PRINTED: 12/15/2023
FORM APPROVED

CENTERSFOR	MEDICARE & MEDIC	AID SERVICES			OMB NO. 0938-039	
STATEMENT OF DEFICIENCIES		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE C	ONSTRUCTION	(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BUILDING		COMPLETED	
1		155858	B. WING		12/05/2023	
NAME OF PROVIDER OR SUPPLIER RESTORACY OF WHITESTOWN, THE		6712 F	ADDRESS, CITY, STATE, ZIP COD RESTORACY DRIVE ESTOWN, IN 46075			
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE	ID		(X5)	
PREFIX		ICY MUST BE PRECEDED BY FULL	PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA		
TAG	*	R LSC IDENTIFYING INFORMATION	TAG	CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	DATE	
E 0000						
Bldg	conducted by the In accordance with 42 Survey Dates: 12/0 Facility Number: 0 Provider Number: 300 At this Emergency Restoracy of White compliance with Er Requirements for M Participating Provid 483.73. The facility has 72 the survey, the cens	p4/23 and 12/05/23 p14586 155858 040744 Preparedness survey, The stown was found in mergency Preparedness Medicare and Medicaid ders and Suppliers, 42 CFR	E 0000	Disclaimer: This Plan of Correction constitution facility's written allegation compliance for the deficiency cited. However, submission of Plan of Correction is not an admission that a deficiency export the that one was cited correctly. This Plan of Correction is submitted to meet requirem established by the state and federal law.	of f this kists	
K 0000						
Bldg. 01	conducted by the In accordance with 42 Survey Dates: 12/0 Facility Number: 0 Provider Number: 300 At this Life Safety 0	04/23 and 12/05/23 014586 155858	K 0000	Disclaimer: This Plan of Correction constitution this facility's written allegation compliance for the deficiency cited. However, submission on Plan of Correction is not an admission that a deficiency export the that one was cited correctly. This Plan of Correct is submitted to meet requirement established by the state and federal law.	of f this kists	

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

(X6) DATE

TITLE

Bryan Lindsay Administrator 12/14/2023

Any defiency statement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclodays following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/C		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE C	ONSTRUCTION	X3) DATE SURVEY	
		IDENTIFICATION NUMBER	A. BUILDING	01	COMPLETED	
		B. WING	12/05/2023			
			STREET	ADDRESS, CITY, STATE, ZIP COD		
NAME OF P	ROVIDER OR SUPPLIER			RESTORACY DRIVE		
RESTOR	ACY OF WHITEST	OWN THE		STOWN, IN 46075		
RESTORACY OF WHITESTOWN, THE			1010111, 111 40070			
(X4) ID	SUMMARY S	STATEMENT OF DEFICIENCIE	ID	PROVIDER'S PLAN OF CORRECTION	(X5)	
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE COMPLETION	
TAG		LSC IDENTIFYING INFORMATION	TAG	DEFICIENCY)	DATE	
	Requirements for Pa	•				
		, 42 CFR Subpart 483.90(a),				
	-	re and the 2012 edition of the				
		ction Association (NFPA) 101,				
		SC), and 410 IAC 16.2. This				
	-	total of seven buildings, the				
		lding is Building 01, Home #1 is				
	-	#2 is Building 03, Home #3 is				
	_	#4 is Building 05, Home #5 is				
	-	me #6 is Building 07. Building				
		th Chapter 38, New Business				
	Care Occupancies.					
	of Type V (111) cor sprinklered. Buildin Building, has a fire detection in the corr sleeping rooms and residents. The entire and had a census of	e-story facility determined to be enstruction and was not ag 01, The Administration alarm system with smoke ridor and has no resident no customary access for a facility has a capacity of 72 at the time of this survey. facility services were				
K 0000						
						
Bldg. 02						
	_	Recertification survey was	K 0000	Disclaimer:		
		diana Department of Health in		This Plan of Correction consti		
	accordance with 42	CFR 483.90(a).		this facility's written allegation	of	
		4/00 140/07/00		compliance for the deficiency		
	Survey Dates: 12/0	4/23 and 12/05/23		cited. However, submission of	this	
		14506		Plan of Correction is not an		
	Facility Number: 0			admission that a deficiency ex	ists	
	Provider Number:			or the that one was cited		
	AIM Number: 3000	040*/44		correctly. This Plan of Correct is submitted to meet requirem	I	

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		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155858				JILDING	02	COMPL	
		B. W	B. WING			2023	
NAME OF F	PROVIDER OR SUPPLIER	}			ADDRESS, CITY, STATE, ZIP COD		
					ESTORACY DRIVE		
RESTOR	RACY OF WHITEST	OWN, THE		WHITES	STOWN, IN 46075		
(X4) ID		STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	`	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	TE	COMPLETION
TAG		R LSC IDENTIFYING INFORMATION Code Survey, The Restoracy of		TAG			DATE
		und not in compliance with			established by the state and federal law.		
	Requirements for P	-			leuerariaw.		
	_	, 42 CFR Subpart 483.90(a),					
		re and the 2012 edition of the					
	-	ction Association (NFPA) 101,					
	Life Safety Code (I	LSC), and 410 IAC 16.2. This					
	_	a total of seven separated					
	_	ninistration Building is Building					
		lding 02, Home #2 is Building					
		lding 04, Home #4 is Building					
		lding 06 and Home #6 is ng 02 was surveyed with					
	_	ealth Care Occupancies.					
	Chapter 10, 110 in	carri Care Gocupanores.					
	Building 01 is a one	e-story facility determined to be					
	of Type V (111) co	nstruction and was fully					
	_	ng 01 has a fire alarm system					
		on in the corridor and in areas					
	_	Building 02, Home #1, has a					
		sleeping rooms, Rooms 101					
	_	are equipped with battery					
	_	ection. The entire facility has a had a census of 70 at the time					
	of this survey.	had a census of 70 at the time					
	All areas where res	idents have customary access					
	were sprinklered an	d all areas providing facility					
	services were sprinl	klered.					
	Quality Review cor	mpleted on 12/06/23					
K 0363	NFPA 101						
SS=E	Corridor - Doors						
Bldg. 02	Doors protecting of	corridor openings shall be					
		ist the passage of smoke.					
		d doors to rooms containing					
		bustible materials have					
		positive latching hardware.					
	Roller latches are	prohibited by CMS					

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING COMPLETED 02 B. WING 12/05/2023 155858 STREET ADDRESS, CITY, STATE, ZIP COD NAME OF PROVIDER OR SUPPLIER 6712 RESTORACY DRIVE RESTORACY OF WHITESTOWN, THE WHITESTOWN, IN 46075 (X4) ID SUMMARY STATEMENT OF DEFICIENCIE ID (X5) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX COMPLETION TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG DEFICIENCY) DATE regulation. These requirements do not apply to auxiliary spaces that do not contain flammable or combustible material. Clearance between bottom of door and floor covering is not exceeding 1 inch. Powered doors complying with 7.2.1.9 are permissible if provided with a device capable of keeping the door closed when a force of 5 lbf is applied. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 18.3.6.3.6 are permitted. 18.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483. and 485 Show in REMARKS details of doors such as fire protection ratings, automatic closing devices, etc. Based on observation and interview, the facility K 0363 Disclaimer: 12/15/2023 failed to ensure 1 of 12 sets of resident room This Plan of Correction constitutes doors to the corridor would close completely and this facility's written allegation of latch into the door frame. This deficient practice compliance for the deficiencies could affect as many as 1 resident, 1 staff and 1 cited. However, submission of this visitors in the facility. Plan of Correction is not an admission that a deficiency exists Findings include: or the that one was cited correctly. This Plan of Correction Based on observation made during a tour of the is submitted to meet requirements facility on 12/05/23 at 9:47 a.m. with the two established by the state and Maintenance Directors, the facility Administrator, federal law. and the Administrator-in-training, the corridor door to resident room #108 in Building #2 would Alleged deficiency: The fully close but not latch securely into the door bedroom door of room 108 did not frame. Based on an interview at the time of the latch when closed. observation, the Maintenance Director stated that he would make adjustments to the door and or Corrective Action for resident(s)

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door frame as needed as soon as possible.

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found to have deficient: On

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

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	NT OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155858	(X2) MULTIPLE CO A. BUILDING B. WING	onstruction 02	(X3) DATE SURVEY COMPLETED 12/05/2023
	PROVIDER OR SUPPLIE		6712 R	ADDRESS, CITY, STATE, ZIP COD RESTORACY DRIVE STOWN, IN 46075	
(X4) ID PREFIX TAG	(EACH DEFICIE)	STATEMENT OF DEFICIENCIE NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI DEFICIENCY) 12/5/23 the door of 108 was	(X5) COMPLETION DATE
	This finding was reat the exit conferer	eviewed with the Administrator nce.		shimmed up at the bottom hir to allow the latch to properly I with the strike plate without an manipulation of the door.	atch
				Identify other residents havi the same potential deficient: All other resident room doors were checked for appropriate latching and found to be in compliance.	
				Measures put into place or systemic changes: A new take the preventive maintenance electronic program was put in place to prompt the maintenal director to check all 72 reside doors each month.	nce
				Plan to monitor performance maintain compliance: Maintenance Director or design will audit 12 resident doors ear week for 12 weeks and all 72 resident doors each month for three months thereafter. If a missed inspections occur, it where the month is the month of the month of the missed inspections occur, it was a reviewed and addressed in QAPI meetings.	gnee ach r ny vill
K 0000				Date of Compliance: 12/15/2023	

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY
AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING <u>03</u>	COMPLETED
155858 B. WING	12/05/2023
	-
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CO	DD .
6712 RESTORACY DRIVE	
RESTORACY OF WHITESTOWN, THE WHITESTOWN, IN 46075	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIE ID PROVIDER'S PLAN OF CORRI	ECTION (X5)
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE AP	OULD BE COMPLETION
TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG DEFICIENCY)	DATE
Bldg. 03	
A Life Safety Code Recertification survey was K 0000 Disclaimer:	
conducted by the Indiana Department of Health in This Plan of Correction	constitutes
accordance with 42 CFR 483.90(a). this facility's written alleg	gation of
compliance for the defic	iency
Survey Dates: 12/04/23 and 12/05/23 cited. However, submiss	-
Plan of Correction is not	t an
Facility Number: 014586 admission that a deficient	ncy exists
Provider Number: 155858 or the that one was cited	d
AIM Number: 300040744 correctly. This Plan of C	Correction
is submitted to meet req	quirements
At this Life Safety Code Survey, The Restoracy of established by the state	and
Whitestown was found not in compliance with federal law.	
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), and 410 IAC 16.2. This	
facility consists of a total of seven separated	
buildings. The Administration Building is Building	
01, Home #1 is Building 02, Home #2 is Building	
03, Home #3 is Building 04, Home #4 is Building	
05, Home #5 is Building 06 and Home #6 is	
Building 07. Building 03 was surveyed with	
Chapter 18, New Health Care Occupancies.	
Building 02 is a one-story facility determined to be	
of Type V (111) construction and was fully	
sprinklered. Building 02 has a fire alarm system	
with smoke detection in the corridor and in areas	
open to the corridor. Building 03, Home #2, has a	
total of 12 resident sleeping rooms, Rooms 201	
through 212, which were equipped with battery	
operated smoke detection. The entire facility has a	
capacity of 72 and had a census of 70 at the time	
of this survey.	
All areas where residents have customary access	
were sprinklered and all areas providing facility	
	l l

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155858	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING			(X3) DATE SURVEY COMPLETED 12/05/2023	
NAME OF PROVIDER OR SUPPLIER RESTORACY OF WHITESTOWN, THE			STREET ADDRESS, CITY, STATE, ZIP COD 6712 RESTORACY DRIVE WHITESTOWN, IN 46075				
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION]	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	NTE.	(X5) COMPLETION DATE
K 0000 Bldg. 04	Quality Review con	npleted on 12/06/23					
	conducted by the Ir accordance with 42 Survey Dates: 12/0 Facility Number: 0 Provider Number: 300 At this Life Safety Whitestown was fo Requirements for P Medicare/Medicaid Life Safety from Fi National Fire Prote Life Safety Code (I facility consists of a buildings. The Adn 01, Home #1 is Bui 03, Home #3 is Bui 05, Home #5 is Building 07. Buildi Chapter 18, New H Building 03 is a one of Type V (111) co sprinklered. Buildin with smoke detection open to the corridor total of 12 resident through 312, which operated smoke detections.	04/23 and 12/05/23 014586 155858 040744 Code Survey, The Restoracy of und not in compliance with	K 00	000	Disclaimer: This Plan of Correction constithis facility's written allegation compliance for the deficiency cited. However, submission of Plan of Correction is not an admission that a deficiency exor the that one was cited correctly. This Plan of Correct is submitted to meet requirem established by the state and federal law.	of f this kists tion	

STATEMENT OF DEFICIENCIES		X1) PROVIDER/SUPPLIER/CLIA	(X2) M	ULTIPLE CO	ONSTRUCTION	(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	JILDING	04	COMPL	ETED
155858		155858	B. WING 12/05/202			/2023	
				CTDEET	ADDRESS, CITY, STATE, ZIP COD		
NAME OF P	ROVIDER OR SUPPLIEF	₹			ESTORACY DRIVE		
PESTOR	ACY OF WHITEST	OWN THE			STOWN, IN 46075		
RESTOR	ACT OF WHITEST	OWN, THE		VVIIII			
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIE			ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	ΓΕ	COMPLETION
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
	of this survey.						
	All areas where res	idents have customary access					
	were sprinklered an	nd all areas providing facility					
	services were sprint	klered.					
	Quality Review cor	npleted on 12/06/23					
K 0000							
Bldg. 05							
		Recertification survey was	K 0	000	Disclaimer:		
		ndiana Department of Health in			This Plan of Correction constit		
	accordance with 42	CFR 483.90(a).			this facility's written allegation	of	
					compliance for the deficiency		
	Survey Dates: 12/0	04/23 and 12/05/23			cited. However, submission of	this	
					Plan of Correction is not an		
	Facility Number: 0				admission that a deficiency ex	ists	
	Provider Number:				or the that one was cited		
	AIM Number: 300	040744			correctly. This Plan of Correcti		
					is submitted to meet requireme	ents	
	_	Code Survey, The Restoracy of			established by the state and		
		und not in compliance with			federal law.		
	Requirements for P	-					
		l, 42 CFR Subpart 483.90(a),					
	-	re and the 2012 edition of the					
		ction Association (NFPA) 101,					
		LSC), and 410 IAC 16.2. This					
	-	a total of seven separated					
		ninistration Building is Building					
	·	lding 02, Home #2 is Building					
		lding 04, Home #4 is Building					
		lding 06 and Home #6 is					
	_	ng 04 was surveyed with					
	Cnapter 18, New H	ealth Care Occupancies.					
	Duilding 02 :	a atoms facility dataii to 1					
	_	e-story facility determined to be					
		nstruction and was fully					
	_	ng 03 has a fire alarm system					
	with smoke detection	on in the corridor and in areas	1		1		l

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STATEMENT OF DEFICIENCIES X1		X1) PROVIDER/SUPPLIER/CLIA	(X2) M	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155858		IDENTIFICATION NUMBER	A. BU	JILDING	<u>05</u>	COMPLETED	
		B. W	B. WING 12/05/2023				
				STREET A	ADDRESS, CITY, STATE, ZIP COD		
NAME OF P	PROVIDER OR SUPPLIEF	₹			ESTORACY DRIVE		
RESTOR	ACY OF WHITEST	OWN, THE			STOWN, IN 46075		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	`	ICY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	.TE	COMPLETION
TAG		R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
	_	r. Building 05, Home #4, has a					
		sleeping rooms, Rooms 301					
	_	were equipped with battery					
	-	ection. The entire facility has a					
		had a census of 70 at the time					
	of this survey.						
	All areas where res	idents have customary access					
		nd all areas providing facility					
	services were sprin						
	services were sprin	Ricica.					
	Quality Review cor	mpleted on 12/06/23					
K 0000							
Bldg. 06							
		Recertification survey was	K 0	000	Disclaimer:		
		ndiana Department of Health in			This Plan of Correction constit		
	accordance with 42	CFR 483.90(a).			this facility's written allegation	of	
	Survey Dates, 12/0	04/22 and 12/05/22			compliance for the deficiency	: 4L:_	
	Survey Dates: 12/0	94/23 and 12/03/23			cited. However, submission of Plan of Correction is not an	เทเร	
	Facility Number: 0	11/1586			admission that a deficiency ex	viete	
	Provider Number:				or the that one was cited	.1515	
	AIM Number: 300				correctly. This Plan of Correct	ion	
	2 22 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				is submitted to meet requirem		
	At this Life Safety	Code Survey, The Restoracy of			established by the state and		
	,	und not in compliance with			federal law.		
	Requirements for P						
	-	l, 42 CFR Subpart 483.90(a),					
		re and the 2012 edition of the					
	•	ction Association (NFPA) 101,					
	Life Safety Code (I	LSC), and 410 IAC 16.2. This					
	facility consists of a	a total of seven separated					
	buildings. The Adn	ninistration Building is Building					
		lding 02, Home #2 is Building					
	03, Home #3 is Bui	lding 04, Home #4 is Building					
	05, Home #5 is Bui	lding 06 and Home #6 is					
	Building 07. Buildi	ng 04 was surveyed with					
	Chapter 18, New H	ealth Care Occupancies.					

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CENTERS FO	R MEDICARE & MEDIC	CAID SERVICES			OM	B NO. 0938-039	
STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155858			(X2) MULTIPLE CO A. BUILDING B. WING	ONSTRUCTION 06	(X3) DATE SURVEY COMPLETED 12/05/2023		
NAME OF PROVIDER OR SUPPLIER RESTORACY OF WHITESTOWN, THE			STREET ADDRESS, CITY, STATE, ZIP COD 6712 RESTORACY DRIVE WHITESTOWN, IN 46075				
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	Ē	(X5) COMPLETION DATE	
	of Type V (111) co sprinklered. Buildin with smoke detection open to the corridor total of 12 resident through 312, which operated smoke det capacity of 72 and of this survey. All areas where res were sprinklered ar services were sprin	e-story facility determined to be instruction and was fully ing 03 has a fire alarm system on in the corridor and in areas in Building 06, Home #5, has a sleeping rooms, Rooms 301 in were equipped with battery flection. The entire facility has a had a census of 70 at the time idents have customary access and all areas providing facility klered.					
K 0000 Bldg. 07							
J	conducted by the Ir accordance with 42 Survey Dates: 12/0 Facility Number: (Provider Number: AIM Number: 300) At this Life Safety Whitestown was for Requirements for F Medicare/Medicaic Life Safety from Fi	04/23 and 12/05/23 014586 155858 0040744 Code Survey, The Restoracy of ound not in compliance with	K 0000	Disclaimer: This Plan of Correction constitution this facility's written allegation compliance for the deficiency cited. However, submission of Plan of Correction is not an admission that a deficiency exitor the that one was cited correctly. This Plan of Correction is submitted to meet requirement established by the state and federal law.	of this ists		

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Life Safety Code (LSC), and 410 IAC 16.2. This facility consists of a total of seven separated buildings. The Administration Building is Building

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

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		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155858	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 12/05/2023		
	PROVIDER OR SUPPLIE		STREET ADDRESS, CITY, STATE, ZIP COD 6712 RESTORACY DRIVE WHITESTOWN, IN 46075				
(X4) ID PREFIX TAG	(EACH DEFICIEN REGULATORY OI	R LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPR DEFICIENCY)		(X5) COMPLETION DATE
	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION 01, Home #1 is Building 02, Home #2 is Building 03, Home #3 is Building 04, Home #4 is Building 05, Home #5 is Building 06 and Home #6 is Building 07. Building 04 was surveyed with Chapter 18, New Health Care Occupancies. Building 03 is a one-story facility determined to be of Type V (111) construction and was fully sprinklered. Building 03 has a fire alarm system with smoke detection in the corridor and in areas open to the corridor. Building 07, Home #6, has a total of 12 resident sleeping rooms, Rooms 301 through 312, which were equipped with battery operated smoke detection. The entire facility has a capacity of 72 and had a census of 70 at the time of this survey. All areas where residents have customary access were sprinklered and all areas providing facility services were sprinklered. Quality Review completed on 12/06/23						

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