

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

PRINTED: 09/23/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155844		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING		X3) DATE SURVEY COMPLETED 09/08/2022	
NAME OF PROVIDER OR SUPPLIER SYMPHONY OF CHESTERTON LLC				STREET ADDRESS, CITY, STATE, ZIP COD 2775 VILLAGE POINT CHESTERTON, IN 46304			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
E 0000 Bldg. --	<p>An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73.</p> <p>Survey Date: 09/08/22</p> <p>Facility Number: 013688 Provider Number: 155844 AIM Number: 201352370</p> <p>At this Emergency Preparedness survey, Symphony of Chesterton, LLC, was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73</p> <p>The facility has 70 certified beds. At the time of the survey, the census was 62.</p> <p>Quality Review completed on 09/13/22</p>			E 0000	<p>Symphony of Chesterton Please accept the following as the facility's credible allegation of compliance. This plan of correction does not constitute an admission of guilt or liability by the facility and is submitted only in response to the regulatory requirement.</p> <p>Symphony of Chesterton is kindly requesting a desk review.</p>		
K 0000 Bldg. 01	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a).</p> <p>Survey Date: 09/08/22</p> <p>Facility Number: 013688 Provider Number: 155844 AIM Number: 201352370</p> <p>At this Life Safety Code survey, Symphony of</p>			K 0000	<p>Symphony of Chesterton Please accept the following as the facility's credible allegation of compliance. This plan of correction does not constitute an admission of guilt or liability by the facility and is submitted only in response to the regulatory requirement.</p>		

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

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards 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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K 0211 SS=B Bldg. 01	<p>Chesterton was found in substantial compliance with 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), Chapter 19, Existing Health Care Occupancies.</p> <p>This one-story facility was determined to be of Type V (111) construction and fully sprinklered. The facility has a fire alarm system with hard wired smoke detection in resident rooms, in corridors and in spaces open to the corridors. The building is partially protected by a 175-kW diesel powered generator. The facility has a capacity of 70 and had a census of 62 at the time of this survey.</p> <p>All areas where residents have customary access and all areas providing facility services were sprinklered.</p> <p>Quality Review completed on 09/13/22</p> <p>NFPA 101 Means of Egress - General Means of Egress - General Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.11. 18.2.1, 19.2.1, 7.1.10.1 Based on observation and interview, the facility failed to ensure the means of egress in 1 of 4 corridors was continuously maintained free of obstructions. This deficient practice could affect as many as 10 residents, 2 staff and 1 visitor.</p>			K 0211	<p>Symphony of Chesterton is kindly requesting a desk review.</p> <p>Symphony of ChestertonPlease accept the following as the facility's credible allegation of compliance. This plan of correction does not constitute an admission of guilt or liability</p>		09/22/2022

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	<p>Findings include:</p> <p>Based on an observation made during a tour of the facility on 09/08/22 at 11:65 a.m. with the Director of Environmental Services and the facility Administrator, there was a small plastic three drawer chest of PPE immediately outside the Wound Care office. Based on an interview with the Director of Environmental Services at the time of the observation, he stated that the room had just been cleaned and the staff that cleaned the room and mopped the floor placed the chest into the corridor until the room floor dried. He then checked the floor and placed the chest back into the room just inside the door. This deficiency was cleared prior to my exiting of the facility, but was discussed at the exit conference on 09/08/22 at 12:45 p.m.</p> <p>3.1-19(b)</p>				<p>by the facility and is submitted only in response to the regulatory requirement. K211 Means of Egress</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <ul style="list-style-type: none"> Obstruction cleared from in front of the wound care office immediately. <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken.</p> <ul style="list-style-type: none"> All current facility residents have the potential to be affected by this alleged deficient practice. Obstruction removed from in front of the hallway immediately. <p>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?</p> <ul style="list-style-type: none"> All facility staff educated immediately on passageways, corridors, exit discharges, exit locations and accesses staff educated that these areas are to remain free from any obstructions. 		

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			<ul style="list-style-type: none"> Maintenance/Designee will audit facility corridors/exits/accesses 5x a week to ensure there are no obstructions in front of the doors. <p>How will the corrective actions(s) be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</p> <ul style="list-style-type: none"> The maintenance director/designee will continue to complete audit tool to ensure all corridors/exits/accesses are free from obstruction. The Director of Nursing/designee will present the summaries of the audits to the Quality Assurance committee monthly for six months. Thereafter, if determined by the Quality Assurance committee that further monitoring is needed, audit will continue. 		