correction is submitted to meet requirements established by the state and federal law.</p> <p>Alleged deficiency: There were no quarterly sprinkler system inspection reports available for review in the second and third quarter of 2022. The previous maintenance director did not keep record of these tests.</p> <p>Corrective Action for resident(s) found to have deficient: The new Maintenance Director had completed quarterly sprinkler system inspection for the 4th quarter of 2022 on 11/2/2022 by Koorsen Fire & Security company.</p> <p>Identify other residents having the same potential deficient: The other 5 homes in the community did not have the 2nd and 3rd quarterly sprinkler inspection reports, but were completed by the new maintenance director for the 4th quarter of 2022 on 11/2/2022.</p> <p>Measures put into place or systemic changes: The Maintenance Director or designee</p>		

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K 0712 SS=F Bldg. 04	<p>documentation available to show the sprinkler system had been inspected during the second and third quarters of 2022.</p> <p>During the exit conference with the Maintenance Director, the visiting Maintenance Director, and the facility Administrator via telephone on 01/11/23 at 1:30 p.m., no additional information or evidence could be provided contrary to this deficient finding.</p> <p>3.1-19(b)</p> <p>NFPA 101 Fire Drills Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 19.7.1.4 through 19.7.1.7 Based on record review and interview, the facility failed to conduct quarterly fire drills for 2 of 3 quarters. LSC 19.7.1.6 requires drills to be</p>	K 0712	<p>will conduct quarterly sprinkler system inspections and keep them in the preventative maintenance logbook.</p> <p>Plan to monitor performance to maintain compliance: The Maintenance Director or designee will audit sprinkler system inspections quarterly for the next 4 quarters and until 100% of compliance is maintained. If any compliance trends are identified, they will be reviewed in QAPI meetings.</p> <p>Date of Compliance: 1/13/23</p> <p>Disclaimer: This Plan of Correction constitutes this facility's written allegation of</p>	01/13/2023	

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	<p>conducted quarterly on each shift under varied conditions. This deficient practice affects all residents, staff, and visitors.</p> <p>Findings include:</p> <p>Based on review with the Maintenance Director on 01/10/23 at 9:46 a.m., documentation of the following fire drills could be provided:</p> <p>a) fire drills conducted in the second quarter (April, May, or June) of 2022 on the second or third shifts.</p> <p>b) fire drills conducted in the third quarter (July, August, or September) of 2022 on the first or second shifts.</p> <p>Based on interview at the time of record review, the Maintenance Director acknowledged that there were no additional available fire drill documents for review as of the time of this survey.</p> <p>During the exit conference with the Maintenance Director, the visiting Maintenance Director, and the facility Administrator via telephone on 01/11/23 at 1:30 p.m., no additional information or evidence could be provided contrary to this deficient finding.</p> <p>3.1-19(b) 3.1-51(c)</p>		<p>compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or the that one was cited correctly. This Plan of Correction is submitted to meet requirements established by the state and federal law.</p> <p>Alleged deficiency: There were no monthly fire drill reports available for review in the second and third quarter of 2022. The previous maintenance director did not keep record of these drills.</p> <p>Corrective Action for resident(s) found to have deficient: The new Maintenance Director started in September and has completed monthly fire drills in home 6 in September, October, November and December of 2022.</p> <p>Identify other residents having the same potential deficient: The other 5 homes in the community did not have fire drill records available for the 2nd and 3rd quarter, but were completed by the new maintenance director for September, October, November and December of 2022.</p> <p>Measures put into place or systemic changes: The Maintenance Director or designee will conduct monthly fire drills and keep them in the preventive</p>	

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K 0000 Bldg. 05	<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 Dates: 01/10/23 and 01/11/23</p> <p>Facility Number: 013753 Provider Number: 155846 AIM Number: 201362150</p> <p>At this Life Safety Code survey, Restoracy of Carmel 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</p>	K 0000	<p>maintenance logbook.</p> <p>Plan to monitor performance to maintain compliance: The Maintenance Director or designee will audit that fire alarm drills are conducted monthly for the next 6 months and until 100% of compliance is maintained. If any compliance trends are identified, they will be reviewed in QAPI meetings.</p> <p>Date of Compliance: 1/13/23</p> <p>This Plan of Correction constitutes this facility's written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or the that one was cited correctly. This Plan of Correction is submitted to meet requirements established by the state and federal law.</p>		

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K 0324 SS=F Bldg. 05	<p>Health Care Occupancies and 410 IAC 16.2.</p> <p>The facility consists of six buildings (01 through 06). Each building is a one-story cottage determined to be of Type V (111) construction and was fully sprinklered. Each cottage has a fire alarm system with smoke detection in the corridors, areas open to the corridors and hard-wired smoke detectors in the resident rooms. The entire facility has a capacity of 72 and had a census of 63 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered and all areas providing facility services were sprinklered, with exception of a separate detached administration building.</p> <p>Building 05 is identified as Cottage #5. The cottage has a capacity of 12 and had a census of 10 at the time of this survey.</p> <p>Quality Review completed on 01/17/23</p> <p>NFPA 101 Cooking Facilities Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless: * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or * cooking facilities in smoke compartments</p>			

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	<p>with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4. Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor.</p> <p>18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2</p> <p>Based on record review, observation, and interview; the facility failed to ensure 1 of 1 kitchen fire suppression system was inspected semiannually. NFPA 96, 2011 Edition, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, Section 11.2.1 states Maintenance of the fire-extinguishing systems and listed exhaust hoods containing a constant or fire-activated water system that is listed to extinguish a fire in the grease removal devices. Hood exhaust plenums, and the exhaust ducts shall be made by properly trained, qualified, and certified person(s) acceptable to the authority having jurisdiction at lease every six months. This deficient practice could affect all occupants in the cottage.</p> <p>Findings include:</p> <p>Based on review with the Maintenance Director on 01/10/23 at 10:05 a.m., documentation of a fire suppression system inspection for the Cottage #5 kitchen was not available for review. Based on interview at the time of record review, the Maintenance Director stated that he was hired in September 0f 2022 and the previous Maintenance man had let the contract with the vendor lapse. He has since signed a new contract with the vendor, and they are now on a semi-annual inspection rotation for the kitchens fire suppression system testing in all six of the cottages.</p>	K 0324	<p>Disclaimer: This Plan of Correction constitutes this facility's written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or the that one was cited correctly. This Plan of Correction is submitted to meet requirements established by the state and federal law.</p> <p>Alleged deficiency: Failed to ensure kitchen fire suppression system was inspected semiannually for the kitchen in house 6.</p> <p>Corrective Action for resident(s) found to have deficient: The previous Maintenance man had let the contract with the vendor lapse. The new maintenance director has since entered into a new contract with Nelbud, a fire suppression vendor, and we are now on a semi-annual inspection rotation for the kitchen's fire suppression system with the first service scheduled for 2/28/2023.</p>	01/13/2023
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K 0353 SS=F Bldg. 05	<p>During the exit conference with the Maintenance Director, the visiting Maintenance Director, and the facility Administrator via telephone on 01/11/23 at 1:30 p.m., no additional information or evidence could be provided contrary to this deficient finding.</p> <p>3.1-19(b)</p> <p>NFPA 101 Sprinkler System - Maintenance and Testing Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in</p>		<p>Identify other residents having the same potential deficient: All 6 homes in our community have the same kitchen setup and will be under the same semi-annual service contract put in place.</p> <p>Measures put into place or systemic changes: The Maintenance Director set up services for kitchen fire suppression inspection for all 6 homes in our community for February 28th, 2023. All homes have the same kitchen setup and will be under the same semi-annual service contract.</p> <p>Plan to monitor performance to maintain compliance: Maintenance Director or designee will ensure the semi-annual maintenance is completed, as scheduled semi-annually. If any missed inspections occur, it will be reviewed and addressed in QAPI meetings.</p> <p>Date of Compliance: 1/13/2023</p>	

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	<p>accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available.</p> <p>a) Date sprinkler system last checked _____</p> <p>b) Who provided system test _____</p> <p>c) Water system supply source _____</p> <p>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25</p> <p>Based on record review and interview, the facility failed to provide written documentation or other evidence the sprinkler system components had been inspected and tested for 2 of 4 quarters. LSC 4.6.12.1 requires any device, equipment or system required for compliance with this Code be maintained in accordance with applicable NFPA requirements. Sprinkler systems shall be properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 4.3.1 requires records shall be made for all inspections, tests, and maintenance of the system components and shall be made available to the authority having jurisdiction upon request. 4.3.2 requires that records shall indicate the procedure performed (e.g., inspection, test, or maintenance), the organization that performed the work, the results, and the date. NFPA 25, 5.2.5 requires that waterflow alarm devices shall be inspected quarterly to verify they are free of physical damage. NFPA 25, 5.3.3.1 requires the mechanical waterflow alarm devices including, but not limited to, water motor gongs, shall be tested quarterly.</p>	K 0353	<p>Disclaimer: This Plan of Correction constitutes this facility's written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or the that one was cited correctly. This Plan of Correction is submitted to meet requirements established by the state and federal law.</p> <p>Alleged deficiency: There were no quarterly sprinkler system inspection reports available for review in the second and third quarter of 2022. The previous maintenance director did not keep record of these tests.</p> <p>Corrective Action for resident(s) found to have deficient: The new Maintenance Director had</p>	01/13/2023	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155846	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>05</u> B. WING _____		X3) DATE SURVEY COMPLETED 01/11/2023
NAME OF PROVIDER OR SUPPLIER RESTORACY OF CARMEL			STREET ADDRESS, CITY, STATE, ZIP CODE 616 GREEN HOUSE WAY CARMEL, IN 46032		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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	
	<p>5.3.3.2 requires vane-type and pressure switch-type waterflow alarm devices shall be tested semiannually. This deficient practice could affect all residents, staff, and visitors in the facility.</p> <p>Findings include:</p> <p>Based on review with the Maintenance Director on 01/10/23 at 10:26 a.m., there was no quarterly sprinkler system inspection report available for review in the second quarter (April, May, and June) of 2022. Furthermore, there was no quarterly sprinkler system inspection documentation for the third quarter (July, August, and September) of 2022 as well. Based on an interview at the time of record review, the Maintenance Director acknowledged there was no written documentation available to show the sprinkler system had been inspected during the second and third quarters of 2022.</p> <p>During the exit conference with the Maintenance Director, the visiting Maintenance Director, and the facility Administrator via telephone on 01/11/23 at 1:30 p.m., no additional information or evidence could be provided contrary to this deficient finding.</p> <p>3.1-19(b)</p>		<p>completed quarterly sprinkler system inspection for the 4th quarter of 2022 on 11/2/2022 by Koorsen Fire & Security company.</p> <p>Identify other residents having the same potential deficient: The other 5 homes in the community did not have the 2nd and 3rd quarterly sprinkler inspection reports, but were completed by the new maintenance director for the 4th quarter of 2022 on 11/2/2022.</p> <p>Measures put into place or systemic changes: The Maintenance Director or designee will conduct quarterly sprinkler system inspections and keep them in the preventative maintenance logbook.</p> <p>Plan to monitor performance to maintain compliance: The Maintenance Director or designee will audit sprinkler system inspections quarterly for the next 4 quarters and until 100% of compliance is maintained. If any compliance trends are identified, they will be reviewed in QAPI meetings.</p> <p>Date of Compliance: 1/13/23</p>		

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K 0712 SS=F Bldg. 05	<p>NFPA 101 Fire Drills Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 19.7.1.4 through 19.7.1.7 Based on record review and interview, the facility failed to conduct quarterly fire drills for 3 or 4 quarters. LSC 19.7.1.6 requires drills to be conducted quarterly on each shift under varied conditions. This deficient practice affects all residents, staff, and visitors.</p> <p>Findings include:</p> <p>Based on review with the Maintenance Director on 01/10/23 at 9:46 a.m., documentation of the following fire drills could be provided:</p> <p>a) a fire drill conducted in the first quarter (January, February, and March) of 2022 on the first shift.</p> <p>b) fire drills conducted in the second quarter (April, May, or June) of 2022 on the second or thirs shifts.</p> <p>c) fire drills conducted in the third quarter (July, August, or September) of 2022 on the second or third shifts.</p> <p>Based on interview at the time of record review, the Maintenance Director acknowledged that there were no additional available fire drill documents for review as of the time of this</p>	K 0712	<p>Disclaimer: This Plan of Correction constitutes this facility's written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or the that one was cited correctly. This Plan of Correction is submitted to meet requirements established by the state and federal law.</p> <p>Alleged deficiency: There were no monthly fire drill reports available for review in the second and third quarter of 2022. The previous maintenance director did not keep record of these drills.</p> <p>Corrective Action for resident(s) found to have deficient: The new Maintenance Director started in September and has completed monthly fire drills in home 6 in</p>	01/13/2023	

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K 0000 Bldg. 06	<p>survey.</p> <p>During the exit conference with the Maintenance Director, the visiting Maintenance Director, and the facility Administrator via telephone on 01/11/23 at 1:30 p.m., no additional information or evidence could be provided contrary to this deficient finding.</p> <p>3.1-19(b) 3.1-51(c)</p>		<p>September, October, November and December of 2022.</p> <p>Identify other residents having the same potential deficient: The other 5 homes in the community did not have fire drill records available for the 2nd and 3rd quarter, but were completed by the new maintenance director for September, October, November and December of 2022.</p> <p>Measures put into place or systemic changes: The Maintenance Director or designee will conduct monthly fire drills and keep them in the preventive maintenance logbook.</p> <p>Plan to monitor performance to maintain compliance: The Maintenance Director or designee will audit that fire alarm drills are conducted monthly for the next 6 months and until 100% of compliance is maintained. If any compliance trends are identified, they will be reviewed in QAPI meetings.</p> <p>Date of Compliance: 1/13/23</p>	

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	<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 Dates: 01/10/23 and 01/11/23</p> <p>Facility Number: 013753 Provider Number: 155846 AIM Number: 201362150</p> <p>At this Life Safety Code survey, Restoracy of Carmel 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>The facility consists of six buildings (01 through 06). Each building is a one-story cottage determined to be of Type V (111) construction and was fully sprinklered. Each cottage has a fire alarm system with smoke detection in the corridors, areas open to the corridors and hard-wired smoke detectors in the resident rooms. The entire facility has a capacity of 72 and had a census of 63 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered and all areas providing facility services were sprinklered, with exception of a separate detached administration building.</p> <p>Building 06 is identified as Cottage #6. The cottage has a capacity of 12 and had a census of 9 at the time of this survey.</p> <p>Quality Review completed on 01/17/23</p>	K 0000	This Plan of Correction constitutes this facility's written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or the that one was cited correctly. This Plan of Correction is submitted to meet requirements established by the state and federal law.				

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K 0324 SS=F Bldg. 06	<p>NFPA 101 Cooking Facilities Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless: * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or * cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4. Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor. 18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2 Based on record review, observation, and interview; the facility failed to ensure 1 of 1 kitchen fire suppression system was inspected semiannually. NFPA 96, 2011 Edition, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, Section 11.2.1 states Maintenance of the fire-extinguishing systems and listed exhaust hoods containing a constant or fire-activated water system that is listed to extinguish a fire in the grease removal devices. Hood exhaust plenums, and the exhaust ducts shall be made by properly trained, qualified, and certified person(s) acceptable to the authority having jurisdiction at least every six months. This deficient practice could affect all occupants in the</p>	K 0324	<p>Disclaimer: This Plan of Correction constitutes this facility's written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or the that one was cited correctly. This Plan of Correction is submitted to meet requirements established by the state and federal law.</p> <p>Alleged deficiency: Failed to ensure kitchen fire suppression</p>	01/13/2023	

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	<p>cottage.</p> <p>Findings include:</p> <p>Based on review with the Maintenance Director on 01/10/23 at 10:06 a.m., documentation of a fire suppression system inspection for the Cottage #6 kitchen was not available for review. Based on interview at the time of record review, the Maintenance Director stated that he was hired in September 0f 2022 and the previous Maintenance man had let the contract with the vendor lapse. He has since signed a new contract with the vendor, and they are now on a semi-annual inspection rotation for the kitchens fire suppression system testing in all six of the cottages.</p> <p>During the exit conference with the Maintenance Director, the visiting Maintenance Director, and the facility Administrator via telephone on 01/11/23 at 1:30 p.m., no additional information or evidence could be provided contrary to this deficient finding.</p> <p>3.1-19(b)</p>		<p>system was inspected semiannually for the kitchen in house 6.</p> <p>Corrective Action for resident(s) found to have deficient: The previous Maintenance man had let the contract with the vendor lapse. The new maintenance director has since entered into a new contract with Nelbud, a fire suppression vendor, and we are now on a semi-annual inspection rotation for the kitchen's fire suppression system with the first service scheduled for 2/28/2023.</p> <p>Identify other residents having the same potential deficient: All 6 homes in our community have the same kitchen setup and will be under the same semi-annual service contract put in place.</p> <p>Measures put into place or systemic changes: The Maintenance Director set up services for kitchen fire suppression inspection for all 6 homes in our community for February 28th, 2023. All homes have the same kitchen setup and will be under the same semi-annual service contract.</p> <p>Plan to monitor performance to maintain compliance: Maintenance Director or designee will ensure</p>	

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K 0353 SS=F Bldg. 06	<p>NFPA 101 Sprinkler System - Maintenance and Testing Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available.</p> <p>a) Date sprinkler system last checked _____</p> <p>b) Who provided system test _____</p> <p>c) Water system supply source _____</p> <p>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 Based on record review and interview, the facility failed to provide written documentation or other evidence the sprinkler system components had been inspected and tested for 2 of 4 quarters. LSC 4.6.12.1 requires any device, equipment or system required for compliance with this Code be maintained in accordance with applicable NFPA</p>	K 0353	<p>the semi-annual maintenance is completed, as scheduled semi-annually. If any missed inspections occur, it will be reviewed and addressed in QAPI meetings.</p> <p>Date of Compliance: 1/13/2023</p> <p>Disclaimer: This Plan of Correction constitutes this facility's written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists</p>	01/13/2023

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	<p>requirements. Sprinkler systems shall be properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 4.3.1 requires records shall be made for all inspections, tests, and maintenance of the system components and shall be made available to the authority having jurisdiction upon request. 4.3.2 requires that records shall indicate the procedure performed (e.g., inspection, test, or maintenance), the organization that performed the work, the results, and the date. NFPA 25, 5.2.5 requires that waterflow alarm devices shall be inspected quarterly to verify they are free of physical damage. NFPA 25, 5.3.3.1 requires the mechanical waterflow alarm devices including, but not limited to, water motor gongs, shall be tested quarterly. 5.3.3.2 requires vane-type and pressure switch-type waterflow alarm devices shall be tested semiannually. This deficient practice could affect all residents, staff, and visitors in the facility.</p> <p>Findings include:</p> <p>Based on review with the Maintenance Director on 01/10/23 at 10:27 a.m., there was no quarterly sprinkler system inspection report available for review in the second quarter (April, May, and June) of 2022. Furthermore, there was no quarterly sprinkler system inspection documentation for the third quarter (July, August, and September) of 2022 as well. Based on an interview at the time of record review, the Maintenance Director acknowledged there was no written documentation available to show the sprinkler system had been inspected during the second and third quarters of 2022.</p> <p>During the exit conference with the Maintenance</p>		<p>or the that one was cited correctly. This Plan of Correction is submitted to meet requirements established by the state and federal law.</p> <p>Alleged deficiency: There were no quarterly sprinkler system inspection reports available for review in the second and third quarter of 2022. The previous maintenance director did not keep record of these tests.</p> <p>Corrective Action for resident(s) found to have deficient: The new Maintenance Director had completed quarterly sprinkler system inspection for the 4th quarter of 2022 on 11/2/2022 by Koorsen Fire & Security company.</p> <p>Identify other residents having the same potential deficient: The other 5 homes in the community did not have the 2nd and 3rd quarterly sprinkler inspection reports, but were completed by the new maintenance director for the 4th quarter of 2022 on 11/2/2022.</p> <p>Measures put into place or systemic changes: The Maintenance Director or designee will conduct quarterly sprinkler system inspections and keep them in the preventative maintenance logbook.</p>	

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K 0712 SS=F Bldg. 06	<p>Director, the visiting Maintenance Director, and the facility Administrator via telephone on 01/11/23 at 1:30 p.m., no additional information or evidence could be provided contrary to this deficient finding.</p> <p>3.1-19(b)</p> <p>NFPA 101 Fire Drills Fire Drills</p> <p>Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms.</p> <p>19.7.1.4 through 19.7.1.7</p> <p>Based on record review and interview, the facility failed to conduct quarterly fire drills for 2 of 3 quarters. LSC 19.7.1.6 requires drills to be conducted quarterly on each shift under varied conditions. This deficient practice affects all residents, staff, and visitors.</p> <p>Findings include:</p>	K 0712	<p>Plan to monitor performance to maintain compliance: The Maintenance Director or designee will audit sprinkler system inspections quarterly for the next 4 quarters and until 100% of compliance is maintained. If any compliance trends are identified, they will be reviewed in QAPI meetings.</p> <p>Date of Compliance: 1/13/23</p> <p>Disclaimer: This Plan of Correction constitutes this facility's written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or the that one was cited</p>	01/13/2023

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	<p>Based on review with the Maintenance Director on 01/10/23 at 9:46 a.m., documentation of the following fire drills could be provided:</p> <p>a) fire drills conducted in the second quarter (April, May, or June) of 2022 on the second or third shifts.</p> <p>b) fire drills conducted in the third quarter (July, August, or September) of 2022 on the first or second shifts.</p> <p>Based on interview at the time of record review, the Maintenance Director acknowledged that there were no additional available fire drill documents for review as of the time of this survey.</p> <p>During the exit conference with the Maintenance Director, the visiting Maintenance Director, and the facility Administrator via telephone on 01/11/23 at 1:30 p.m., no additional information or evidence could be provided contrary to this deficient finding.</p> <p>3.1-19(b) 3.1-51(c)</p>		<p>correctly. This Plan of Correction is submitted to meet requirements established by the state and federal law.</p> <p>Alleged deficiency: There were no monthly fire drill reports available for review in the second and third quarter of 2022. The previous maintenance director did not keep record of these drills.</p> <p>Corrective Action for resident(s) found to have deficient: The new Maintenance Director started in September and has completed monthly fire drills in home 6 in September, October, November and December of 2022.</p> <p>Identify other residents having the same potential deficient: The other 5 homes in the community did not have fire drill records available for the 2nd and 3rd quarter, but were completed by the new maintenance director for September, October, November and December of 2022.</p> <p>Measures put into place or systemic changes: The Maintenance Director or designee will conduct monthly fire drills and keep them in the preventive maintenance logbook.</p> <p>Plan to monitor performance to maintain compliance: The</p>		

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

PRINTED: 02/03/2023
FORM APPROVED
OMB NO. 0938-039

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			Maintenance Director or designee will audit that fire alarm drills are conducted monthly for the next 6 months and until 100% of compliance is maintained. If any compliance trends are identified, they will be reviewed in QAPI meetings. Date of Compliance: 1/13/23		