

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

PRINTED: 06/27/2024  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155637		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING		X3) DATE SURVEY COMPLETED 06/06/2024	
NAME OF PROVIDER OR SUPPLIER  CROWN POINT CHRISTIAN VILLAGE				STREET ADDRESS, CITY, STATE, ZIP COD 6685 EAST 117TH AVENUE CROWN POINT, IN 46307			
(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 APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 0000  Bldg. 01	<p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey that exited on 04/16/24 was conducted by the Indiana Department of Health in accordance with 42 CFR Subpart 483.90(a).</p> <p>This visit was in conjunction with the Life Safety Code Preoccupancy PSR that exited on 06/06/24.</p> <p>Survey Date: 06/06/2024</p> <p>Facility Number: 001198 Provider Number: 155637 AIM Number: 100471000</p> <p>At this Life Safety Code PSR, Crown Point Christian Village 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 Health Care Occupancies and 410 IAC 16.2.</p> <p>This facility was located on the west side of the first floor and the entire lower level of a two story building. The facility was determined to be of Type II (111) construction and was fully sprinklered. The Healthcare Occupancy includes the atrium area of the second floor as it not separated by a two-hour barrier. No residents use the second floor. The facility has a fire alarm system with hard wired smoke detection in the corridors, in spaces open to the corridors and hard wired single-station detectors in resident rooms. The building is protected by a 150 kW diesel-powered generator which provides</p>			K 0000			

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

TITLE

(X6) DATE

Deji Adegoye

Executive Director

06/25/2024

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 0521 SS=F Bldg. 01	<p>emergency power. The facility is certified for 145 beds, and is set up for 144. Eighty-seven beds are dually certified for Medicare and Medicaid. Twenty-six are certified for Medicare only. At the time of the survey, the census was 104.</p> <p>All areas where the residents have customary access were sprinklered. The detached waste water treatment plant, fire system pump house and equipment storage garages were unsprinklered.</p> <p>Quality Review completed on 06/10/24</p> <p>NFPA 101 HVAC HVAC Heating, ventilation, and air conditioning shall comply with 9.2 and shall be installed in accordance with the manufacturer's specifications. 18.5.2.1, 19.5.2.1, 9.2 Based on record review and interview; the facility failed to ensure 1 of 1 fire damper systems in the facility were inspected and provided necessary maintenance after the first year after installation and at least every four years in accordance with NFPA 90A. LSC 9.2.1 requires heating, ventilating and air conditioning (HVAC) ductwork and related equipment shall be in accordance with NFPA 90A, Standard for the Installation of Air-Conditioning and Ventilating Systems. NFPA 90A, 2012 Edition, Section 5.4.8.1 states fire dampers shall be maintained in accordance with NFPA 80, Standard for Fire Doors and Other Opening Protectives. NFPA 80, 2010 Edition, Section 19.4.1 states each damper shall be tested and inspected 1 year after installation. Section 19.4.1.1 states the test and inspection frequency shall be every 4 years except for hospitals where the frequency is every 6 years. If the damper is equipped with a fusible link, the</p>			K 0521	<p>K 521 HVAC</p> <p>Please accept the following as the facility's plan of correction. 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. The facility cordially requests paper compliance for this citation.</p> <p>What corrective action will be accomplished for those areas found to have been affected by the deficient practice?</p> <p>The fire damper inspection has been completed.</p>		06/25/2024

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	<p>link shall be removed for testing to ensure full closure and lock-in-place if so equipped. The damper shall not be blocked from closure in any way. All inspections and testing shall be documented, indicating the location of the fire damper, date of inspection, name of inspector and deficiencies discovered. The documentation shall have a space to indicate when and how the deficiencies were corrected. This deficient practice could affect approximately all residents and staff.</p> <p>Findings include:</p> <p>Based on record review with the Healthcare Administrator and Executive Director on 06/06/24 between 12:19 p.m. and 1:40 p.m., no documentation could be found to indicate the fire/smoke dampers located in the facility were inspected within the past four years. Fire/Smoke dampers had been located during the annual LSC survey previously. A quote had been produced during record review that indicated the fire/smoke damper inspections were in the process of being completed. Based on interview at the time of record review, the Executive Director confirmed that the dampers had not been fully inspected as of the revisit survey. He later clarified that they initially hired a company to conduct the inspections, but due to financial reasons plus the length of time of the pre-inspection, they went back to hiring the first company which was the one who had the quote. An email was provided that indicated the inspection company had set a date later this month to start the inspections. The Executive Director acknowledged that the fire/smoke dampers have not been inspected.</p> <p>Findings were reviewed with the Executive Director at exit conference. This deficiency was</p>				<p>How will the facility identify other areas having the potential to be affected by the same deficient practice?</p> <p>This deficient practice has a potential to affect all residents, staff and visitors in the facility.</p> <p>What measures will the facility take, or systems the facility will alter, to ensure that the problem is corrected and will not recur?</p> <p>The maintenance staff was educated to ensure the fire/smoke dampers inspections are current as required.</p> <p>How will the corrective action be monitored to ensure that the deficient practice will not recur (i.e., what quality assurance program will be put into place)?</p> <p>Administrator/ Maintenance Supervisor will review monthly audits x 6 months to ensure this deficient practice does not recur. Maintenance Director/designee will present a summary of audits to the QA committee monthly x 6 months. After 6 months, it will be determined by the Quality Assurance committee if further monitoring is required.</p> <p>Completion Date: 06.25.24</p>		

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	cited on 04/16/23. The facility failed to implement a systemic plan of correction to prevent reoccurrences.  3.1-19(b)						