			PRINTED:	06/17/202
PARTMENT OF HEALTH AND HU	FORM API	PROVED		
NTERS FOR MEDICARE & MEDIC	CAID SERVICES		OMB NO. 0	938-039
STATEMENT OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVE	Y

	ND PLAN OF CORRECTION IDENTIFICATION NUMBER  155587		A. BU	A. BUILDING  B. WING			COMPLETED 05/27/2025	
	PROVIDER OR SUPPLIE		STREET ADDRESS, CITY, STATE, ZIP COD 34 SOUTH MAIN STREET CLOVERDALE, IN 46120					
(X4) ID PREFIX	(EACH DEFICIE)	STATEMENT OF DEFICIENCIE NCY MUST BE PRECEDED BY FULL		ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	ιΤΕ	(X5) COMPLETION	
TAG	REGULATORY O	R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY		DATE	
E 0000 Bldg								
	An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73.  Survey Date: 05/27/25  Facility Number: 000415 Provider Number: 155587 AIM Number: 100291250		E 0	000	K000 The Plan of correction is prepared and or executed solely as required. The facility request the place of correction be considered			
					the allegation of complince effective to the Life Saftey Co- Survey conducted . This Plan of Correction consiti my written allegation of			
	Care Summerfield Emergency Prepare	Preparedness survey, Aperion was found in compliance with edness Requirements for			compliancefor the deficiencies cited. However, submission of Plan of Corretion to show plar	f this n to		
	Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73				defend deficenciey cited. The of correction is submitted to m the Federal an State law.	neet		
	The facility has 43 the survey, the cen	certified beds. At the time of sus was 40.			We are requesting desk review	W.		
K 0000	Quality Review co	mpleted on 06/02/25						
Bldg. 01								
Jiug. ∪ I	Licensure Survey	e Recertification and State was conducted by the Indiana alth in accordance with 42 CFR	K 0	000	K000 The Plan of correction is prepared and or executed solely as required. The facility request to place of correction be consider the allegation of complince effective to the Life Saftey Correction.	he ered		
		155587 )291250 Code survey, Aperion Care			Survey conducted . This Plan of Correction consit my written allegation of compliancefor the deficiencies cited. However, submission of	itues s f this		
	Summerfield was f	found not in compliance with			Plan of Corretion to show plar	n to		

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

TITLE (X6) DATE

Tasheena Duncan HFA 06/12/2025

Any defiencystatement 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 disclo 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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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155587		A. BUILDIN B. WING		(X3) DATE SURVEY COMPLETED 05/27/2025	
	ROVIDER OR SUPPLIER		34	SOUTH MAIN STREET OVERDALE, IN 46120	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION	ID PREFI TAC	CROSS-REFERENCED TO THE APPROPRI	(X5) COMPLETION DATE
	Requirements for Pomedicare/Medicare/Medicaid Life Safety from Fir National Fire Protect Life Safety Code (In Health Care Occupated This one story facility was determined to be construction and was facility has a fire also smoke detectors in the corridors, and also facility has a capacity do at the time of this All areas where resistence were sprinklered and services were sprinklered and services were sprinklered building	articipation in , 42 CFR Subpart 483.90(a), re and the 2012 edition of the etion Association (NFPA) 101, LSC), Chapter 19, Existing ancies and 410 IAC 16.2.  At the corresponding sements of the corresponding sements of the corresponding sements of the corridors, spaces open to as fully sprinklered. The form system with hard wired the corridors, spaces open to all resident sleeping rooms. The ty of 43 and had a census of		defend deficenciey cited. The of correction is submitted to r the Federal an State law. We are requesting desk revie	e plan neet
K 0211 SS=E Bldg. 01	NFPA 101 Means of Egress				
	failed to ensure 2 of maintained to provi 7.1.5.1 Means of eg maintained to provi with other sections headroom shall be r with projections fro feet, 8 inches with a above the finished f	on and interview the facility of 2 basement exits were de adequate headroom. LSC gress shall be designed and de headroom in accordance of this Code, and such not less than 7 feet, 6 inches m the ceiling not less than 6 n tolerance of -3/4 inches, loor. This deficient practice m number of residents and an f staff.	K 0211	K 211 The facility failed to ensure adequate height in the basen This portion of the facility was constructed prior to 1991and one story building with two pabasements constructed of nonrated wood construction. building is classified as type V(000) construction. Two add were added to this building; of 1991 and one in 1993. The additions are classified as type V(111) and are separated fro	is a is a artial  This ditions one in

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Event ID:

NSIA21

Facility ID: 000415

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	AND PLAN OF CORRECTION  IDENTIFICATION NUMBER  155587		A. BUILDING B. WING	01	COMPLETED 05/27/2025	
	PROVIDER OR SUPPLIER		34 SOI	ADDRESS, CITY, STATE, ZIP COD JTH MAIN STREET ERDALE, IN 46120		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	DATE	
	that in the north bas clearance at a pipe of doorway was 6 feet 2. On 05/27/25 at 3: that in the south bas clearance at a duct of Based on interview the Administrator of FSES to show equivily (LSC).	10 p.m., observation revealed ement the headroom was 5 foot 3 inches. at the time of observations, rated the facility will utilize an valency to the Life Safety Code		building with 2-hr fire barriers One exit stair has been proving from this zone. The stair discussion is on the first floor and is directly to the exterior. The lack of a second exit was cited by CMS well as the fact that througho basement projections from the ceiling result in head room clearance of less 6'8". Both of these citations are addressed the score selected for this category. The exit discharge to the public way passes through a courtyard that has a section only 30" in width. This deficies was not cited by CMS but is addressed by the score select for this category. Equivalent I safety has been achieved with the installation of a second exwithout altering the discharge width and without altering the headroom clearance. Travel distance from the most remote point on this floor to an exit is approximately 55 feet which complies with that permitted it sec. 19.2.6, NFPA 101. The entire basement is classing a non-patient-care suite of room the suite is separated from the remainder of the building with smoke resistant constructions walls forming the suite separated from the remainder of the building with smoke resistant constructions walls forming the suite separated from the remainder of the building with smoke resistant constructions. The suite is separated by secting length.	ded harge ctly S as ut the e f d by path ugh n ncy also cted ife hout kit, e path e f t t t t t t t t t t t t t t t t t t	

PRINTED: 06/17/2025

DEPARTMENT	OF HEALTH AND HU!	MAN SERVICES				FOI	RM APPROVED	
CENTERS FOR	MEDICARE & MEDIC	AID SERVICES	OMB NO. 093			B NO. 0938-039		
	IT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155587	A. BU	X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING			(x3) date survey completed 05/27/2025	
NAME OF PROVIDER OR SUPPLIER  APERION CARE SUMMERFIELD			STREET ADDRESS, CITY, STATE, ZIP COD  34 SOUTH MAIN STREET  CLOVERDALE, IN 46120					
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	(X5) COMPLETION DATE	
					without a dead end corridor in excess of 30 feet in length. Th basement does not have any			

TAG	REGULATORY OR LSC IDENTIFYING INFORMATION	TAG	CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	DATE
			without a dead end corridor in	
			excess of 30 feet in length. The	
			basement does not have any	
			patient sleeping rooms and is not	
			subdivided into smoke zones	
			as summarized on Worksheets	
			4.7.9, 4.7.10 and 4.7.11 was	
			achieved in both basements	
			without altering the existing	
			headroom clearance.	
			A life safety consultant, RTM	
			Consultants, Inc., was engaged to	
			assess the facility and to prepare	
			FSES equivalency documentation.	
			The FSES for the headroom	
			clearance deficiency in the north	
			basement (Zone BA) and the	
			south basement (Zone BB) is	
			scored in Safety Parameter 10 on	
			Worksheet 4.7.6 as "<2 Routes"	
			and is assigned a score of -8.	
			(This deficiency would have been	
			scored as "Deficient" with a score	
			of -2 if not for the K 241 tag which	
			requires the more severe score of -	
			8.) A passing FSES score	
			demonstrating the level of life	
			safety in each basement is at	
			least equivalent to that prescribed	
			by the Life Safety Code as	
			summarized on Worksheets 4.7.9,	
			4.7.10 and 4.7.11 was achieved in	
			both basements without altering	
			the existing headroom clearance.	
			A life safety consultant, RMT	
			Consultants, INC., was engaged	
			to assess the facility to prepare	
			FSES See (exhibit 1)	
			K 311	
			The facility failed to provide proper	
			, , , , , , , , , , , , , , , , , , , ,	

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NSIA21 Facility ID: 000415

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#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

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CENTERS FOR MEDICARE & MEDICAID SERVICES						OMB NO. 0938-039		
STATEMEN	IT OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) M	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	a. Building <u>01</u>		COMPL	ETED	
		155587	B. W	ING		05/27	/2025	
				STREET	ADDRESS, CITY, STATE, ZIP COD			
NAME OF PROVIDER OR SUPPLIER				JTH MAIN STREET				
APERIO	N CARE SUMMERI	FIELD		CLOVE	ERDALE, IN 46120			
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX	(EACH DEFICIEN	NCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION	
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE	
					enclosure o vertical openings	as		
					required by NFPA 101-2012			
					edition.			
					This portion of the building wa			
					constructed at an unknown da			
					but prior to 1991. The facility is			
					story structure with a basemer	nt in		
					two separate sections. This			
					portion of the building is			
					constructed of unprotected wo	ood		
					frame construction and is			
					classified as type V(000)			
					construction.			
					Interior finishes consist of pair			
					gypsum wall board and masor	-		
					The interior finishes in the smo	oke		
					compartment are class A.			
					[K 311] Vertical openings in th	is		
					zone have not been enclosed			
					within fire rated shafts. The sta	air		
					shaft is constructed of wood			
					frame, brick and gypsum and			
					been upgraded as necessary	το		
					achieve a 1-hour fire resistive			
					rating on the 1st floor stair	4-:-		
					discharge level. The existing s			
					door has been replaced with a			
					90-minute, self closing positive	Э		
					latching fire door assembly.	. Eine t		
					Numerous ducts penetrate the			
					floor and have not been protect	ciea		
					with fire dampers. Each duct			
					penetration of the floor is			
					accomplished with steel ducts			
					which form a smoke resistant			
					separation between the basen			
					and the first floor. This issue w			
					cited by CMS and is addresse	d in		

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Event ID:

NSIA21

Facility ID: 000415

this category by scoring the vertical openings as "less than

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STATEMEN	NT OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CON		ONSTRUCTION	(X3) DATE S	SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BUILDING <u>01</u>			COMPLETED	
		155587	B. WING 05/27/2025			2025	
				STREET	ADDRESS, CITY, STATE, ZIP COD		
NAME OF I	PROVIDER OR SUPPLIEF	₹			JTH MAIN STREET		
ΔPERI∩!	N CARE SUMMERI	EIELD			RDALE, IN 46120		
71 ENION OF THE COMMENT IEED			CLOVL				
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL		PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY		DATE
					1-hr". Equivalent life safety ha	s	
					been achieved without the		
					installation of fire dampers.		
					Smoke control has not been		
					accomplished by smoke barrie		
					walls. The basement does not		
					have any patient sleeping room	ms	
					A complete manual fire alarm		
					system has been installed		
					throughout the building and	_	
					automatically transmits to the	fire	
					department.		
					A automatic fire suppression		
					system with standard respons	e	
					sprinklers has been installed		
					throughout the building.		
					A life safety consultant, RTM	ud ta	
					Consultants, Inc., was engage		
					assess the facility and to prep FSES equivalency documenta		
					All instances of duct penetration		
					of the floor without fire dampe		
					occur in Zone 1B which is	13	
					comprised of the original build	ina	
					which includes the north and	y	
					south wings. Each floor		
					penetration is accomplished w	<sub>rith</sub>	
					steel ducts which form a smok		
					resistant separation between		
					basements and the first floor.		
					FSES for the vertical opening		
					enclosure deficiency in Zones	BA,	
					BB and 1B is scored in Safety		
					Parameter 7 on Worksheet 4.		
					as "< 1 hr" and is assigned a		
					score of 0. A passing FSES so	core	
					demonstrating the level of life		
					safety in Zones BA, BB and 1	B is	
					at least equivalent to that		
					prescribed by the Life Safety (	Code	

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STATEMENT OF DEFICIENCIES XI) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155587		(X2) MULTIPLE C A. BUILDING B. WING	construction 01	(X3) DATE SURVEY COMPLETED 05/27/2025	
NAME OF F	PROVIDER OR SUPPLIER	-		ADDRESS, CITY, STATE, ZIP CODUTH MAIN STREET	
APERION	N CARE SUMMERF	FIELD		ERDALE, IN 46120	
(X4) ID		STATEMENT OF DEFICIENCIE	ID	PROVIDER'S PLAN OF CORRECTION	(X5)
PREFIX TAG	`	CY MUST BE PRECEDED BY FULL  LSC IDENTIFYING INFORMATION	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE COMPLETION DATE
				as summarized on Worksheet 4.7.9, 4.7.10 and 4.7.11 was achieved without installing sha and fire dampers A life safety consultant, RMT Consultants, INC., was engag to assess the facility to prepar FSES equivalency documenta The FSES See (exhibit 1)	s afts ed e
K 0241 SS=E Bldg. 01	NFPA 101 Number of Exits -	Story and Compartment			
5	failed to provide tw basement areas in a requirements of NF 19.2, 19.2.4, 19.2.4, 7.2.1.4 and 7.2.1.4.2 the potential to afferesidents and an unl Findings include:  1. On 05/27/25 at 3: that the north partia 2. On 05/27/25 at 3: that the south partia Based on interview the Administrator st FSES to show equiv (LSC).  These findings were	PA 101 - 2012 edition, Section 2, 19.2.2.2, 19.2.2.3, 3.3.268, 2. This deficient practice had ct a pattern number of known number of staff.  205 p.m., observation revealed 1 basement only had one exit. 210 p.m., observation revealed 1 basement only had one exit. 210 p.m., observations, 210 p.m., observations, 210 p.m., observations, 210 p.m., observations, 211 p.m., observations, 212 p.m., 213 p.m., 214 p.m., 215	K 0241	K 241 The facility failed to ensure more of egress did not have more the one exit from the two facility basements. This portion of the building was constructed at an unknown date but prior to 1991. The facility is story structure with a basement two separate sections. This portion of the building is constructed of unprotected was frame construction and is classified as type V(000) construction. The entire basement is classified a non-patient-care suite of root. The suite is separated from the remainder of the building with smoke resistant construction. walls forming the suite separate meet the requirements of sect 19.3.6.2, 19.2.3.6.4 & 19.3.6.5 corridors as required by section 19.2.5.7.1.2, NFPA 101 This entire basement zone is classified as a hazardous root.	s te s a 1 ant in and and and and and and and and and an

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STATEMEN	STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) M	ULTIPLE CO	ONSTRUCTION	(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER				COMPLETED	
		155587 B. WING			05/27/2025		
		<b>.</b>	•	STREET	ADDRESS, CITY, STATE, ZIP COD		
NAME OF F	PROVIDER OR SUPPLIEI	R		34 SOI	JTH MAIN STREET		
APERIO	N CARE SUMMERI	FIELD		CLOVE	ERDALE, IN 46120		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION	(X5)	
PREFIX	(EACH DEFICIEN	NCY MUST BE PRECEDED BY FULL		PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE COMPLETION	
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY	DATE	
					The basement is sprinklered a	ind	
					separated from the rest of the		
					building with smoke resistant		
					construction	1	
					One exit stair has been provid		
					from this zone. The stair disch is on the first floor and is direc	-	
					to the exterior. The lack of a	u y	
					second exit was cited by CMS	as	
					well as the fact that throughou		
					basement projections from the		
					ceiling result in head room		
					clearance of less 6'8". Both of		
					these citations are addressed	by	
					the score selected for this		
					category. The exit discharge p		
					to the public way passes throu	ıgh	
					a courtyard that has a section		
					only 30" in width. This deficier	-	
					was not cited by CMS but is a		
					addressed by the score select for this category. Equivalent life		
					safety has been achieved with		
					the installation of a second ex		
					without altering the discharge		
					width and without altering the	F	
					headroom clearance. Travel		
					distance from the most remote	e	
					point on this floor to an exit is		
					approximately 55 feet which		
					complies with that permitted ir	1	
					Sec. 19.2.6, NFPA 101.		
					A life safety consultant, RMT		
					Consultants, INC., was engag		
					to assess the facility to prepar		
					FSES equivalency documenta		
					The FSES Vertical openings in		
					this zone have not been enclo		
					shaft is constructed of wood	ali	

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	LAN OF CORRECTION IDENTIFICATION NUMBER  155587		A. BUILDING 01  B. WING		COMPLETED 05/27/2025		
	PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP COD  34 SOUTH MAIN STREET  CLOVERDALE, IN 46120				
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE		
				frame, brick and gypsum and been upgraded as necessary achieve a 1-hour fire resistive rating on the 1st floor stair discharge level. The existing s door has been replaced with a minute, self-closing positive latching fire door assembly. Numerous ducts penetrate the floor and have not been proted with fire dampers. Each duct penetration of the floor is accomplished with steel ducts which form a smoke resistant separation between the basen and the first floor. This issue we cited by CMS and is addresse this category by scoring the vertical openings as "less than 1-hr". Equivalent life safety habeen achieved without the installation of fire dampers. See (exhibit 1 FSES) FSES completed by RMT on 6-10-25 compliance date is effective as of 6-10-25	tair 60- e first cted  nent /as d in		
K 0311 SS=E Bldg. 01	NFPA 101 Vertical Openings	- Enclosure					
-	failed to provide the openings as required Sections 19.3.1, 19.8.6.4, as well as, NF 5.3, 5.3.2, 5.3.2.1 a	on and interview the facility proper enclosure of vertical d by NFPA 101 - 2012 edition, 3.1.1, 8.3, 8.3.4, 8.6, 8.6.2 and FPA 90A - 2012 edition sections and Figure A.5.3. This deficient trapproximately 25 of the 40	K 0311	K 311 The facility failed to provide prenclosure o vertical openings required by NFPA 101-2012 edition. This portion of the building was constructed at an unknown dabut prior to 1991. The facility is story structure with a basement wo separate sections. This	s te s a 1		

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) M	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. B	UILDING	01	COMPLETED	
		155587	B. WING 05/27/2025			2025	
		<u> </u>		STREET A	ADDRESS, CITY, STATE, ZIP COD		
NAME OF P	PROVIDER OR SUPPLIER	8			JTH MAIN STREET		
APERION	N CARE SUMMERF	FIELD			RDALE, IN 46120		
(VA) ID	CIDBARN	CTATEMENT OF DEPOSITATION	1		· 	Г	(VE)
(X4) ID PREFIX		STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE		(X5)
TAG	·	CY MUST BE PRECEDED BY FULL		PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	COMPLETION DATE
IAU	REGULATORY OR	R LSC IDENTIFYING INFORMATION		IAU		+	DATE
	1 On 05/27/25 of 3	3:20 p.m., observation revealed			portion of the building is constructed of unprotected wo		
		south wing there were air			<b>■</b>	000	
	_	uct penetrations to the floor			frame construction and is		
		protected by fire dampers.			classified as type V(000) construction.		
		vith no fire damper protection			Interior finishes consist of pair	nted	
		e corridor by rooms 1S, 2S, 6S			gypsum wall board and masor		
		w with the Administrator at			The interior finishes in the smo	-	
		that each room on this wing had			compartment are class A.	OVE	
	_	elow that were not protected			[K 311] Vertical openings in th	ie	
	by fire dampers.	now that were not protected			zone have not been enclosed	113	
	oy inc dampers.				within fire rated shafts. The sta	<sub>air</sub>	
	2 On 05/27/25 at 3	3:30 p.m., observation revealed			shaft is constructed of wood	all	
		north wing there were air			frame, brick and gypsum and	has	
	_	uct penetrations to the floor			been upgraded as necessary		
		protected by fire dampers.			achieve a 1-hour fire resistive		
		vith no fire damper protection			rating on the 1st floor stair		
		e corridor by rooms 4N and			discharge level. The existing s	<sub>stair</sub>	
		vith the Administrator at 3:31			door has been replaced with a		
		ach room on this wing had			90-minute, self closing positive		
	_	elow that were not protected			latching fire door assembly.	<b>~</b>	
	by fire dampers.				Numerous ducts penetrate the	e first	
	1 -	at 3:44 p.m., the Administrator			floor and have not been protect		
		ill utilize a FSES to show			with fire dampers. Each duct		
	I -	Life Safety Code (LSC).			penetration of the floor is		
		• • • • • • • • • • • • • • • • • • • •			accomplished with steel ducts		
	This finding was re	viewed with the Administrator			which form a smoke resistant		
	at the exit conference				separation between the baser	nent	
					and the first floor. This issue v		
	3.1-19(b)				cited by CMS and is addresse	d in	
					this category by scoring the		
					vertical openings as "less thar	ո	
					1-hr". Equivalent life safety ha		
					been achieved without the		
					installation of fire dampers.		
					Smoke control has not been		
					accomplished by smoke barrie	er	
					walls. The basement does not		
					have any patient sleeping roo	ms	
					A complete manual fire alarm		

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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>01</u>		01	COMPLETED		
		155587	B. WING			05/27/2025		
NAME OF I				STREET A	ADDRESS, CITY, STATE, ZIP COD	•		
NAME OF I	PROVIDER OR SUPPLIER	K		34 SOL	JTH MAIN STREET			
APERIO	N CARE SUMMERI	FIELD		CLOVERDALE, IN 46120				
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE	PROVIDER'S PLAN OF CORRECTION		(X5)			
PREFIX	(EACH DEFICIEN	NCY MUST BE PRECEDED BY FULL	PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		TE	COMPLETION		
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION		TAG	<del> </del>		DATE	
					system has been installed			
					throughout the building and			
					automatically transmits to the fire			
					department.			
			ļ		A automatic fire suppression			
			1 -		system with standard respons	е		
		1 '		sprinklers has been installed				
			throughout the build		- I			
				1	fe safety consultant, RTM nsultants, Inc., was engaged to			
					assess the facility and to prep			
				FSES equivalency documenta				
		•		All instances of duct penetration				
			- I		of the floor without fire dampe			
			occur in Zone 1B which is					
					comprised of the original build	ina		
			1		which includes the north and	Ü		
					south wings. Each floor			
				penetration is accomplished w	/ith			
					steel ducts which form a smok	е		
					resistant separation between t	the		
					basements and the first floor.	The		
					FSES for the vertical opening			
					enclosure deficiency in Zones			
					BB and 1B is scored in Safety		1	
					Parameter 7 on Worksheet 4.	7.6		
					as "< 1 hr" and is assigned a			
				score of 0. A passing FSES so	core	1		
				demonstrating the level of life				
					safety in Zones BA, BB and 1	B IS		
					at least equivalent to that	Code		
					prescribed by the Life Safety (			
					as summarized on Worksheet	5		
					4.7.9, 4.7.10 and 4.7.11 was	ofte		
					achieved without installing sha and fire dampers	aito		
					A life safety consultant, RMT			
					Consultants, INC., was engag	ad		
					to assess the facility to prepar			
1	I		1		I to assess the lacility to prepar	C	1	

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Event ID: NSIA21

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FSES equivalency documentation.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155587	(X2) MULTIPLE CO A. BUILDING B. WING	onstruction 01	(X3) DATE SURVEY COMPLETED 05/27/2025				
	PROVIDER OR SUPPLIEI		34 SOL	STREET ADDRESS, CITY, STATE, ZIP COD  34 SOUTH MAIN STREET  CLOVERDALE, IN 46120					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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 APPROPRIAT DEFICIENCY)	(X5) COMPLETION DATE				
K 0920 SS=D Bldg. 01	Extens Based on observation failed to ensure powers substitute for fixed LSC 19.5.1 requires 9.1. LSC 9.1.2 requipment to compute Electrical Code, 20 400.8 requires that, flexible cords and consubstitute for fixed deficient practice of Eindings include:  Based on observation during a tour of the the Activities Official plugged into a power the Administrator at the microwave was strip at the time of the substitute of the substitute of the Administrator at the microwave was strip at the time of the substitute for fixed deficient practice of the substitute of the sub	viewed with the Administrator	K 0920	K 920 Facility failed to ensure all pow cords and extension used properly. All patients had potential to be affected as it was located in the Activities Directors office. Upon discovery is was immediately corrected. The activities director was educated proper use of power strips. Maintenance director and or designee will check offices for next 6 months every month to ensure compliance with proper use of power strips. Then quarterly. Date of compliance was 5-28-2	e d on the				

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