

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

PRINTED: 05/13/2025

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155220		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING _____		X3) DATE SURVEY COMPLETED 04/29/2025	
NAME OF PROVIDER OR SUPPLIER DYER NURSING AND REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 601 SHEFFIELD AVE DYER, IN 46311			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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>A Post Survey Revisit (PSR) to the Emergency Preparedness Survey that exited on 03/17/2025 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73.</p> <p>Survey Date: 04/29/2025</p> <p>Facility Number: 000125 Provider Number: 155220 AIM Number: 100266740</p> <p>At this Emergency Preparedness survey, Dyer Nursing and Rehabilitation Center was found not in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73 The facility has 161 certified beds. At the time of the survey, the census was 122.</p> <p>Quality Review completed on 04/30/25</p>			E 0000			
E 0031 SS=F Bldg. --	<p>403.748(c)(2), 416.54(c)(2), 418.113(c)(Emergency Officials Contact Information</p> <p>Based on record review and interview, the facility failed to ensure the Emergency Preparedness Communication Plan includes: (2) Contact information for the following: (i) Federal, State, tribal, regional, and local emergency preparedness staff. (ii) The State Licensing and Certification Agency. (iii) The Office of the State Long-Term Care Ombudsman (iv) Other sources of assistance in accordance with 42 CFR 483.73(c)(2). This deficient practice could affect all occupants.</p> <p>Findings include:</p>			E 0031	<p>p="" paraid="1062673727" paraeid="{aff5b3b4-19ea-40de-b466-9b8464004efb}{41}">The Facility has ensured that the emergency preparedness communication plan is completed. This plan will include the Federal, state, tribal, regional and local emergency preparedness staff, The state licensing and certification agency, Office of state long term care ombudsman and any other applicable sources of</p>		05/06/2025

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

TITLE

(X6) DATE

Bradley Macklin

Administrator

05/11/2025

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 0000 Bldg. 01	<p>Based on record review and interview with the Director of Maintenance at 8:47 a.m. on 04/29/2025, the Emergency Preparedness Communication Plan did not include Gateway.isdh.in.gov or incidents@isdh.in.gov as contact information for IDOH. Based on interview with the Director of Maintenance, he acknowledged the emergency officials contact information did not include the contact information for IDOH.</p> <p>This finding was reviewed with the Director of Maintenance at the exit conference.</p> <p>This deficiency was cited on 03/17/2025. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey that exited on 03/17/2025 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a).</p> <p>Survey Date: 04/29/2025</p> <p>Facility Number: 000125 Provider Number: 155220 AIM Number: 100266740</p> <p>At this Life Safety Code survey, Dyer Nursing and Rehabilitation Center was found not in 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</p>			K 0000	<p>assistance.</p> <p>The administrator updated the emergency preparedness communication plan. The update includes the contact information of the federal, state and local emergency staff, gateway contact information, state licensing and certification agency and the office of the state long term care ombudsman</p> <p>All residents may have been affected by this deficiency.</p> <p>The date of compliance for this deficiency: 5/06/2025</p>		

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K 0352 SS=F Bldg. 01	<p>Health Care Occupancies and 410 IAC 16.2.</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 facility has a capacity of 161 and had a census of 122 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 04/30/25</p> <p>NFPA 101 Sprinkler System - Supervisory Signals</p> <p>Based on observation and interview, the facility failed to maintain automatic sprinkler systems in accordance with LSC 9.7. LSC 19.3.5.1 states buildings containing nursing homes shall be protected throughout by an approved, supervised automatic sprinkler system in accordance with Section 9.7. LSC 9.7.2.1 states where supervised automatic sprinkler systems are required by another section of this Code, supervisory attachments shall be installed and monitored for integrity in accordance with NFPA 72, National Fire Alarm and Signaling Code, and a distinctive supervisory signal shall be provided to indicate a condition that would impair the satisfactory operation of the sprinkler system. Supervisory signals shall sound and shall be displayed either at a location within the protected building that is constantly attended by qualified personnel or at an approved, remotely located receiving facility. This deficient practice could affect all residents, staff, and visitors in the facility.</p>			K 0352	<p>·p paraid="1250153167" paraeid="{aff5b3b4-19ea-40de-b466-9b8464004efb}{123}" >The Maintenance/Designee will maintain and ensure that the automatic sprinkler system properly working.</p> <p>·This has the potential to affect all staff, residents and visitors. The facility will get the sprinkler system serviced so that it is properly functioning</p>		05/09/2025

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	<p>Findings include:</p> <p>Based on observation at 9:18 a.m. on 04/29/2025, two sprinkler valves located in the west hall receiving room were not electrically supervised. The valves had electronic monitoring devices attached but no wiring was connected to the monitoring devices, rendering the system incapable of being monitored. Based on interview with the Director of Maintenance at 9:18 a.m. on 04/29/2025, he stated he thought the deficiency was related to the antifreeze solution and had the service provider test the antifreeze solution but did not address the deficiency regarding the lack of the valves being monitored.</p> <p>This finding was reviewed with the Director of Maintenance at the exit conference.</p> <p>This deficiency was cited on 03/17/2025. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>3.1-19(b)</p>				<p>·The Maintenance Director/Designee has contacted the sprinkler system service provider and followed the established maintenance plan. The Dampeners were connected to the system on 05/09/2025.</p> <p>·Date of Compliance: 5/09/2025</p>		