PRINTED: 01/22/2024 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:				PLE CONSTRUCTION G <b>01, 02, 03, 04, 05, 06, 07</b>		(X3) DATE SURVEY COMPLETED	
	155858 B. WING		B. WING			R 01/18/2024	
NAME OF PROVIDER OR SUPPLIER  RESTORACY OF WHITESTOWN, THE				6712	EET ADDRESS, CITY, STATE, ZIP CODE RESTORACY DRIVE TESTOWN, IN 46075	, , ,	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
{K 000}	INITIAL COMMENTS		{K 0	00}			
	Code Recertification a conducted on 12/04/2	iana Department of Health in CFR 483.90(a).					
	Facility Number: 014 Provider Number: 15 AIM Number: 300040	55858					
	Life Safety from Fire Rational Fire Protection Life Safety Code (LSG facility consists of a total Administration Building Building 02, Home #4 Building 06 and Home	d in compliance with					
	of Type V (111) const sprinklered. Building Building, has a fire all detection in the corric sleeping rooms and n residents. The entire and had a census of	01, The Administration arm system with smoke for and has no resident no customary access for facility has a capacity of 72 of the time of this survey.					
I ADODATORY	All areas providing fa		-		TITLE		(Y6) DATE
LABUKATUKY	DIKEUTUKS UK PKUVIDER/S	SUPPLIER REPRESENTATIVE'S SIGNATURI	_		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.

STATEMENT OF DEFICIENCIES (X1) AND PLAN OF CORRECTION		IDENTIFICATION NUMBER			CONSTRUCTION 1, 02, 03, 04, 05, 06, 07	(X3) DATE SURVEY COMPLETED		
		155858	B. WING				R 1 <b>18/2024</b>	
NAME OF PROVIDER OR SUPPLIER  RESTORACY OF WHITESTOWN, THE				6	TREET ADDRESS, CITY, STATE, ZIP CODE 712 RESTORACY DRIVE VHITESTOWN, IN 46075	<u>  017</u>	10/2024	
(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 CORRECTIC PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPROP DEFICIENCY)			(X5) COMPLETION DATE	
{K 000}	Continued From page sprinklered.	: 1	{K 0	00}				
{K 000}	Quality Review comp INITIAL COMMENTS		{K 0	00}				
	Code Recertification a conducted on 12/04/2	ana Department of Health in FR 483.90(a).						
	Facility Number: 014 Provider Number: 15 AIM Number: 300040	5858						
	Life Safety from Fire Rational Fire Protectic Life Safety Code (LSG facility consists of a to buildings. The Admini 01, Home #1 is Buildi 03, Home #3 is Buildi 05, Home #5 is Building 07. Building	d in compliance with						
	of Type V (111) const sprinklered. Building with smoke detection open to the corridor. I	tory facility determined to be ruction and was fully 01 has a fire alarm system in the corridor and in areas Building 02, Home #1, has a peping rooms, Rooms 101						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		FIPLE CONSTRUCTION NG <b>01, 02, 03, 04, 05, 06, 07</b>		(X3) DATE SURVEY COMPLETED	
155858		155858	B. WING			R	
NAME OF P	ROVIDER OR SUPPLIER	10000		STREET ADDRESS, CITY, STATE, ZIP	CODE	01/18/2024	
				6712 RESTORACY DRIVE			
RESTORA	CY OF WHITESTOWN,	THE		WHITESTOWN, IN 46075			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		CTION SHOULD BE THE APPROPRIA		
{K 000}	operated smoke determine a capacity of 72 and time of this survey.  All areas where resident	re equipped with battery ection. The entire facility has had a census of 70 at the lents have customary access all areas providing facility	{K 0	000}			
{K 000}	Quality Review comp		{K 0	000}			
	Code Recertification conducted on 12/04/2	iana Department of Health in					
	Survey Date: 01/18/2	24					
	Facility Number: 014 Provider Number: 15 AIM Number: 30004	55858					
	Life Safety from Fire National Fire Protecti Life Safety Code (LS facility consists of a t buildings. The Admin 01, Home #1 is Build 03, Home #3 is Build 05, Home #5 is Build Building 07. Building	nd in compliance with					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b> , <b>02</b> , <b>03</b> , <b>04</b> , <b>05</b> , <b>06</b> , <b>07</b>			(X3) DATE SURVEY COMPLETED	
	155858 B. WING			R 01/18/2024			
	ROVIDER OR SUPPLIER	HE		6	STREET ADDRESS, CITY, STATE, ZIP CODE 1712 RESTORACY DRIVE VHITESTOWN, IN 46075	017	10/2024
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG	X	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
{K 000}	of Type V (111) const	story facility determined to be ruction and was fully	{K 0	00}			
	with smoke detection open to the corridor. It total of 12 resident sle through 212, which w operated smoke dete	O3 has a fire alarm system in the corridor and in areas Building O3, Home #2, has a seeping rooms, Rooms 201 ere equipped with battery ction. The entire facility has had a census of 70 at the					
		ents have customary access all areas providing facility ered.					
{K 000}	Quality Review comp INITIAL COMMENTS		{K 0	00}			
	Code Recertification a conducted on 12/04/2	ana Department of Health in					
	Survey Date: 01/18/2	24					
	Facility Number: 014 Provider Number: 15 AIM Number: 300040	5858					
	Life Safety from Fire a National Fire Protection	d in compliance with					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b> , <b>02</b> , <b>03</b> , <b>04</b> , <b>05</b> , <b>06</b> , <b>07</b>			(X3) DATE SURVEY COMPLETED	
		155858	B. WING			R 01/18/2024	
NAME OF PROV	IDER OR SUPPLIER	100000		ST	TREET ADDRESS, CITY, STATE, ZIP CODE	<u> </u>	10/2024
RESTORACY	OF WHITESTOWN, T	'HE			12 RESTORACY DRIVE		
				W	HITESTOWN, IN 46075		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
factors but 01 03 05 But Chrose of sp with opp tot the se with we se Quarter (K 000) IN A Coco coco acc Su Fa Pro	illdings. The Admini , Home #1 is Building , Home #3 is Building , Home #3 is Building , Home #5 is Building O7. Building O7. Building O7. Building O4 is a one-strinklered. Building O4 is a one-strinklered and strong of 12 resident step of 12 and in the of this survey.  If areas where resident ere sprinklered and strong of 12 and in the of this survey.  If areas where resident ere sprinklered and strong of 12 and in the of this survey.  If areas where resident ere sprinklered and strong of 12 and 12 an	otal of seven separated stration Building is Building ing 02, Home #2 is Building ing 04, Home #4 is Building ing 06 and Home #6 is 04 was surveyed with lith Care Occupancies.  Itory facility determined to be ruction and was fully 04 has a fire alarm system in the corridor and in areas Building 04, Home #3, has a seping rooms, Rooms 301 ere equipped with battery oction. The entire facility has had a census of 70 at the ents have customary access all areas providing facility ered.  Interest on 01/19/24  It (PSR) to the Life Safety and State Licensure Survey 3 and 12/05/23 was ana Department of Health in IFR 483.90(a).	{K 0				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b> , <b>02</b> , <b>03</b> , <b>04</b> , <b>05</b> , <b>06</b> , <b>07</b>		(X3) DATE SURVEY COMPLETED		
		455050				R	
NAME OF B	20//255 05 0//55//55	155858	B. WING _			01/	18/2024
NAME OF PI	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE		
RESTORA	CY OF WHITESTOWN, T	HE			8712 RESTORACY DRIVE		
				'	WHITESTOWN, IN 46075		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
{K 000}	Life Safety from Fire a National Fire Protectic Life Safety Code (LSC facility consists of a to buildings. The Admini 01, Home #1 is Buildi 03, Home #3 is Buildi 05, Home #5 is Buildi Building 07. Building 07. Building 07. Building 07. Building 07. Building 08 is a one-sof Type V (111) constisprinklered. Building 08 with smoke detection open to the corridor. Exprinklered of 12 resident sletthrough 312, which woperated smoke detection	The Restoracy of d in compliance with ticipation in 2 CFR Subpart 483.90(a), and the 2012 edition of the on Association (NFPA) 101, C), and 410 IAC 16.2. This otal of seven separated stration Building is Building ing 02, Home #2 is Building ing 04, Home #4 is Building ing 06 and Home #6 is 04 was surveyed with olith Care Occupancies.	{K 0	(00)			
		ents have customary access all areas providing facility ered.					
{K 000}	Quality Review comp INITIAL COMMENTS		{K 0	00}			
	Code Recertification a conducted on 12/04/2	ana Department of Health in					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			IPLE CONSTRUCTION NG 01, 02, 03, 04, 05, 06, 07	(X3) DATE SURVEY COMPLETED			
		155858	B. WING _			01/18/2024	
NAME OF PROVIDER OR SUPPLIER  RESTORACY OF WHITESTOWN, THE				STREET ADDRESS, CITY, STATE, ZIP CODE 6712 RESTORACY DRIVE WHITESTOWN, IN 46075	01/16/2024		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR ( (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
{K 000}	Continued From page	e 6	{K 0	00}			
	Survey Date: 01/18/2	24					
	Facility Number: 014 Provider Number: 15 AIM Number: 30004	55858					
	Life Safety from Fire National Fire Protecti Life Safety Code (LS facility consists of a to buildings. The Admin 01, Home #1 is Build 03, Home #3 is Build 05, Home #5 is Build Building 07. Building	nd in compliance with					
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		ents have customary access all areas providing facility ered.					
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(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
{K 000}	Code Recertification a conducted on 12/04/2 conducted by the India accordance with 42 C Survey Date: 01/18/2 Facility Number: 014 Provider Number: 15 AIM Number: 300040 At this Life Safety Cod Whitestown was foun Requirements for Par Medicare/Medicaid, 4 Life Safety from Fire a National Fire Protectic Life Safety Code (LSC facility consists of a to buildings. The Admini 01, Home #1 is Buildi 03, Home #3 is Buildi 05, Home #5 is Buildi Building 07. Building	t (PSR) to the Life Safety and State Licensure Survey 3 and 12/05/23 was ana Department of Health in FR 483.90(a).  24  586 5858 0744  de Survey, The Restoracy of d in compliance with ticipation in 2 CFR Subpart 483.90(a), and the 2012 edition of the on Association (NFPA) 101, C), and 410 IAC 16.2. This otal of seven separated stration Building in Building ing 02, Home #2 is Building ing 04, Home #4 is Building ing 06 and Home #6 is 04 was surveyed with olith Care Occupancies.	{K 0	-			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01, 02, 03, 04, 05, 06, 07			(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER	I		STREET ADDRESS, CITY, STATE, ZIP CODE 6712 RESTORACY DRIVE WHITESTOWN, IN 46075		1/10/2024	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	EIX (EACH CORRECTIVE ACTION SHO	OULD BE	(X5) COMPLETION DATE	
{K 000}	Continued From page time of this survey.  All areas where reside	e 8  ents have customary access all areas providing facility ered.	{K 0	DEFICIENCY)	ROPRIATE	DATE	