PRINTED: 10/24/2024 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MUL ⁻ A. BUILDI		E CONSTRUCTION 01	(X3) DATE SURVEY COMPLETED		
		155733	B. WING			R	
NAME OF PI	ROVIDER OR SUPPLIER	100700	12: *******		STREET ADDRESS, CITY, STATE, ZIP CODE	<u> 10/</u>	22/2024
COLONIAL NURSING HOME					119 N INDIANA AVE CROWN POINT, IN 46307		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRECTI PREFIX (EACH CORRECTIVE ACTION SHOUL TAG CROSS-REFERENCED TO THE APPRO DEFICIENCY)			(X5) COMPLETION DATE
{E 000}	Initial Comments		{E 000}				
	Preparedness Survey conducted by the Ind Health in accordance	it (PSR) to the Emergency conducted on 09/18/24 was iana State Department of with 42 CFR 483.475.					
	Facility Number: 0003 Provider Number: 153 AIM Number: 100290	360 5733					
	Nursing Home was for Emergency Prepared	ound in compliance with lness Requirements for aid Participating Providers					
	The facility has 55 ce the survey, the censu	rtified beds. At the time of us was 30.					
{K 000}	Quality Review comp		{K 0	000]	}		
	and a Post Survey Re Safety Code Recertifi Survey conducted on	tion System (FSES) Survey evisit (PSR) to the Life ication and State Licensure 09/18/24 was conducted by ent of Health in accordance a).					
	Survey Date: 10/22/2	24					
	Facility Number: 000 Provider Number: 15 AIM Number: 10029	55733					
	At this FSES survey,	Colonial Nursing Home was					
LABORATORY	DIRECTOR'S OR PROVIDER/S	SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 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.

	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01		(X3) DATE SURVEY COMPLETED		
	155733	B. WING _			R 10/22/2024	
NAME OF PROVIDER OR SUPPLIER COLONIAL NURSING HOME			11	9 N INDIANA AVE		-
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG	PREFIX (EACH CORRECTIVE ACTION SHOULD E			(X5) COMPLETION DATE
found in compliance of Association (NFPA) 1 Evaluation System for in regard to the PSR Recertification and St Colonial Nursing Homfor tag K-161 and K-2 Health Care Occupant NFPA 101A, Alternating Safety, 2013 Edition, level of Life Safety at prescribed by NFPA The two-story building 19 Existing Health Care Colonial Nursing Homewith a basement of Tywas built at three differ building was constructed in 1986 at fully sprinklered and the detection located in the corridors and in resulting the survey, the All areas where the reaccess and areas prosprinklered.	with National Fire Protection 01A, Chapter 4, Fire Safety resolution Health Care Occupancies to the Life Safety Code ate Licensure Survey. The achieved a passing score 25 on the FSES survey for acies found in Chapter 4 of the Approaches to Life shows the facility provides a least equivalent to that 101, Life Safety Code (LSC). The was surveyed with Chapter are Occupancies. The is a two-story building the in 1906 with additions and 1994. The building is there is supervised smoke the corridors, spaces open to esident rooms. Triffied beds. All 55 beds are dicare and Medicaid. At the expense consulting the consulting the consulting was 30. The sidents have customary widing facility services were	{K 0	00}			
Building Construction CFR(s): NFPA 101	Type and Height	{K 1	61}			
	Continued From page found in compliance vassociation (NFPA) 1 Evaluation System for in regard to the PSR Recertification and St Colonial Nursing Homfor tag K-161 and K-2 Health Care Occupan NFPA 101A, Alternativa Safety, 2013 Edition, level of Life Safety at prescribed by NFPA 1 The two-story building 19 Existing Health Care Occupan NFPA 101A, Alternativa Safety, 2013 Edition, level of Life Safety at prescribed by NFPA 1 The two-story building 19 Existing Health Care Occupan NFPA 101A, Alternativa Safety, 2013 Edition, level of Life Safety at prescribed by NFPA 1 The two-story building 19 Existing Health Care Colonial Nursing Homwith a basement of Tywas built at three different building was constructed in 1986 at fully sprinklered and the detection located in the corridors and in results of the survey, the All areas where the reaccess and areas prosprinklered. Quality Review complement of the survey of the surve	Continued From page 1 found in compliance with National Fire Protection Association (NFPA) 101A, Chapter 4, Fire Safety Evaluation System for Health Care Occupancies in regard to the PSR to the Life Safety Code Recertification and State Licensure Survey. Colonial Nursing Home achieved a passing score for tag K-161 and K-225 on the FSES survey for Health Care Occupancies found in Chapter 4 of NFPA 101A, Alternative Approaches to Life Safety, 2013 Edition, shows the facility provides a level of Life Safety at least equivalent to that prescribed by NFPA 101, Life Safety Code (LSC). The two-story building was surveyed with Chapter 19 Existing Health Care Occupancies. Colonial Nursing Home is a two-story building with a basement of Type V (000) construction that was built at three different times. The original building was constructed in 1906 with additions constructed in 1986 and 1994. The building is fully sprinklered and there is supervised smoke detection located in the corridors, spaces open to the corridors and in resident rooms. The facility has 55 certified beds. All 55 beds are dually certified for Medicare and Medicaid. At the time of the survey, the census was 30. All areas where the residents have customary access and areas providing facility services were sprinklered. Quality Review completed on 10/23/24 Building Construction Type and Height CFR(s): NFPA 101 Building Construction Type and Height	ROVIDER OR SUPPLIER L NURSING HOME SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1 found in compliance with National Fire Protection Association (NFPA) 101A, Chapter 4, Fire Safety Evaluation System for Health Care Occupancies in regard to the PSR to the Life Safety Code Recertification and State Licensure Survey. Colonial Nursing Home achieved a passing score for tag K-161 and K-225 on the FSES survey for Health Care Occupancies found in Chapter 4 of NFPA 101A, Alternative Approaches to Life Safety, 2013 Edition, shows the facility provides a level of Life Safety at least equivalent to that prescribed by NFPA 101, Life Safety Code (LSC). The two-story building was surveyed with Chapter 19 Existing Health Care Occupancies. Colonial Nursing Home is a two-story building with a basement of Type V (000) construction that was built at three different times. The original building was constructed in 1906 with additions constructed in 1986 and 1994. The building is fully sprinklered and there is supervised smoke detection located in the corridors, spaces open to the corridors and in resident rooms. The facility has 55 certified beds. All 55 beds are dually certified for Medicare and Medicaid. At the time of the survey, the census was 30. 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Quality Review completed on 10/23/24 Building Construction Type and Height CFR(s): NFPA 101 Building Construction Type and Height	ROWIDER OR SUPPLIER L NURSING HOME SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION NUMBER (EACH CORRECTIVE ACTION SHOULD BY INDIANA AVE CROWN POINT, IN 48307 COntinued From page 1 found in compliance with National Fire Protection Association (NFPA) 101A, Chapter 4, Fire Safety Evaluation System for Health Care Occupancies in regard to the PSR to the Life Safety Code Recertification and State Licensure Survey. Colonial Nursing Home achieved a passing score for tag K-161 and K-225 on the FSES survey for Health Care Occupancies found in Chapter 4 of NFPA 101A, Alternative Approaches to Life Safety, 2013 Edition, shows the facility provides a level of Life Safety at least equivalent to that prescribed by NFPA 101L. Life Safety Code (LSC), The two-story building was surveyed with Chapter 19 Existing Health Care Occupancies. Colonial Nursing Home is a two-story building with a basement of Type V (000) construction that was built at three different times. The original building was constructed in 1986 and 1994. The building is fully sprinklered and there is supervised smoke detection located in the corridors, spaces open to the corridors and in resident rooms. The facility has 55 certified beds. All 55 beds are dually certified for Medicare and Medicaid. At the time of the survey, the census was 30. All areas where the residents have customary access and areas providing facility services were sprinklered. Quality Review completed on 10/23/24 Building Construction Type and Height By India Department of Type of the Height (K 161)	155733 B. WING 156733 B. WING STREET ADDRESS. CITY, STATE, ZIP CODE 119 N INDIANA AVE CROWN POINT, IN 46307 SUMMARY STATEMENT OF DEFICIENCES (EACH DEFICIENCY MUST BE PRECEDED BY FUIL, REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1 found in compliance with National Fire Protection Association (NFPA) 101A, Chapter 4, Fire Safety Evaluation System for Health Care Occupancies in regard to the PSR to the Life Safety Code Recertification and State Licensure Survey. Colonial Nursing Home achieved a passing score for tag K-181 and K-225 on the FSES survey for Health Care Occupancies to that prescribed by NFPA 101, Life Safety Code (LSC). The two-story building was surveyed with Chapter 19 Existing Health Care Occupancies. Colonial Nursing Home achieved a passing score for tag K-181 and K-225 on the FSES survey for Health Care Occupancies to that prescribed by NFPA 101, Life Safety Code (LSC). The two-story building was surveyed with Chapter 19 Existing Health Care Occupancies. Colonial Nursing Home is a two-story building was surveyed with Chapter 19 Existing Health Care Occupancies to norstruction that was built at three different times. The original building was constructed in 1906 with additions constructed in 1986 and 1994. The building is fully sprinklered and there is supervised smoke detection located in the corridors, spaces open to the corridors and in resident rooms. The facility has 55 certified beds. All 55 beds are dually certified for Medicare and Medicaid. At the time of the survey, the census was 30. All areas where the residents have customary access and areas providing facility services were sprinklered. Quality Review completed on 10/23/24 Building Construction Type and Height EXEMPTION TO THE APPROPRIATE AND TYPE and Height (K 161)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01		(X3) DATE SURVEY COMPLETED		
		155733 B. WING		R			
NAME OF B	DOLUBER OF SURELIER	155733	b. WING		TREET ARRESTS OF STATE TO CORE	10/	22/2024
NAME OF P	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE		
COLONIA	L NURSING HOME				19 N INDIANA AVE		
				_ (CROWN POINT, IN 46307		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX (EACH CORRECTIVE ACTION SHOULD		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
{K 161}	Continued From page Building construction Table 19.1.6.1, unless 19.1.6.2 through 19.1 19.1.6.4, 19.1.6.5 Construction 1 I (442), I (33 stories sprinklered 2 II (111) non-sprinklered 3 II (000) non-sprinklered 4 III (211) sprinklered 5 IV (2HH) 6 V (111) 7 III (200) non-sprinklered 8 V (000) sprinklered Sprinklered stories muthroughout by an app	type and stories meets s otherwise permitted by .6.7 Type 2), II (222) Any number of non-sprinklered and One story Maximum 3 stories Not allowed Maximum 2 stories Not allowed Maximum 1 story	{K 1		DEFICIENCY)	TE .	DATE
	construction, the num basements, floors on location of smoke or f approval. Complete s plan of the building as	on, in REMARKS, of the ber of stories, including which patients are located, ire barriers and dates of ketch or attach small floor appropriate.					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING 01			(X3) DATE SURVEY COMPLETED	
		155733	B. WING _	B. WING		R 10/22/2024	
NAME OF PROVIDER OR SUPPLIER COLONIAL NURSING HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 119 N INDIANA AVE CROWN POINT, IN 46307			22/2024
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION		HOULD BE COMPLETION	
{K 161}	Based on observation was not an acceptable required by NFPA 10 19.1.6.1, 4.5.8 and N Section 4.1, 4.1.1 and	e 3 n and interview, the facility e type of construction as 1 - 2012 edition, Sections FPA 220 - 2012 edition, d Table 4.1.1. This deficient all residents, staff and	{K 1	61}	Correction obviated - Passed FSES		
{K 225} SS=E	visitors. Findings include: Based on observation with the Maintenance Director and Administrator on 09/18/2024 during a tour of the facility from 12:26 p.m. to 1:26 p.m., observation of the unprotected wood structure revealed that the type of construction of the building was Type V (000) and the building was two stories. Type V (000) is not an acceptable type of construction for a two-story existing healthcare building. Based on records review, Colonial Nursing Home achieved a passing score for this tag on the FSES form. The finding was discussed with the Maintenance Director and Administrator at exit conference. The facility has a Passing FSES score.		{K 2	25}			
	This REQUIREMENT	is not met as evidenced					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01		(X3) DATE SURVEY COMPLETED		
		155733	B. WING		R 10/22/2024		
NAME OF D		100700			CTREET ADDRESS CITY STATE ZID CODE	10/	22/2024
NAME OF PI	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE		
COLONIA	L NURSING HOME			119 N INDIANA AVE			
				١ '	CROWN POINT, IN 46307		
(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 B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	DATE	
{K 225}	failed to provide and restair enclosures in acc 2012 edition, Sections 7.1.3.2, 7.1.3.2.1, 7.1 7.2.2, 7.2.2.1, 7.2.2.1, 7.2.2.3.3.4, 7.2.2.2, 7.2.2.5.3, 7.2.2.5.3.1, 7.2.2.3.6, 7.2.2.3.6.1, 7.2.2.2.1.1 (b). This caffect approximately for the facility from 12: following was discoverally the exit stair by roof fire rated construction not have fire resistance b) the stair by room 2 grate walking surface stair treads were metawas 1/4 inch piece of between the 1/4 inch is a healthcare occup c) the stair by room 2 upper landing 24 rises without an intermitten 15 foot distance exce maximum 12 foot dist d) the stair by room 2 width and not the requividth. Based on records rev	n and interview, the facility maintain exit stairs and exit cordance with NFPA 101 - s 19.2, 19.2.1, 19.2.2.3, .3.2.3, 7.1.10, 7.1.10.1, .1, 7.2.2.3.3, 7.2.2.3.3.1, .2.2.2.1, 7.2.2.2.1.1, 7.2.2.5.3.2, 7.7.3, 7.7.3.4, 7.2.2.3.6.2, 8.2 and Table deficient practice could 12 residents and staff. In with the Administrator and on 09/18/2024 during a tour 26 p.m. to 1:26 p.m., the ered: In 201 was not enclosed in the door to the stair did ce rating. O1 consisted of metal open is. The landing and all of the all open grate where there metal and a 1 inch gap metal pieces. This building ancy. O1 continued down from the res to the bottom of the stair t landing. The approximately	{K 2	225	,		
		core for this tag on the ng was discussed with the					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G 01	(X3) DATE SURVEY COMPLETED			
		155733	B. WING _			R 10/22/2024	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 119 N INDIANA AVE CROWN POINT, IN 46307		12212024	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION SHOU		(X5) COMPLETION DATE	
{K 225}	Continued From page 5 Maintenance Director and Administrator at exit conference. The facility has a Passing FSES		{K 22	25}			
	score. 3.1-19(b)						