

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155733	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 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		
(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
{E 000}	Initial Comments A Post Survey Revisit (PSR) to the Emergency Preparedness Survey conducted on 09/18/24 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.475. Survey Date: 10/22/2024 Facility Number: 000360 Provider Number: 155733 AIM Number: 100290370 At this Emergency Preparedness survey, Colonial Nursing Home was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73 The facility has 55 certified beds. At the time of the survey, the census was 30. Quality Review completed on 10/23/24	{E 000}			
{K 000}	INITIAL COMMENTS A Fire Safety Evaluation System (FSSES) Survey and a Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 09/18/24 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a). Survey Date: 10/22/24 Facility Number: 000360 Provider Number: 155733 AIM Number: 100290370 At this FSSES survey, Colonial Nursing Home was	{K 000}			

LABORATORY DIRECTOR'S OR PROVIDER/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.

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{K 000}	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.	{K 000}			
{K 161} SS=F	Quality Review completed on 10/23/24 Building Construction Type and Height CFR(s): NFPA 101 Building Construction Type and Height 2012 EXISTING	{K 161}			

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{K 161}	<p>Continued From page 2</p> <p>Building construction type and stories meets Table 19.1.6.1, unless otherwise permitted by 19.1.6.2 through 19.1.6.7 19.1.6.4, 19.1.6.5</p> <p>Construction Type</p> <p>1 I (442), I (332), II (222) Any number of stories non-sprinklered and sprinklered</p> <p>2 II (111) One story non-sprinklered Maximum 3 stories sprinklered</p> <p>3 II (000) Not allowed non-sprinklered</p> <p>4 III (211) Maximum 2 stories sprinklered</p> <p>5 IV (2HH)</p> <p>6 V (111)</p> <p>7 III (200) Not allowed non-sprinklered</p> <p>8 V (000) Maximum 1 story sprinklered</p> <p>Sprinklered stories must be sprinklered throughout by an approved, supervised automatic system in accordance with section 9.7. (See 19.3.5)</p> <p>Give a brief description, in REMARKS, of the construction, the number of stories, including basements, floors on which patients are located, location of smoke or fire barriers and dates of approval. Complete sketch or attach small floor plan of the building as appropriate.</p> <p>This REQUIREMENT is not met as evidenced by:</p>	{K 161}			

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{K 161}	Continued From page 3 Based on observation and interview, the facility was not an acceptable type of construction as required by NFPA 101 - 2012 edition, Sections 19.1.6.1, 4.5.8 and NFPA 220 - 2012 edition, Section 4.1, 4.1.1 and Table 4.1.1. This deficient practice could affect all residents, staff and 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 161}	Correction obviated - Passed FSES		
{K 225} SS=E	3.1-19(b) Stairways and Smokeproof Enclosures CFR(s): NFPA 101 Stairways and Smokeproof Enclosures Stairways and Smokeproof enclosures used as exits are in accordance with 7.2. 18.2.2.3, 18.2.2.4, 19.2.2.3, 19.2.2.4, 7.2 This REQUIREMENT is not met as evidenced	{K 225}			

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{K 225}	<p>Continued From page 4</p> <p>by:</p> <p>Based on observation and interview, the facility failed to provide and maintain exit stairs and exit stair enclosures in accordance with NFPA 101 - 2012 edition, Sections 19.2, 19.2.1, 19.2.2.3, 7.1.3.2, 7.1.3.2.1, 7.1.3.2.3, 7.1.10, 7.1.10.1, 7.2.2, 7.2.2.1, 7.2.2.1.1, 7.2.2.3.3, 7.2.2.3.3.1, 7.2.2.3.3.4, 7.2.2.2, 7.2.2.2.1, 7.2.2.2.1.1, 7.2.2.5.3, 7.2.2.5.3.1, 7.2.2.5.3.2, 7.7.3, 7.7.3.4, 7.2.2.3.6, 7.2.2.3.6.1, 7.2.2.3.6.2, 8.2 and Table 7.2.2.2.1.1 (b). This deficient practice could affect approximately 12 residents and staff.</p> <p>Findings Include:</p> <p>Based on observations with the Administrator and Maintenance Director on 09/18/2024 during a tour of the facility from 12:26 p.m. to 1:26 p.m., the following was discovered:</p> <p>a) the exit stair by room 201 was not enclosed in fire rated construction. The door to the stair did not have fire resistance rating.</p> <p>b) the stair by room 201 consisted of metal open grate walking surfaces. The landing and all of the stair treads were metal open grate where there was 1/4 inch piece of metal and a 1 inch gap between the 1/4 inch metal pieces. This building is a healthcare occupancy.</p> <p>c) the stair by room 201 continued down from the upper landing 24 risers to the bottom of the stair without an intermittent landing. The approximately 15 foot distance exceeded the allowable maximum 12 foot distance between landing.</p> <p>d) the stair by room 201 only had a 30 inch clear width and not the required minimum 36 inch clear width.</p> <p>Based on records review, Colonial Nursing Home achieved a passing score for this tag on the FSES form. The finding was discussed with the</p>	{K 225}	Correction obviated - Passed FSES		

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{K 225}	Continued From page 5 Maintenance Director and Administrator at exit conference. The facility has a Passing FSES score. 3.1-19(b)	{K 225}			