STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155170		A. BUILDING COMP			(X3) DATE COMPL 06/11/	ETED	
NAME OF PROVIDER OR SUPPLIER WESTMINSTER VILLAGE MUNCIE INC				5801 W	ADDRESS, CITY, STATE, ZIP COD BETHEL AVE E, IN 47304		
(X4) ID PREFIX TAG E 0000	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION	PF	ID EFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	(X5) COMPLETION DATE
Bldg	conducted by the Ir accordance with 42 Survey Date: 06/1 Facility Number: 0 Provider Number: AIM Number: 3000 At this Emergency Westminster Village compliance with Englished Englished Provided States of 57 at the second survey of 57 at the second survey.	1/24 00086 155170	E 000	0	The submission of this Plan Correction (HCFA-2567) does not constitute an admission Westminster Village Muncie, Inc. of any fact or conclusion set forth in the Statement of Deficiencies. This Plan of Correction is being submitte because it is required by law Furthermore, we request that this Plan of Correction serve our credible allegation of compliance. Compliance is effective: June 25, 2024 Mary Jo Crutcher, HFA President and Administrator June 21, 2024 Date	s by n d	
K 0000							
Bldg. 01	Licensure Survey v	Recertification and State was conducted by the Indiana lth in accordance with 42 CFR	K 000	00	The submission of this Plan Correction (HCFA-2567) does not constitute an admission Westminster Village Muncie,	s by	

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

TITLE

(X6) DATE

Mary Jo Crutcher HFA, President 06/21/2024

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin

Any deflencystatement ending with an asterisk (*) denotes a deflection which the institution may be excused from correcting providing it is determined the 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 disclosed 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/S		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		NSTRUCTION	(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BUILDING <u>01</u>		01	COMPLETED	
		155170	B. WING 06/11/2024			06/11/2024	
				STREET A	ADDRESS, CITY, STATE, ZIP COD		
NAME OF P	ROVIDER OR SUPPLIER	L			BETHEL AVE		
WESTMI	NSTER VILLAGE M	MUNCIE INC		MUNCI	E, IN 47304		
(X4) ID	SUMMARY	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 APPROPRIATE			
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)	DATE	
	Survey Date: 06/11	./24			Inc. of any fact or conclusion set forth in the Statement of		
					Deficiencies. This Plan of		
	Facility Number: 0				Correction is being submitte		
	Provider Number: 1				because it is required by law	<i>'</i> .	
	AIM Number: 3006	0/850			Fruithaumana	.	
	At this I ife Safety (Code survey, Westminster			Furthermore, we request tha this Plan of Correction serve		
	-	was found not in compliance			our credible allegation of	as	
	with Requirements	-			compliance.		
	_	, 42 CFR Subpart 483.90(a),					
	Life Safety from Fi	re and the 2012 edition of the			Compliance is effective:		
		ction Association (NFPA) 101,			June 25, 2024		
	•	SC), Chapter 19, Existing					
	Health Care Occupa	ancies and 410 IAC 16.2.					
					Mary Jo Crutcher, HFA		
	-	ity was determined to be of ruction and was fully			President and Administrator		
		cility has a fire alarm system			Administrator		
	_	on in the corridors, areas open					
		in the resident rooms. The			June		
		ty of 76 and had a census of			21, 2024		
	57 at the time of thi	s survey.			Date		
		residents have customary					
	facility services wer	ered. All areas providing					
	Taciffy scryices wel	o sprinktered.					
	Quality Review con	npleted on 06/12/24					
K 0211	NFPA 101						
SS=E	Means of Egress -	- General					
Bldg. 01	Means of Egress -						
	Aisles, passageways, corridors, exit						
	discharges, exit locations, and accesses are						
		n Chapter 7, and the means					
	_	uously maintained free of					
	all obstructions to						
	through 18/19.2.1	s modified by 18/19.2.2					
	u 110uyii 10/19.2.1	1.					

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Event ID:

OMQ721 Facility ID: 000086

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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>		COMPLETED		
155170		B. Wl	B. WING			06/11/2024	
NIA 77 0= 5	DOLUMBER OF STATE			STREET A	ADDRESS, CITY, STATE, ZIP COD		
NAME OF I	PROVIDER OR SUPPLIEF	t .			BETHEL AVE		
WESTMI	NSTER VILLAGE N	MUNCIE INC		MUNCI	E, IN 47304		
(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	TE	COMPLETION
TAG		R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
	18.2.1, 19.2.1, 7.1		17.0	211	ID DDEELY TAO KO44 OO E		06/05/0004
		on and interview, the facility	K 0	211	ID PREFIX TAG K211 SS=E-		06/25/2024
		f 8 means of egress were ained free of all obstructions			Egress Corridors	_	
		full instant use in the case of			The three residents sitting in the string in the stri		
	-	ency. This deficient practice			reclining wheelchairs blocking		
	_	y as 10 residents, 4 staff, and 2			corridor were immediately move to another location.	/eu	
	visitors.	y as 10 residents, 4 starr, and 2			2. All Nursing Staff members	will	
	VISITOIS.				be in-serviced on the regulator		
	Findings include:				guidance regarding keeping th	-	
	i manigs merade.				means of egress free of all	iC	
	Based on observation	ons made during a tour of the			obstructions or impediments in	1	
		at 1:05 p.m. with the Physical			case of fire or other emergence		
	I	the Assistant Physical Plant			This will prevent obstruction		
		e three nonambulatory			from any egress with on-going		
	-	reclining wheelchairs and one			in-servicing providing education		
		a recliner on the Abbey wing			all Nursing Staff.		
		the nurse's station, totally			4. Any concerns will be carrie	d to	
		or. These residents were			the monthly Quality Assurance		
		hat impeded the corridor such			Committee meeting for the ne		
	that no one could by	ypass them without having to			nine months.		
	unlock the wheels of	on the seated recliners to have			5. Date of compliance: 6/25/2	4	
	them moved to clea	r the corridor in the event of an			·		
	emergency. Based of	on interview at the time of the					
	observations, the Pl	nysical Plant Manager agreed					
	the aforementioned	means of egress was not					
	continuously mainta	ained free of all obstructions					
	or impediments to f	full instant use in the case of					
	fire or other emerge	ency.					
	This finding was re	viewed with the Executive					
	_						
	Director/Administrator, the Physical Plant Manager, the Assistant Physical Plant Manager, and the Executive Assistant at the exit conference						
	held on 06/11/24 at						
	3.1-19(b)						
K 0222	NFPA 101						
SS=E	Egress Doors						

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155170		A. B	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING			(X3) DATE SURVEY COMPLETED 06/11/2024			
NAME OF PROVIDER OR SUPPLIER WESTMINSTER VILLAGE MUNCIE INC			•	STREET ADDRESS, CITY, STATE, ZIP COD 5801 W BETHEL AVE MUNCIE, IN 47304					
77.0.TD				<u> </u>					
(X4) ID		STATEMENT OF DEFICIENCIE		ID PROVIDER'S PLAN OF CORRECTIC PREFIX (EACH CORRECTIVE ACTION SHOULD		IATE COM EDITOR			
PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL			PREFIX	CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)				
TAG		R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY 1		DATE		
Bldg. 01	Egress Doors	d was a was a firm a second and the							
		d means of egress shall not							
		a latch or a lock that							
	-	of a tool or key from the s using one of the following							
	special locking arr	_							
		OR SECURITY THREAT							
	LOCKING	ON SECONITI TIMEAT							
		king arrangements for the							
		eeds of the patient are							
	-	cking device shall be							
	_	door and provisions shall							
		apid removal of occupants							
		of locks; keying of all							
	_	ied by staff at all times; or							
	•	e means available to the							
	staff at all times.								
	18.2.2.2.5.1, 18.2.	.2.2.6, 19.2.2.2.5.1,							
	19.2.2.2.6								
	SPECIAL NEEDS	LOCKING							
	ARRANGEMENT	S							
	Where special loc	king arrangements for the							
	safety needs of th	e patient are used, all of							
	the Clinical or Sec	curity Locking requirements							
	are being met. In	addition, the locks must be							
	electrical locks tha	at fail safely so as to							
	release upon loss	of power to the device; the							
	building is protecte	ed by a supervised							
	•	er system and the locked							
		l by a complete smoke							
	-	(or is constantly monitored							
		ation within the locked							
		the sprinkler and detection							
		ged to unlock the doors							
	upon activation.								
	18.2.2.2.5.2, 19.2.								
	DELAYED-EGRE								
	ARRANGEMENTS								
		lelayed-egress locking							
	systems installed	in accordance with							

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STATEMENT OF DEFICIENCIES		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE C	ONSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER	A. BUILDING <u>01</u>		COMPLETED	
155170		155170	B. WING		06/11/2024	
NAME OF PROVIDER OR SUPPLIER WESTMINSTER VILLAGE MUNCIE INC			5801 V	ADDRESS, CITY, STATE, ZIP COD V BETHEL AVE IE, IN 47304		
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIE		ID	DD CLUTTONIA W	(X5)	
PREFIX		ICY MUST BE PRECEDED BY FULL	PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE	COMPLETION	
TAG	`	R LSC IDENTIFYING INFORMATION	TAG	CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	DATE	
	contents in building an approved, super detection system of automatic sprinkles 18.2.2.2.4, 19.2.2 ACCESS-CONTR LOCKING ARRAN Access-Controlled installed in accordate be permitted. 18.2.2.2.4, 19.2.2 ELEVATOR LOBE LOCKING ARRAN Elevator lobby exist accordance with 7 on door assemblies throughout by an automatic fire detection automatic fire de	ig low and ordinary hazard ags protected throughout by servised automatic fire or an approved, supervised er system. 2.4 COLLED EGRESS NGEMENTS degress Door assemblies lance with 7.2.1.6.2 shall 2.4 BY EXIT ACCESS NGEMENTS taccess door locking in 7.2.1.6.3 shall be permitted es in buildings protected approved, supervised ection system and an ised automatic sprinkler	K 0222	ID PREFIX TAG K222 SS=E Egress Doors 1. During the observation walkthrough of doors were checked for impediment to opening and closing. One exit door to the outside on the Bris Unit nearest B25 room noted difficult in opening and was repaired by adjusting the hing and corrected within an hour of finding. 2. All other doors were also checked immediately for propopening and closing and all for to be in working order. 3. Skilled Care Maintenance	estol to be es of the	

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Event ID:

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIFICATION NUMBER		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CO A. BUILDING	ONSTRUCTION (X:	(X3) DATE SURVEY COMPLETED		
		155170	B. WING		06/11/2024		
NAME OF PROVIDER OR SUPPLIER WESTMINSTER VILLAGE MUNCIE INC			STREET ADDRESS, CITY, STATE, ZIP COD 5801 W BETHEL AVE MUNCIE, IN 47304				
(X4) ID PREFIX TAG	(EACH DEFICIEN REGULATORY OR exit door required h he would have one as soon as he could alleviate the issue. This finding was red Director/Administra Manager, the Assist	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION eavy force to open adding that of his staff work on the door have a work order filled out to viewed with the Executive ator, the Physical Plant eant Physical Plant Manager, assistant at the exit conference 2:55 p.m.	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) Employee/Designee completes a weekly check list that includes checking the door latches and alarms by opening and closing each door. See attached completed lists. 4. The door weekly check list ha not yet been completed for the week for the door in question. It was repaired within an hour of th finding. Any concerns will be taken to Quality Assurance Committee meeting for the next nine months. 5. Date of Compliance 6/25/24.	d		
K 0927 SS=E Bldg. 01	Gas Equipment - Transfilling of oxyg another is in accord Transfilling of High Oxygen Used for I any gas from one prohibited in patie to liquid oxygen containers over 50 under 11.5.2.3.1 (liquid oxygen containers under 1 11.5.2.2 (NFPA 98 Based on observation failed to ensure 1 of provided with proper	1.5.2.3.2 (NFPA 99). 9) 1.5.2.3 (NFPA 99).	K 0927	ID PREFIX TAG K927 SS=E – Oxygen Room Ventilation The ventilation to the oxygen room was not working properly the day of the inspection. It was examined and found to have a	06/25/2024 ne		

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Findings include:

Event ID:

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Facility ID: 000086

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broken belt on the vent motor.

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

PRINTED: 06/24/2024 FORM APPROVED OMB NO. 0938-039

A BUILDING 155170 A BUILDING B WING NAME OF PROVIDER OR SUPPLIER WESTMINSTER VILLAGE MUNCIE INC (X4) ID PREFIX TAG Based on observations made during a tour of the facility on 06/11/24 at 1:38 p.m. with the Physical Plant Manager, the oxygen storage room had in the ceiling of this room, however, it was not working at the time of observation. This was tested by holding s small piece of paper up to the vent, but the vent was not working. This was acknowledged by the Physical Plant Manager who added that he thought the belt may have slipped or broken on the fan unit above the room. This finding was reviewed with the Executive Director/Administrator, the Physical Plant Manager, and the Executive Assistant Physical Plant Manager, and the Executive Assistant Physical Plant Manager, and the Executive Assistant the exit conference held on 06/11/24 at 2:55 p.m. STREET ADDRESS, CITY, STATE, ZIP COD 5801 W BETHEL AVE MUNCIE, IN 47304 STREET ADDRESS, CITY, STATE, ZIP COD 5801 W BETHEL AVE MUNCIE, IN 47304 STREET ADDRESS, CITY, STATE, ZIP COD 5801 W BETHEL AVE MUNCIE, IN 47304 STREET ADDRESS, CITY, STATE, ZIP COD 5801 W BETHEL AVE MUNCIE, IN 47304 SUMOCIE, IN 47304 STREET ADDRESS, CITY, STATE, ZIP COD 5801 W BETHEL AVE MUNCIE, IN 47304 SUMOCIE, IN 47304 STREET ADDRESS, CITY, STATE, ZIP COD 5801 W BETHEL AVE MUNCIE, IN 47304 ID PREFIX TAG IN 47304 STREET ADDRESS, CITY, STATE, ZIP COD 5801 W BETHEL AVE MUNCIE, IN 47304 SUMOCIE, IN 47304 STREET ADDRESS, CITY, STATE, ZIP COD 5801 W BETHEL AVE MUNCIE, IN 47304 SUMOCIE, IN 47304 STREET ADDRESS, CITY, STATE, ZIP COD 5801 W BETHEL AVE MUNCIE, IN 47304 SUMOCIE, IN 47304 STREET ADDRESS, CITY, STATE, ZIP COD 5801 W BETHEL AVE MUNCIE, IN 47304 SUMOCIE, IN 47304 SUMOCIE, IN 47304 SUMOCIE, IN 47304 STREET ADDRESS, CITY, STATE, ZIP COD 5801 W BULL BETHEL AVE MUNCIE, IN 47304 SUMOCIE, IN 47304 SUMOCIE, IN 47304 STREET ADDRESS, CITY, STATE, ZIP COD 5801 W BULL BETHEL AVE MUNCIE, IN 47304 ID PREFIX TAG IN 4801 W BUTCH AVE MUNCIE, IN 47304 SERVICE AND SERVE AND S	STATEMENT OF DEFICIENCIES		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CO		ONSTRUCTION	(X3) DATE SURVEY	
NAME OF PROVIDER OR SUPPLIER WESTMINSTER VILLAGE MUNCIE INC (X4) ID PREFIX TAG Based on observations made during a tour of the facility on 06/11/24 at 1:38 p.m. with the Physical Plant Manager, the oxygen tanks inside it. There was a mechanically ventilated exhaust fan in the ceiling of this room, however, it was not working at the time of observation. This was acknowledged by the Physical Plant Who added that he thought the belt may have slipped or broken on the fan unit above the room. STREET ADDRESS, CITY, STATE, ZIP COD 5801 W BETHEL AVE MUNCIE, IN 47304 ID PROVIDERS PLAN OF CORRECTION (AS5) COMPLETION DATE The belt was replaced on June 12, 2024 and all is in working order currently. 2. Please see attached pictures of the replaced belt and a tissue test of correctly functioning ventilation in the oxygen room. Skilled Care Maintenance Employee/Designee will check weekly that the ventilation is working properly in the oxygen room with a new checklist created. See attached list. Any concerns will be taken to Quality Assurance Committee meeting for the next nine months. 3. Date of Compliance 6/25/24.	AND PLAN OF CORRECTION IDENTIFICATION NUMBER		IDENTIFICATION NUMBER	A. BUILDING <u>01</u>		01	COMPLETED	
Same of Provider or Supplier Same of Supplier			155170	B. W				
Same of Provider or Supplier Same of Supplier					STREET A	ADDRESS, CITY, STATE, ZIP COD	<u> </u>	
CX4) ID SUMMARY STATEMENT OF DEFICIENCIE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION PREFIX TAG PROVIDERS PLAN OF CORRECTION BEACH CORRECTIVE ACTION BEACH CORRECTION BEACH COMPLETION DATE The belt was replaced on June 12, 2024 and all is in working order currently.	NAME OF P	ROVIDER OR SUPPLIEF	₹					
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION Based on observations made during a tour of the facility on 06/11/24 at 1:38 p.m. with the Physical Plant Manager, the oxygen storage room had approximately 24 green oxygen tanks inside it. There was a mechanically ventilated exhaust fan in the ceiling of this room, however, it was not working at the time of observation. This was tested by holding s small piece of paper up to the vent, but the vent was not working. This was acknowledged by the Physical Plant Manager who added that he thought the belt may have slipped or broken on the fan unit above the room. PREFIX TAG PREFIX TAG PREFIX TAG PREFIX TAG PREFIX TAG The belt was replaced on June 12, 2024 and all is in working order currently. 2. Please see attached pictures of the replaced belt and a tissue test of correctly functioning ventilation in the oxygen room. Skilled Care Maintenance Employee/Designee will check weekly that the ventilation is working properly in the oxygen room with a new checklist created. See attached list. Any concerns will be taken to Quality Assurance Committee meeting for the next nine months. 3. Date of Compliance 6/25/24.	WESTMI	NSTER VILLAGE N	MUNCIE INC		MUNCI	E, IN 47304		
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION Based on observations made during a tour of the facility on 06/11/24 at 1:38 p.m. with the Physical Plant Manager, the oxygen storage room had approximately 24 green oxygen tanks inside it. There was a mechanically ventilated exhaust fan in the ceiling of this room, however, it was not working at the time of observation. This was acknowledged by the Physical Plant Manager who added that he thought the belt may have slipped or broken on the fan unit above the room. PREFIX TAG REACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICINCY) The belt was replaced on June 12, 2024 and all is in working order currently. 2. Please see attached pictures of the replaced belt and a tissue test of correctly functioning ventilation in the oxygen room. Skilled Care Maintenance Employee/Designee will check weekly that the ventilation is working properly in the oxygen room with a new checklist created. See attached list. Any concerns will be taken to Quality Assurance Committee meeting for the next nine months. 3. Date of Compliance 6/25/24.	(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
TAG REGULATORY OR LSC IDENTIFYING INFORMATION Based on observations made during a tour of the facility on 06/11/24 at 1:38 p.m. with the Physical Plant Manager, the oxygen storage room had approximately 24 green oxygen tanks inside it. There was a mechanically ventilated exhaust fan in the ceiling of this room, however, it was not working at the time of observation. This was tested by holding s small piece of paper up to the vent, but the vent was not working. This was acknowledged by the Physical Plant Manager who added that he thought the belt may have slipped or broken on the fan unit above the room. TAG The belt was replaced on June 12, 2024 and all is in working order currently. 2. Please see attached pictures of the replaced belt and a tissue test of correctly functioning ventilation in the oxygen room. Skilled Care Maintenance Employee/Designee will check weekly that the ventilation is working properly in the oxygen room with a new checklist created. See attached list. Any concerns will be taken to Quality Assurance Committee meeting for the next nine months. Director/Administrator, the Physical Plant Manager, and the Executive Assistant at the exit conference	PREFIX	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE	ATE	COMPLETION
Based on observations made during a tour of the facility on 06/11/24 at 1:38 p.m. with the Physical Plant Manager and the Assistant Physical Plant Manager, the oxygen storage room had approximately 24 green oxygen tanks inside it. There was a mechanically ventilated exhaust fan in the ceiling of this room, however, it was not working at the time of observation. This was tested by holding s small piece of paper up to the vent, but the vent was not working. This was acknowledged by the Physical Plant Manager who added that he thought the belt may have slipped or broken on the fan unit above the room. Based on observations with the Physical Plant Manager, and the Executive Assistant at the exit conference 2024 and all is in working order currently. 2. Please see attached pictures of the replaced belt and a tissue test of correctly functioning ventilation in the oxygen room. Skilled Care Maintenance Employee/Designee will check weekly that the ventilation is working properly in the oxygen room with a new checklist created. See attached list. Any concerns will be taken to Quality Assurance Committee meeting for the next nine months. 3. Date of Compliance 6/25/24.	TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
facility on 06/11/24 at 1:38 p.m. with the Physical Plant Manager and the Assistant Physical Plant Manager, the oxygen storage room had approximately 24 green oxygen tanks inside it. There was a mechanically ventilated exhaust fan in the ceiling of this room, however, it was not working at the time of observation. This was tested by holding s small piece of paper up to the vent, but the vent was not working. This was acknowledged by the Physical Plant Manager who added that he thought the belt may have slipped or broken on the fan unit above the room. This finding was reviewed with the Executive Director/Administrator, the Physical Plant Manager, the Assistant Physical Plant Manager, and the Executive Assistant at the exit conference currently. 2. Please see attached pictures of the replaced belt and a tissue test of correctly functioning ventilation in the oxygen room. Skilled Care Maintenance Employee/Designee will check weekly that the ventilation is working properly in the oxygen room with a new checklist created. See attached list. Any concerns will be taken to Quality Assurance Committee meeting for the next nine months. 3. Date of Compliance 6/25/24.						The belt was replaced on Jun	e 12,	
Plant Manager and the Assistant Physical Plant Manager, the oxygen storage room had approximately 24 green oxygen tanks inside it. There was a mechanically ventilated exhaust fan in the ceiling of this room, however, it was not working at the time of observation. This was tested by holding s small piece of paper up to the vent, but the vent was not working. This was acknowledged by the Physical Plant Manager who added that he thought the belt may have slipped or broken on the fan unit above the room. This finding was reviewed with the Executive Director/Administrator, the Physical Plant Manager, the Assistant Physical Plant Manager, and the Executive Assistant at the exit conference 2. Please see attached pictures of the replaced belt and a tissue test of correctly functioning ventilation in the oxygen room. Skilled Care Maintenance Employee/Designee will check weekly that the ventilation is working properly in the oxygen room with a new checklist created. See attached list. Any concerns will be taken to Quality Assurance Committee meeting for the next nine months. 3. Date of Compliance 6/25/24.			_			2024 and all is in working ord	er	
Manager, the oxygen storage room had approximately 24 green oxygen tanks inside it. There was a mechanically ventilated exhaust fan in the ceiling of this room, however, it was not working at the time of observation. This was tested by holding s small piece of paper up to the vent, but the vent was not working. This was acknowledged by the Physical Plant Manager who added that he thought the belt may have slipped or broken on the fan unit above the room. This finding was reviewed with the Executive Director/Administrator, the Physical Plant Manager, and the Executive Assistant Physical Plant Manager, and the Executive Assistant at the exit conference of the replaced belt and a tissue test of correctly functioning ventilation in the oxygen room. Skilled Care Maintenance Employee/Designee will check weekly that the ventilation is working properly in the oxygen room with a new checklist created. See attached list. Any concerns will be taken to Quality Assurance Committee meeting for the next nine months. 3. Date of Compliance 6/25/24.		_	-			currently.		
approximately 24 green oxygen tanks inside it. There was a mechanically ventilated exhaust fan in the ceiling of this room, however, it was not working at the time of observation. This was tested by holding s small piece of paper up to the vent, but the vent was not working. This was acknowledged by the Physical Plant Manager who added that he thought the belt may have slipped or broken on the fan unit above the room. This finding was reviewed with the Executive Director/Administrator, the Physical Plant Manager, and the Executive Assistant at the exit conference test of correctly functioning ventilation in the oxygen room. Skilled Care Maintenance Employee/Designee will check weekly that the ventilation is working properly in the oxygen room with a new checklist created. See attached list. Any concerns will be taken to Quality Assurance Committee meeting for the next nine months. 3. Date of Compliance 6/25/24.		Plant Manager and	the Assistant Physical Plant			2. Please see attached pictur	es	
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Director/Administrator, the Physical Plant Manager, the Assistant Physical Plant Manager, and the Executive Assistant at the exit conference 3. Date of Compliance 6/25/24.						Assurance Committee meetin	g for	
Manager, the Assistant Physical Plant Manager, and the Executive Assistant at the exit conference		This finding was re	viewed with the Executive				-	
Manager, the Assistant Physical Plant Manager, and the Executive Assistant at the exit conference		Director/Administr	ator, the Physical Plant			3. Date of Compliance 6/25/2	24.	
and the Executive Assistant at the exit conference		Manager, the Assis	tant Physical Plant Manager,			·		
held on 06/11/24 at 2:55 p.m.								
		held on 06/11/24 at	2:55 p.m.					
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3.1-19(b)		3.1-19(b)						

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