PRINTED: 10/12/2022
FORM APPROVED

CENTERS FOR MEDICARE & MEDICAID SERVICES						OM	B NO. 0938-039
	IT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155611	A. BU	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 09/26/2022	
	PROVIDER OR SUPPLIER			621 S S	ADDRESS, CITY, STATE, ZIP COD SUGAR ST NSTOWN, IN 47220		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL R 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
E 0000 Bldg	conducted by the In accordance with 42 Survey Date: 09/26 Facility Number: 0 Provider Number: 100 At this Emergency 1 Christian Village w with Emergency Promotes and Mediand Suppliers, 42 Comparison of the survey, the censurvey, the censurvey, the censurvey, the censurvey of the survey of t	200277 155611 290530 Preparedness survey, Hoosier as found not in compliance eparedness Requirements for caid Participating Providers FR 483.73 certified beds. At the time of hus was 82. Impleted on 10/03/22 42 CFR, Subpart 483.73 is NOT by: (e), 485.625(e) LTC Emergency Power tion for Participation: d standby power systems. implement emergency and stems based on the et forth in paragraph (a) of the policies and et forth in paragraphs (b)(1) ection.	E 00	000	Please accept this plan of correction as Hoosier Christia Village's credible plan of correction. The plan of corrections that a written allegation substantial compliance under Federal and Medicare requirements. Submission of plan of correction is not an admission that a deficiency exor that the community agrees were cited correctly. This plan correction reflects a desire to continuously enhance the quatof care and services provided our residents solely as a requirement of the provision of Federal and State Law. Pleas accept this evidence in lieu of onsite post survey re-visit for recertification and state licens survey event SCQN21.	this this tiests they n of dility to of the se an	
	§483.73(e), §485.	ხ∠5(e)					

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

(e) Emergency and standby power systems.

TITLE (X6) DATE

Any defiency statement 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 disclodays 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.

FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: SCQN21 Facility ID: 000277 If continuation sheet Page 1 of 27

PRINTED: 10/12/2022 FORM APPROVED

CENTERS FO	R MEDICARE & MEDIC	CAID SERVICES			0	OMB NO. 0938-039
STATEME	NT OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CO	ONSTRUCTION	(X3) DAT	TE SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BUILDING			PLETED
		155611	B. WING		09/2	26/2022
		_	STREET	ADDRESS, CITY, STATE, ZIP COD		
NAME OF	PROVIDER OR SUPPLIE	CR.	621 S S	SUGAR ST		
HOOSIE	ER CHRISTIAN VILI	LAGE	BROW	NSTOWN, IN 47220		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE	ID	PROVIDER'S PLAN OF CORRECTI	ON	(X5)
PREFIX	(EACH DEFICIE	NCY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPRO) BE	COMPLETION
TAG	REGULATORY O	R LSC IDENTIFYING INFORMATION	TAG	DEFICIENCY)		DATE
	The [LTC facility	and the CAH] must				
	implement emerg	gency and standby power				
	systems based o	n the emergency plan set				
	forth in paragraph	h (a) of this section.				
	8/18/2 15/6)/(1) 8/	183.73(e)(1), §485.625(e)(1)				
	- , , , , -	rator location. The				
	, , ,	e located in accordance with				
	"					
		irements found in the Health				
	Care Facilities Code (NFPA 99 and Tentative Interim Amendments TIA 12-2, TIA 12-3, TIA 12-4, TIA 12-5, and TIA 12-6), Life Safety Code (NFPA 101 and Tentative Interim Amendments TIA 12-1, TIA 12-2, TIA 12-3,					
	1	nd NFPA 110, when a new				
		or when an existing				
	structure or build	ing is renovated.				
	482.15(e)(2), §48	33.73(e)(2), §485.625(e)(2)				
		rator inspection and testing.				
	1	\H and LTC facility] must				
		nergency power system				
		g, and [maintenance]				
		nd in the Health Care				
	1	NFPA 110, and Life Safety				
	Code.	,				
	400 45()(0) 040	20.70()(0) 0.405 0.05()(0)				
	() ()	33.73(e)(3), §485.625(e)(3)				
		rator fuel. [Hospitals, CAHs				
		s] that maintain an onsite fuel				
	1	emergency generators must				
	· ·	ow it will keep emergency				
		perational during the				
	emergency, unles	ss it evacuates.				
	*[For hospitals at	§482.15(h), LTC at				
		CAHs §485.625(g):]				
	- ,-,	corporated by reference in				
		pproved for incorporation by				

FORM CMS-2567(02-99) Previous Versions Obsolete

reference by the Director of the Office of the

Event ID:

 $SCQN21 \quad \ \ Facility ID: \quad 000277$

If continuation sheet

Page 2 of 27

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155611		(X2) MULTIPLE CO A. BUILDING B. WING	ONSTRUCTION	COMI	(X3) DATE SURVEY COMPLETED 09/26/2022	
	PROVIDER OR SUPPLIER		621 S S	ADDRESS, CITY, STATE, ZIP COD SUGAR ST NSTOWN, IN 47220	•	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPI DEFICIENCY)	LD BE	(X5) COMPLETION DATE
	Federal Register i 552(a) and 1 CFR the material from a you may inspect a Information Reson Boulevard, Baltim Archives and Rec (NARA). For information this material at NA go to: http://www.archive_of_federal_regulation of the changes in incorporated by redocument in the Fannounce the changuincy, MA 02169 1.617.770.3000. (i) NFPA 99, Healt 2012 edition, issued (iii) TlA 12-3 to NF 2012. (iv) TIA 12-4 to NF 2013. (v) TIA 12-5 to NF 2013. (vi) TIA 12-6 to NF 2014. (viii) NFPA 101, Li edition, issued Au (viii) TIA 12-1 to NF 11, 2011. (ix) TIA 12-2 to NF 30, 2012.	n accordance with 5 U.S.C. part 51. You may obtain the sources listed below. a copy at the CMS arce Center, 7500 Security ore, MD or at the National ords Administration mation on the availability of ARA, call 202-741-6030, or as.gov/federal_register/code ations/ibr_locations.html. this edition of the Code are afference, CMS will publish a federal Register to finges. Protection Association, 1 AX, A2, www.nfpa.org, ath Care Facilities Code, and August 11, 2011. fra amendment (TIA) 12-2 to August 11, 2011. fra 99, issued August 9, archael August 9, archael August 1,				

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

SCQN21 Facility ID: 000277

If continuation sheet

Page 3 of 27

STATEMEN	STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	ILDING	<u></u>	COMPL	ETED
		155611	B. WI	NG		09/26/	/2022
		<u> </u>		CTREET	ADDRESS, CITY, STATE, ZIP COD		
NAME OF I	PROVIDER OR SUPPLIEF	₹			SUGAR ST		
HOOSIE	R CHRISTIAN VILL	AGE			NSTOWN, IN 47220		
TIOOSIL		.AGL		DIXOVI			
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	ICY 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
	` '	FPA 101, issued October					
	22, 2013.						
		tandard for Emergency and					
	Standby Power Systems, 2010 edition,						
	including TIAs to	chapter 7, issued August 6,					
	2009						
			E 00)41	1. On September 29, 2022		09/29/2022
	failed to implement the emergency power system				GenSet Service, LLC performe	ed a	
		and maintenance requirements			routine full service on the dies		
		Care Facilities Code, NFPA			generator, replaced batteries,		
		y Code in accordance with 42			conducted a fuel sample repor		
	CFR 483.73(e)(2).				No residents were found to be		
				affected by this alleg		nt	
		view and interview, the facility			practice.		
		annual fuel quality test was			2. On September 28, 2022		
	_	1 diesel powered generators.			maintenance supervisor conta	cted	
		Care Facilities Code, 2012 Edition			GenSet Service, LLC to visit		
		states Type 2 EES (Essential			Hoosier Christian Village for a		
		generator sets shall be			sample report. On September		
	_	d in accordance with Section			2022, Administrator provided of		
		n 6.4.4.1.1.3 states maintenance			one education to maintenance		
	_	in accordance with NFPA 110, gency and Standby Power			supervisor to inform of require		
	_	ion, Chapter 8. NFPA 110,			of an annual fuel quality test to	o be	
		a fuel quality test shall be			performed for diesel powered		
		a ruel quality test shall be annually using tests approved			generator. On September 28,		
	_	s. This deficient practice			2022, maintenance supervisor		
	-	dents, as well as staff and			added the task reminder to the		
	visitors.	denis, as wen as stan and			TELS program to include a tas notification for an annual fuel	or.	
	VISILOIS.				quality test for diesel-powered		
	Findings include:				generator.		
	i manigo merade.				3. On September 26, 2022	,	
	Based on record rev	view on 09/26/22 between 9:15			administrator provided one: or		
		. with the Maintenance			education to maintenance		
		there was documentation of			supervisor to inform of require	ment	
		inspection dated 04/15/22,			of an annual fuel quality test to		
	_	nspection dated 10/13/21			performed for diesel powered		
		no documentation of an			generator. On September 28,		
	· ·	test for the diesel generator			2022, maintenance supervisor		
		v. Based on interview at the			added the task reminder to the		

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CL		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION (X3)		(X3) DATE	X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	JILDING		COMPL	ETED
		155611	B. W	NG		09/26/	/2022
NAME OF D	ROVIDER OR SUPPLIER		•	STREET A	ADDRESS, CITY, STATE, ZIP COD		
					SUGAR ST		
HOOSIE	R CHRISTIAN VILL	AGE		BROW	NSTOWN, IN 47220		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE		(X5)
PREFIX	•	CY MUST BE PRECEDED BY FULL		PREFIX	CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
TAG		R LSC IDENTIFYING INFORMATION	-	TAG	DEFICIENCY)	DATE	
		ew, the Maintenance Supervisor			TELS program to include a tas	sk	
		bes have a diesel generator but		notification for an annua			
	after having spoken with the facility's generator inspection vendor it was determined that a fuel				quality test for diesel-powered generator.		
	_	n taken by the current vendor.			4. The maintenance super	visor	
	sumple has not occi	t taken by the current vehicle.			will bring testing logs to month		
	This finding was re	viewed with the Administrator			QAPI meetings. Any concerns	-	
		upervisor during the exit			will immediately be brought to		
	conference.				administrator and addressed i		
					QAPI for further review and		
					recommendations.		
14 0000							
K 0000							
Bldg. 01							
Diug. 01	A Life Safety Code	Recertification and State	K ₀	000	Please accept this plan of		
	-	as conducted by the Indiana	I K U	000	correction as Hoosier Christian	n	
	_	th in accordance with 42 CFR			Village's credible plan of	•	
	483.90(a).				correction. The plan of correc	tion	
	, ,				constitutes a written allegation		
	Survey Date: 09/26	5/22			substantial compliance under		
					Federal and Medicare		
	Facility Number: 0				requirements. Submission of	this	
	Provider Number:				plan of correction is not an		
	AIM Number: 100	290530			admission that a deficiency ex		
	At this Life Cofety	Code survey Hessian Christian			or that the community agrees	-	
	-	Code survey, Hoosier Christian not in compliance with			were cited correctly. This plar correction reflects a desire to	1 01	
	Requirements for P	-			continuously enhance the qua	lity	
	-	, 42 CFR Subpart 483.90(a),			of care and services provided	-	
		re and the 2012 edition of the			our residents solely as a	lo	
	•	etion Association (NFPA) 101,			requirement of the provision o	f the	
		LSC), Chapter 19, Existing			Federal and State Law. Pleas		
		ancies and 410 IAC 16.2.			accept this evidence in lieu of		
	•				onsite post survey re-visit for		
	This one story facil	ity was determined to be of			recertification and state licens	ure	
	Type V (000) const	ruction and was fully			survey event SCQN21.		
	sprinklered. The fa	cility has a fire alarm system					
	with hard wired sme	oke detectors in the corridors				ļ	
	and spaces open to	the corridors, plus battery				ļ	

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY			SURVEY		
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER	A. BU	JILDING	01	COMPL	ETED
		155611	B. W	NG		09/26/	2022
NAME OF B	DOMBED OF GUIDNIED		<u> </u>	STREET A	ADDRESS, CITY, STATE, ZIP COD		
NAME OF P.	ROVIDER OR SUPPLIER			621 S S	SUGAR ST		
HOOSIEF	R CHRISTIAN VILL	AGE		BROWN	NSTOWN, IN 47220		
(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' DEFICIENCY)	ΓE	COMPLETION
TAG		LSC IDENTIFYING INFORMATION ms in all resident sleeping		TAG	DEFICIENCE		DATE
	-	has a capacity of 97 and had a					
	census of 82 at the t						
	census of 62 at the t	inic of this survey.					
	All areas where residents have customary access						
	-	d all areas providing facility					
	•	clered including the employee					
	smoke shack.						
	Quality Review con	npleted on 10/03/22					
K 0200	NFPA 101						
SS=B	Means of Egress F	Requirements - Other					
Bldg. 01	Means of Egress F	Requirements - Other					
	List in the REMAR	KS section any LSC					
		19.2 Means of Egress					
	•	are not addressed by the					
		out are deficient. This					
	_	with the applicable Life					
		FPA standard citation,					
		d on Form CMS-2567.					
	18.2, 19.2	on and interview, the facility	17.0	200	1. On September 27, 2022		00/27/2022
		2 egress doors from the two	K 0	200	! · · · · · · · · · · · · · · · · · · ·	-	09/27/2022
		vere not equipped with a			maintenance supervisor equip the two public restrooms with a	-	
		would require the use of a key			locking device that does not	a	
	•	nside in the case of fire or			require the use of a key to unlo	nck	
		n accordance with LSC			from the inside in case of a fire		
	_	ient practice could affect two			No residents were found to be		
	residents, staff or vi	•			affected by this alleged deficie		
	,				practice.		
	Findings include:				2. On September 27, 2022	,	
					maintenance supervisor condu	ıcted	
		ons on 09/26/22 between 12:10			an audit to ensure no other eg	ress	
	p.m. and 2:30 p.m. during a tour of the facility with the Maintenance Supervisor, the two public rest rooms near the front lobby area were both				doors were equipped with a		
					locking device that would requ		
					the use of a key to unlock from	1	
		ng devices that required the			the inside in case of a fire. No		
		from the inside and the			other residents have the poten	itial	
	outside. Based on in	nterview at the time of			to be affected by this alleged		

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

SCQN21 Facility ID: 000277

If continuation sheet Page 6 of 27

	IT OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155611	(X2) MULTIPLE CO A. BUILDING B. WING	onstruction 01	(X3) DATE SURVEY COMPLETED 09/26/2022
	PROVIDER OR SUPPLIER		621 S	ADDRESS, CITY, STATE, ZIP COD SUGAR ST NSTOWN, IN 47220	_
(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 CORRECT (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODE	ION (X5) DBE COMPLETION DPRIATE DATE
	these doors could not and the outside with This finding was re-	aintenance Supervisor agreed of be unlocked from the inside nout the use of a key if locked. viewed with the Administrator upervisor during the exit		deficient practice. 3. On September 27, 2 maintenance supervisor of an audit to ensure no other doors were equipped with locking device that would be the use of a key to unlock the inside in case of a fire, environmental rounds, administrator and mainten supervisor will continue to no egress doors are equiplocking devices that requir use of a key to lock from the inside. 4. Any concerns from environmental rounds will brought to monthly QAPI refor further review and recommendations.	onducted or egress a require from During ance ensure oped with or the
K 0324 SS=F Bldg. 01	Ventilation Contro Commercial Cook * residential cooki appliances such a toasters) are used cooking in accorda 19.3.2.5.2 * cooking facilities smoke compartme patients comply w 18.3.2.5.3, 19.3.2 * cooking facilities with 30 or fewer p	IFPA 96, Standard for I and Fire Protection of ing Operations, unless: ng equipment (i.e., small s microwaves, hot plates, I for food warming or limited ance with 18.3.2.5.2, open to the corridor in ents with 30 or fewer ith the conditions under			

PRINTED: 10/12/2022 FORM APPROVED

CENTERS FOR MEDICARE & MEDICAID SERVICES			AID SERVICES			OM	IB NO. 0938-039
	STATEMEN	IT OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CO	ONSTRUCTION	(X3) DATE	SURVEY
	AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BUILDING	01	COMPI	LETED
			155611	B. WING		09/26	/2022
		ROVIDER OR SUPPLIER		621 S S	ADDRESS, CITY, STATE, ZIP COD SUGAR ST NSTOWN, IN 47220		
	(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
	PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	тс	COMPLETION
	TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION	TAG	DEFICIENCY)	110	DATE
	TAG	Cooking facilities in NFPA 96 per 9.2.3 enclosed as hazar be open to the cor 18.3.2.5.1 through through 19.3.2.5.5 Based on record reversal failed to ensure 1 of in the kitchen was in six months. NFPA Control and Fire Proceeding Operations requires an inspective extinguishing system. This deficient practice staff, plus residents. Findings include: Based on record reversal. Based on record reversal and 12:10 p.m. Supervisor present, available to show the extinguishing system months after the 01/01/05/22 range hood inspection report was during the past 12 minterview at the time Maintenance Superinspection report was extinguishing system for review during the This finding was revenue.	orotected according to 3 are not required to be dous areas, but shall not ridor. 18.3.2.5.4, 19.3.2.5.1	K 0324	1. On September 27, 2022 maintenance supervisor contact Koorsen Fire and Security to conduct an inspection of the hextinguishing system in the kitchen. On September 26, 20 administrator provided one: or education to maintenance supervisor regarding the requirement to ensure hood-extinguishing systems in kitchen are inspected and servevery six months. 2. On September 27, 2022 maintenance supervisor contact Koorsen Fire and Security to conduct an inspection of the hextinguishing system in the kitchen. On October 4, 2022, inspection was conducted of thood extinguishing system in kitchen. No residents were for to be affected by this alleged deficient practice. 3. On October 4, 2022, an inspection was conducted of thood extinguishing system in kitchen. On September 28, 20 maintenance supervisor addetask reminder to the TELS program to include notification.	2, locted lood lood locted lood look locted lood look look look look look look loo	10/04/2022
		2 1 10/1			task for inspection of hood		
		3.1-19(b)		1	extinguishing systems in the		

kitchen every six months.

PRINTED: 10/12/2022 FORM APPROVED OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155611	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING			(X3) DATE SURVEY COMPLETED 09/26/2022	
		100011			ADDRESS, CITY, STATE, ZIP COD	00/20/	
	PROVIDER OR SUPPLIE R CHRISTIAN VILI		621 S SUGAR ST BROWNSTOWN, IN 47220				
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE NCY MUST BE PRECEDED BY FULL R 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
					Maintenance supervisor will be all tasks in TELS program to monthly QAPI meeting for reviand recommendations. 4. Maintenance supervisor bring all tasks in TELS report system to monthly QAPI meet any concerns will be brought to administrator and discussed for further review and recommendations.	iew r will ing, he	
K 0341 SS=E Bldg. 01	and components accordance with Code, and NFPA Code to provide a part of the buildin occupied, detection alarm control unit detection is also appliance circuit supervising static Fire alarm system transmission path integrity. 18.3.4.1, 19.3.4.1	m - Installation m is installed with systems approved for the purpose in NFPA 70, National Electric 72, National Fire Alarm effective warning of fire in any g. In areas not continuously on is installed at each fire i. In new occupancy, installed at notification bower extenders, and on transmitting equipment. In wiring or other as are monitored for	V 02	41	1 On Sentember 27, 2022		00/27/2022
	failed to ensure 1 of detectors were not adversely affect its edition, 17.7.6.3.2 shall not be located supply registers. S spaces served by a shall not be located	on and interview, the facility of 66 hard wired smoke installed where air flow would operation. NFPA 72, 2010 requires that smoke detectors I directly in the airstream of ection 17.7.4.1 requires in ir handling systems, detectors I where air flow prevents tectors. A.17.7.4.1 states	K 03	41	1. On September 27, 2022 maintenance supervisor relocations the smoke detector so that air would not adversely affect its operation. On September 27, 2022, maintenance staff conducted an audit to ensure other smoke detectors in the facility were installed where ai flow would adversely affect its	ated flow no	09/27/2022

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

SCQN21 Facility ID: 000277

If continuation sheet

Page 9 of 27

STATEMENT OF DEFICIENCIES XI) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155611		(X2) MULTIPLE C A. BUILDING B. WING	onstruction <u>01</u>	(X3) DATE SURVEY COMPLETED 09/26/2022	
	PROVIDER OR SUPPLIER		621 S	ADDRESS, CITY, STATE, ZIP COD SUGAR ST /NSTOWN, IN 47220	
(X4) ID PREFIX TAG	(EACH DEFICIEN REGULATORY OR	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 APPROPR DEFICIENCY)	DATE
	or closer than 36 indiffuser or return ai practice could affect and visitors. Findings include: Based on observation p.m. and 2:30 p.m. the Maintenance Su mounted smoke det the 100 dining room supply vent. Based observation, the Mathe smoke detector supply vent. This finding was re-	the located in a direct airflow ches from an air supply ropening. This deficient that at least 20 residents, staff ons on 09/26/22 between 12:10 during a tour of the facility with pervisor, there was a ceiling ector in the corridor outside in within one foot of an air on interview at the time of cintenance Supervisor agreed was within one foot of the air wiewed with the Administrator apervisor during the exit		operation. No residents were found to be affected by this alleged deficient practice. 2. On September 27, 202 maintenance supervisor reloce the smoke detector so that a would not adversely affect its operation. On September 27, 2022, maintenance staff conducted an audit to ensure other smoke detectors in the facility were installed where a flow would adversely affect it operation. 3. During weekly environmental rounds, ongoi maintenance supervisor will a smoke detectors to ensure the are not installed where air flow would adversely affect its operation. Any concerns will brought to the administrator of immediate action. 4. During weekly environmental rounds, ongoi maintenance supervisor will a smoke detectors to ensure the are not installed where air flow would adversely affect its operation. These audits will brought to the monthly QAPI meeting for further review an recommendations.	cated ir flow s. 7,
K 0345 SS=F Bldg. 01	NFPA 101 Fire Alarm System Maintenance Fire Alarm System Maintenance A fire alarm system	•			

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION (X3)		· ′	X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	JILDING	01	COMPL	
		155611	B. W	ING		09/26	/2022
NAME OF I	PROVIDER OR SUPPLIE	P.	•		ADDRESS, CITY, STATE, ZIP COD	•	
					SUGAR ST		
HOOSIE	R CHRISTIAN VILL	_AGE		BROW	NSTOWN, IN 47220		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		
PREFIX	`	NCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	ATE	COMPLETION
TAG	 	R LSC IDENTIFYING INFORMATION	+	TAG	DEFICIENCY)		DATE
		th an approved program					
		e requirements of NFPA 70,					
	National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72						
		I review and interview, the	K 0	2.45	1 On Sontombor 26, 202	2	10/04/2022
		sure documentation was	I K U	343	1. On September 26, 202 administrator provided one: o		10/04/2022
	1	hat 66 of 66 smoke detectors			education to maintenance	iie	
					supervisor to include requirer	ment	
	were sensitivity tested within the past 24 months				of smoke detector sensitivity	Hent	
	or prior. NFPA 72, National Fire Alarm Code, 2010 Edition, Section 14.4.5.3.1 states detector				testing every alternate year a	fter	
		checked within 1 year of			installation and a requiremen		
		ery alternate year thereafter.			visual semi-annual fire alarm	· or u	
		equired calibration test, if			system inspection. No reside	ents	
		licate that the detector has			were found to be affected by		
		s listed and marked sensitivity			alleged deficient practice.		
		f time between calibration tests			2. On September 27, 202	2.	
		to be extended to a maximum of			maintenance supervisor conta		
	5 years. If the freq	uency is extended, records of			Cintas to conduct a smoke		
	detector caused nui	isance alarms and subsequent			detector sensitivity testing for	all	
	trends of these alar	ms shall be maintained. In			smoke detectors in facility. C	'n	
	zones or areas whe	re nuisance alarms show an			September 28, 2022, mainter	nance	
	_	revious year, calibration tests			supervisor conducted a visua	I fire	
	-	. To ensure that each smoke			alarm system inspection. On		
		ts listed and marked sensitivity			September 29, 2022, and Oc	tober	
	•	sted using any of the methods:			4, 2022, Cintas conducted a		
	(1) Calibrated test				smoke detector sensitivity tes		
	` ′	calibrated sensitivity test			all smoke detectors in Hoosie	r	
	instrument.				Christian Village.		
	* *	equipment arranged for the			3. On September 27, 202		
	purpose.	(C. 1			maintenance supervisor conta	acted	
	` '	/fire alarm control unit			Cintas to conduct a smoke		
	_	by the detector causes a signal			detector sensitivity testing for		
		where its sensitivity is outside			smoke detectors in facility. C		
	its listed sensitivity	_			September 28, 2022, mainter		
	` '	d sensitivity method acceptable			supervisor conducted a visua		
	to the authority hav				alarm system inspection. On		
	Detectors found to	have sensitivity outside the			September 29, 2022, and Oc	iober	1

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION (X3) I		(X3) DATE	SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	JILDING	01	COMPL	ETED
		155611	B. WI	NG		09/26/	2022
				CTDEET /	ADDRESS, CITY, STATE, ZIP COD		
NAME OF I	PROVIDER OR SUPPLIEF	₹			SUGAR ST		
HOOSIE	R CHRISTIAN VILL	AGE			NSTOWN, IN 47220		
TIOOSIL		AGE		BIXOWI	NOTOWN, IN 47220		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	ICY 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
	listed and marked s	ensitivity range shall be			4, 2022, Cintas conducted a		
	cleaned and recalib	-			smoke detector sensitivity test	for	
		vity cannot be tested or			all smoke detectors in Hoosier	•	
	measured using any spray device that administers				Christian Village. On Septeml	per	
	an unmeasured concentration of aerosol into the				28, 2022, maintenance superv	risor	
	detector. This deficient practice could affect all				added task reminders to the		
	residents, staff, and visitors in the facility.				TELS program to include		
					sensitivity testing for smoke		
	Findings include:				detectors every alternate year	, and	
					a visual semi-annual fire alarn	า	
	Based on record review on 09/26/22 between 9:15				system inspection. Maintenar	ice	
	a.m. and 12:10 p.m. with the Maintenance				supervisor will bring all task		
		the facility was unable to			reminders in the TELS progra	n to	
	produce a smoke de	etector sensitivity report for all			monthly QAPI for review and		
		for the past 24 month period			recommendations.		
	or prior. Based on	interview at the time of record			4. Maintenance supervisor	will	
	review, the Mainter	nance Supervisor said he			bring all task reminders in the		
	thought the smoke	detector sensitivity testing			TELS program that are due or		
	had been performed	d within the past two years, but			approaching a due date to mo	nthly	
	was unable to locat	e the documentation.			QAPI for further review and		
					recommendations.		
	_	viewed with the Administrator					
		upervisor during the exit					
	conference.						
	3.1-19(b)						
		review and interview, the					
		intain 1 of 1 fire alarm system in					
		FPA 72, as required by LSC 101					
		and 9.6. NFPA 72, Section					
		nless otherwise permitted by					
		ctions shall be performed in					
		e schedules in Table 14.3.1, or					
	_	red by the authority having					
		14.3.1 states that the following					
	1	spected semi-annually:					
	a. Control unit trou	9					
	b. Remote annuncia						
	c. Initiating devices	(e.g. duct detectors, manual	1				

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155611		(X2) MULTIPLE CO A. BUILDING B. WING	ONSTRUCTION 01	(X3) DATE SURVEY COMPLETED 09/26/2022	
	PROVIDER OR SUPPLIER		621 S S	ADDRESS, CITY, STATE, ZIP COD SUGAR ST NSTOWN, IN 47220	
(X4) ID PREFIX	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LEG IDENTIFYING DIFFORMATION	ID PREFIX	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPROFICE OF THE APPROPROPROFICE OF THE APPROPROPROFICE OF THE APPROPROPROPROPROPROPROPROPROPROPROPROPRO	PRIATE COMPLETION
TAG	fire alarm boxes, he etc.) d. Notification appl e. Magnetic hold-op This deficient pract in the facility. Findings include: Based on record reva.m. and 12:10 p.m. Supervisor present, provided regarding system inspection. alarm visual/function 01/18/22. Based on review, the Mainter visual inspection of devices has not perfet the 01/18/22 annual. This finding was review.	riew on 09/26/22 between 9:15 with the Maintenance no documentation could be a visual semi-annual fire alarm The most recent annual fire onal test/inspection was dated a interview at the time of record nance Supervisor said that a the fire alarm system's formed within six months after	TAG	DEFICIENCY	DATE
	3.1-19(b)				
K 0353 SS=F Bldg. 01	Sprinkler System Automatic sprinkler are inspected, tes accordance with Naspection, Testing Water-based Fire Records of system inspection and tes secure location are	- Maintenance and Testing - Maintenance and Testing - Maintenance and Testing - Maintenance and Testing - Maintenance systems - And Standpipe systems - And Maintaining of - Protection Systems - And Maintenance - And Maintenance - And Testing are maintained in a - And Testing available - System last checked			

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

SCQN21 Facility ID: 000277

If continuation sheet

Page 13 of 27

STATEMEN	T OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) M	ULTIPLE CO	ONSTRUCTION	(X3) DATE	SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	JILDING	01	COMPI	LETED
		155611	B. W	ING		09/26	/2022
		1		STREET	ADDRESS, CITY, STATE, ZIP COD	<u> </u>	
NAME OF F	PROVIDER OR SUPPLIEF	3			SUGAR ST		
HOOSIFI	R CHRISTIAN VILL	AGE		BROWNSTOWN, IN 47220			
	Г				1		T
(X4) ID		STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE		(X5)
PREFIX		ICY MUST BE PRECEDED BY FULL		PREFIX	CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	COMPLETION
TAG		R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCT)		DATE
	b) Who provided	system test					
	c) Water system	supply source					1
	oj vvater system	supply soulce					
	Provide in RFMA	RKS information on					
		non-required or partial					
	automatic sprinkler system.						1
	9.7.5, 9.7.7, 9.7.8, and NFPA 25						
	1. Based on record review and interview, the		K 0	353	1. On October 6, 2021, an		10/07/2022
	facility failed to ensure 1 of 1 automatic sprinkler				automatic sprinkler piping sys	tem	
		inspected every five years in			inspection was conducted for		
		FPA 25. NFPA 25, Standard for			Hoosier Christian Village. On		
	the Inspection, Testing and Maintenance of				September 28, 2022, mainten		
		Protection Systems, 2011			supervisor contacted Koorsen		
		.2.1 states an inspection of			replace the four sprinkler head		
		ine conditions shall be			the washer side of the laundry		
	1	years by opening a flushing			room and the two sprinkler he	ads	
		nd of one main and by			in the dishwasher room. On		
		er toward the end of one branch of inspecting for the presence			September 29, 2022, Koorser		
		and inorganic material.			arrived to inspect the sprinkler		1
		tructive examination methods			heads in the laundry room and dishwasher room. On Octobe		
		Non-metallic pipe shall not be			2022, the sprinkler heads wer		1
	_	ected internally. Section 4.3.1			replaced. On September 26,	•	
		be made for all inspections,			2022, the spare sprinkler cabi	net	
		nce of the system and its			was organized to only hold six		
		all be made available to the			sprinkler heads placed in		
		risdiction upon request. This			appropriate slots. On Septeml	oer	
		ffects all residents, staff and			26, 2022, administrator provid		
	visitors.				one: one education to		
					maintenance supervisor regar	_	
	Findings include:				sprinkler head routine checking	ıg,	
					and organization of the spare		
		view on 09/26/22 between 9:15			sprinkler cabinet. No resident		
		with the Maintenance			were found to be affected by t	his	
		documentation of an internal			alleged deficient practice.	•••	
		rinkler system performed			2. Maintenance supervisor		
		ent five year period or prior			conduct weekly environmenta		
		or review. Based on interview			rounds to ensure sprinkler hea	ads	
I	at the time of record	d review, the Maintenance	1		show no signs of corrosion.		1

STATEMEN	NT OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTI	PLE CO	NSTRUCTION	(X3) DATE	SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BUILD	ING	01	COMPL	
		155611	B. WING			09/26/	/2022
NAME OF T	DROMDED OF CLUBS AND		ST	REET A	ADDRESS, CITY, STATE, ZIP COD		
NAME OF F	PROVIDER OR SUPPLIEF	C			SUGAR ST		
HOOSIE	R CHRISTIAN VILL	AGE	В	ROWN	NSTOWN, IN 47220		<u> </u>
(X4) ID		STATEMENT OF DEFICIENCIE	II		PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	`	CY MUST BE PRECEDED BY FULL	PRE		(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
TAG		R LSC IDENTIFYING INFORMATION	TA	AG	DEFICIENCY)		DATE
	_	ed documentation of an			These weekly rounds will be		
	_	of the sprinkler system within			brought to monthly QAPI for		
	available for review	year period or prior was not			further review. Any concerns	WIII	
	available for review	/.			be brought immediately to the		
	This finding was re	viewed with the Administrator			administrator for action.	00	
	_				Maintenance supervisor will al bring all task reminders in the	50	
	and Maintenance Supervisor during the exit conference.				TELS program to monthly QAI	DI to	
	conference.				ensure timely inspections are	1 10	
	3.1-19(b)				conducted.		
	2. Based on observation and interview, the facility failed to ensure sprinkler heads in 1 of 10				Maintenance supervisor	will	
					conduct weekly environmental		
					rounds to ensure sprinkler hea		
	smoke compartments covered with corrosion were				show no signs of corrosion.		
	_	5, 2011 edition, at 5.2.1.1.1			These weekly rounds will be		
	_	show signs of leakage; shall			brought to monthly QAPI for		
	be free of corrosion	, foreign materials, paint, and			further review. Any concerns	will	
	physical damage; an	nd shall be installed in the			be brought immediately to the		
	correct orientation ((e.g., up-right, pendent, or			administrator for action.		
	sidewall). Furthern	nore, at 5.2.1.1.2 any sprinkler			Maintenance supervisor will al	so	
	that shows signs of	any of the following shall be			bring all task reminders in the		
	replaced: (1) Leaka	age (2) Corrosion (3) Physical			TELS program to monthly QAI	PI to	
	Damage (4) Loss of	f fluid in the glass bulb heat			ensure timely inspections are		
	_	(5) Loading (6) Painting			conducted		
		ne sprinkler manufacturer.			 Maintenance supervisor 	will	
	_	ice could affect all resident, as			bring weekly environmental ro	und	
	well as laundry and	kitchen staff within the smoke			audits and all TELS program		
	compartments.				inspection task reminders to		
					monthly QAPI meeting for furth		
	Findings include:				review and recommendations.		
		00/04/001			Any concerns with the weekly		
		ons on 09/26/22 between 1:10			audits will be brought immedia	-	
		during a tour of the facility with			to the administrator for action	and	
		pervisor, the following was			recommendations.		
	noted: a. There were four sprinkler heads in the washer side of the laundry covered with corrosion.						
		sprinkler head in the kitchen					
		overed with corrosion.					
I	Based on interview	at the time of each	I				I

PRINTED: 10/12/2022 FORM APPROVED OMB NO. 0938-039

	NT OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155611		UILDING	nstruction 01	(X3) DATE COMPL 09/26/	ETED		
	PROVIDER OR SUPPLIEF		STREET ADDRESS, CITY, STATE, ZIP COD 621 S SUGAR ST BROWNSTOWN, IN 47220						
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE		
	the previously men	intenance Supervisor agreed tioned sprinkler heads were tion and should be replaced.							
	_	viewed with the Administrator upervisor during the exit							
	3.1-19(b)								
	facility failed to ens spare sprinkler cabin NFPA 25, Standard and Maintenance of Systems, 2011 Edit supply of spare sprinklers that have any way can be proshall correspond to ratings of the sprinklers shall be a the temperature in the tempe	ation and interview, the sure 1 of 1 sprinkler systems net was properly maintained. If or the Inspection, Testing, Water-Based Fire Protection ion, Section 5.4.1.4 states a nklers (never fewer than six) on the premises so that any been operated or damaged in mptly replaced. The sprinklers the types and temperature the son the property. The tept in a cabinet located where which they are subjected will at degrees Fahrenheit. A special all be provided and kept in the in the removal and installation deficient practice could affect ff in the facility.							
	Findings include:								
	p.m. and 2:30 p.m. the Maintenance Su sprinkler cabinet in twelve spare sprink there were only six Six of the twelve sp	on on 9/26/22 between 12:10 during a tour of the facility with approxisor, there was a spare the riser room with at least ler heads inside, however, slots available for the spares. Finkler heads were laying and ch could cause breakage to							

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

SCQN21 Facility ID: 000277

If continuation sheet

Page 16 of 27

STATEMENT OF DEFICIENCIES XI) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155611		(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY A. BUILDING 01 COMPLETED B. WING 09/26/2022				ETED	
	ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP COD 621 S SUGAR ST BROWNSTOWN, IN 47220				
(X4) ID PREFIX TAG	(EACH DEFICIEN REGULATORY OR	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 APPROPRIAT DEFICIENCY)	ΓE	(X5) COMPLETION DATE
K 0500 SS=F Bldg. 01	the sprinkler heads cabinet door. Based the observation, the acknowledged the slarge enough for the heads in the current. This finding was regard Maintenance Suconference. 3.1-19(b) NFPA 101 Building Services Building Services Building Services Building Services List in the REMAR Section 18.5 and requirements that provided K-tags, binformation, along Safety Code or NF should be included Based on observation failed to ensure 3 of current inspection cheaters were in safe 101, Section 19.1.1. to be designed, consoperated to minimize emergency requiring This deficient practistaff and visitors. Findings include: Based on observation p.m. and 2:30 p.m. of	If falling out when opening the don interview at the time of Maintenance Supervisor pare sprinkler cabinet was not enumber of spare sprinkler cabinet. Viewed with the Administrator apervisor during the exit	K 0:		1. On October 5, 2022, the three fuel-fired water heaters inspection permits were purchased via Indiana Departr of Homeland Security. On September 26, 2022, administ provided one: one education to maintenance supervisor regard requirement for renewal of inspection certificates to ensur water heaters are in safe operations of the condition. No residents were for to be affected by this alleged deficient practice. 2. On September 28, 2022 the maintenance supervisor and	nent rator o ding e ation o und	10/05/2022
		Mechanical Room had			a task notification reminder to		

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

SCQN21 Facility ID: 000277

If continuation sheet Page 17 of 27

PRINTED: 10/12/2022 FORM APPROVED OMB NO. 0938-039

STATEMEN	T OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) M	ULTIPLE CO	ONSTRUCTION	(X3) DATE	SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	JILDING	01	COMPL	ETED	
		155611	B. W	ING		09/26/	2022	
				STREET A	ADDRESS, CITY, STATE, ZIP COD			
NAME OF P	PROVIDER OR SUPPLIER	<u>-</u>		621 S S	SUGAR ST			
HOOSIEI	R CHRISTIAN VILL	AGE		BROWNSTOWN, IN 47220				
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX	`	CY MUST BE PRECEDED BY FULL		PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION	
TAG		R LSC IDENTIFYING INFORMATION	-	TAG	DEFICIENCY)		DATE	
		expiration date of 01/24/20.			TELS program to include a	4:		
		at the time of observation the visor confirmed the expiration		reminder for renewal of inspection certificates to ensure water				
	-	rel-fired water heaters.			heaters are in safe operation			
	dates of the timee fu	ci-fied water heaters.			condition.			
	This finding was re	viewed with the Administrator			3. On September 28, 2022)_		
	_	upervisor during the exit			the maintenance supervisor ac			
	conference.				a task notification reminder to			
	3.1-19(b)				TELS program to include a			
					reminder for renewal of inspec	tion		
					certificates to ensure water			
					heaters are in safe operation			
					condition. Maintenance super			
					will bring the TELS report task			
					reminders to monthly QAPI			
					meeting to ensure all inspection			
					and certificates are completed			
					within the appropriate timefran	ne.		
					On September 28, 2022, the			
					maintenance supervisor added			
					task notification reminder to th TELS program to include a	е		
					reminder for renewal of inspec	tion		
					certificates to ensure water	LIOH		
					heaters are in safe operation			
					condition. Maintenance super	visor		
					will bring the TELS report task			
					reminders to monthly QAPI			
					meeting to ensure all inspection	ns		
					and certificates are completed			
					within the appropriate timefran			
					for further review and			
					recommendations.			
K 0711	NFPA 101							
SS=F	Evacuation and R							
Bldg. 01	Evacuation and R							
		plan for the protection of all						
	•	eir evacuation in the event						
	of an emergency.							

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

SCQN21 Facility ID: 000277

If continuation sheet

Page 18 of 27

STATEMEN	NT OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) M	ULTIPLE CO	ONSTRUCTION	(X3) DATE	SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	JILDING	01	COMPL	ETED
		155611	B. W	ING	_	09/26/	/2022
NAME OF I	PROVIDER OR SUPPLIEF	.			ADDRESS, CITY, STATE, ZIP COD	•	
HOOGE	D CHDICTIAN VIII I	ACE			SUGAR ST		
HOOSIE	R CHRISTIAN VILL	AGE		BROW	NSTOWN, IN 47220		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	, and the second	ICY 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
		eriodically instructed and					
	l ·	n their duties under the plan,					
	and a copy of the plan is readily available with telephone operator or with security. The						
	plan addresses the basic response required						
		7.2.1.2 and provides for all					
		plan components per					
	18/19.2.2.	nan components per					
		18.7.1.3, 18.7.2.1.2,					
	18.7.2.2, 18.7.2.3, 19.7.1.1 through 19.7.1.3,						
	19.7.2.1.2, 19.7.2.2, 19.7.2.3						
	Based on record review and interview, the facility		K 0	711	1. Hoosier Christian Villag	е	09/26/2022
	failed to provide a complete facility specific				does provide a complete facili	ty	
	written fire safety plan for the protection of all				specific written fire safety plan	for	
	residents to accurat	ely address all life safety			the protection of all residents t	:0	
	systems, plus a syst	tem addressing all items		accurately address all life safety			
		101, 2012 edition, Section			systems. On September 26, 2	022,	
		2.2.2 requires a written health care			administrator created an		
		ty plan that shall provide for			addendum to Hoosier Christia	n	
	the following:				Village's Fire Watch Plan to		
	(1) Use of alarms				include suggestions of surveyo		
	, ,	f alarm to fire department			These items included a. The u		
	1	ne call to fire department			of the K-class fire extinguisher		
	(4) Response to ala				the kitchen in relationship with	the	
	(5) Isolation of fire				use of the kitchen overhead		
	(6) Evacuation of in (7) Evacuation of si				extinguishing system and b. th		
	` '	loors and building for			removal of wheeled equipment from the corridor in the event of		
	evacuation	loors and building for			emergency. No residents wer		
	(9) Extinguishment	of fire			found to be affected by this	C	
		states any required aisle or			alleged deficient practice.		
	1 1	e less than 48 inches in clear			2. On September 26, 2022)	
		g as means of egress from			administrator created an	-,	
		oms. Projections into the			addendum to Hoosier Christia	n	
		l be permitted for wheeled			Village's Fire Watch Plan to		
	_	d the relocation of wheeled			include suggestions of surveyo	or.	
		fire or similar emergency is			These items included a. The u		
		itten fire safety plan and			of the K-class fire extinguisher		
	training program fo	or the facility. The wheeled			the kitchen in relationship with		
	equipment is limite	d to:			use of the kitchen overhead		

DEPARTMENT OF HEALTH AND HUN	MAN SERVICES
CENTERS FOR MEDICARE & MEDICA	AID SERVICES
CTATEMENT OF DEFICIENCIES	OVI) DROVIDED/CI

STATEMEN	T OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) MU	JLTIPLE CO	NSTRUCTION	(X3) DATE S	SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER	A. BU	ILDING	01	COMPL	
		155611	B. WI	NG		09/26/	2022
				STREET A	DDRESS, CITY, STATE, ZIP COD		
NAME OF P	ROVIDER OR SUPPLIER	L			UGAR ST		
HOOSIEF	R CHRISTIAN VILL	AGE		BROWNSTOWN, IN 47220			
(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 APPROPRIAT	E	COMPLETION
TAG		LISC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
	i. Equipment in use				extinguishing system and b. th		
		ncy equipment not in use			removal of wheeled equipmen		
	iii. Patient lift and to				from the corridor in the event of	of an	
	-	ice could affect all occupants			emergency.		
	in the event of an emergency.				Maintenance supervisor	will	
					bring the Emergency		
	Findings include:				Preparedness Plan to monthly		
	Decident and an experience of the facility of the Diagram of				QAPI for review and		
	Based on a review of the facility's "Fire Plan" on				recommendations. The		
	09/26/22 between 9:15 a.m. and 12:10 p.m. with the				Emergency Preparedness Plan	า	
	Maintenance Supervisor present, the plan did not				will be reviewed thoroughly,		
	address the following items:				annually, ongoing, by the Qual	ity	
	a. The use of the K-class fire extinguisher in the				Assurance team.		
	kitchen in relationship with the use of the kitchen				Maintenance supervisor will br	ing	
	overhead extinguishing system.				the Emergency Preparedness		
		wheeled equipment from the			Plan to monthly QAPI for revie	w	
	corridor in the even	- ·			and recommendations. The		
		at the time of record review,			Emergency Preparedness Plan	า	
		pervisor acknowledged and		will be reviewed thoroughly,			
	-	safety plan did not address the		annually, ongoing, by the Quality			
	previously mention	ed items.			Assurance team. Any concern		
	TT1: (* 1:				will be addressed and reviewe		
		viewed with the Administrator			the QAPI meeting for further re	eview	
		apervisor during the exit			and recommendations		
	conference.						
	2 1 10(b)						
	3.1-19(b)						
K 0761 SS=F							
Bldg. 01							
-	1. Based on observ	ation, record review, and	K 07	761	1. On September 27, 2022	,	09/28/2022
		ty failed to ensure an annual		-	maintenance supervisor condu		
	inspection and testing	ng of 1 of 1 oxygen room fire			an inspection of the oxygen ro		
		completed in accordance with			fire door assembly. On		
	LSC 19.1.1.4.1.1. (Communicating openings in			September 28, 2022, Overhea	d	
	dividing fire barrier	s required by 19.1.1.4.1 shall be			Door Co. of SCI conducted a t		
		orridors and shall be protected			of the rolling fire door. No		
		osing fire door assemblies.			residents were found to be		
		3.) LSC 8.3.3.1 Openings			affected by this alleged deficie	nt	
					· -		

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

SCQN21 Facility ID: 000277

If continuation sheet

Page 20 of 27

STATEMEN	IT OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) MU	ULTIPLE CO	ONSTRUCTION	(X3) DATE	SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	JILDING	01	COMPL	ETED
		155611	B. WI	NG		09/26/	2022
				STREET A	ADDRESS, CITY, STATE, ZIP COD		
NAME OF P	PROVIDER OR SUPPLIER	8			SUGAR ST		
HOOSIE	R CHRISTIAN VILL	AGE			NSTOWN, IN 47220		
					· 		(VE)
(X4) ID PREFIX		STATEMENT OF DEFICIENCIE		ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE		(X5)
TAG	·	CY MUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION		TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	COMPLETION DATE
TAG		ire protection rating by Table		IAU			DATE
	-	tected by approved, listed,			practice. On September 26, 2022, administrator provided	ono:	
	•	semblies and fire window			one education to maintenance		
	assemblies and their accompanying hardware,					•	
					supervisor regarding the requirement of a semi-annual		
	including all frames, closing devices, anchorage, and sills in accordance with the requirements of					fire	
	NFPA 80, Standard for Fire Doors and Other				inspection of the oxygen room		
	Opening Protectives, except as otherwise				door assembly and a test of the rolling fire door annually.	ie	
	specified in this Code. NFPA 80 5.2.1 states fire				, ,)	
	door assemblies shall be inspected and tested not				2. On September 27, 2022 maintenance supervisor condu		
	less than annually, and a written record of the				an inspection of the oxygen ro		
	inspection shall be signed and kept for inspection				fire door assembly. On	OH	
	by the AHJ. NFPA 80, 5.2.4.1 states fire door				September 28, 2022, Overhea	v d	
	assemblies shall be visually inspected from both				Door Co. of SCI conducted a t		
		overall condition of door			of the rolling fire door.	.esi	
	assembly.	verall collation of door			3. On September 27, 2022)	
	assemory.				maintenance supervisor condu		
	NEDA 80 5242 et	tates as a minimum, the			an inspection of the oxygen ro		
	following items sha				fire door assembly. On	OIII	
	-	or breaks exist in surfaces of			September 28, 2022, Overhea	nd.	
	either the door or fr				Door Co. of SCI conducted a t		
		light frames, and glazing beads			of the rolling fire door. Both the		
		ely fastened in place, if so			inspection of the oxygen room		
	equipped.	ory rustened in prace, it so			door assembly and the test of		
		, hinges, hardware, and			rolling fire door were placed in		
	* *	eshold are secured, aligned,			the TELS program as task		
		er with no visible signs of			notification reminders by the		
	damage.				maintenance supervisor on		
	(4) No parts are mis	ssing or broken.			September 28, 2022. The oxy	/den	
		do not exceed clearances			room fire door assembly	9011	
	listed in 4.8.4 and 6				inspection will give a notification	on	
		device is operational; that is,			for every six months, and the		
		pletely closes when operated			rolling fire door testing will sen	nd	
	from the full open p				notification for an annual	-	
		is installed, the inactive leaf			inspection. The maintenance		
	closes before the ac				supervisor will bring these rep	orts	
	(8) Latching hardware operates and secures the				to monthly QAPI for further	• •	
	door when it is in th				review. Any missed notification	ns	
		vare items that interfere or			will be brought to the administ		
		re not installed on the door or			for immediate action.		
			1				

STATEMEN	NT OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY			SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	JILDING	01	COMPL	ETED
		155611	B. W			09/26/	
		100011				00/20/	2022
NAME OF I	PROVIDER OR SUPPLIEF	3			ADDRESS, CITY, STATE, ZIP COD		
TWINE OF I	NO VIDER OR SELLE	•		621 S S	SUGAR ST		
HOOSIE	R CHRISTIAN VILL	AGE		BROW	NSTOWN, IN 47220		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	CY 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
	frame.				4. Both the inspection of the	ne	
	(10) No field modif	ications to the door assembly			oxygen room fire door assemb	oly	
	have been performed that void the label.				and the test of the rolling fire o	-	
	(11) Gasketing and edge seals, where required, are				were placed into the TELS		
	inspected to verify their presence and integrity.				program as task notification		
	This deficient practice could affect at least 20				reminder by the maintenance		
	residents, as well as staff, and visitors.				supervisor on September 28,		
	residents, as well as staff, and visitors.				2022. The oxygen room fire d	oor	
	Findings include:				assembly inspection will give a		
	r manigs metade.						
	Based on record review on 09/26/22 between 9:15				notification for every six month		
					and the rolling fire door testing		
	a.m. and 12:10 p.m. with the Maintenance				send notification for an annual		
	Supervisor present, the facility was unable to				inspection. The maintenance		
	_	tion for an annual inspection			supervisor will bring these rep	orts	
		filling room fire door assembly.			to monthly QAPI for further		
		at the time of record review,			review. Any missed notification		
		pervisor said there was no			will be brought to the administ	rator	
		n annual inspection of the			for immediate action. All other	r	
	oxygen transfilling	room fire door assembly.			reports will be reviewed in mor	nthly	
	Based on observation	ons during a tour of the facility			QAPI for further review and		
	with the Maintenan	ce Supervisor between 12:10			recommendations.		
	p.m. and 2:30 p.m.,	there was one oxygen					
	transfilling room fir	re door assembly noted in the					
	facility.						
	This finding was re	viewed with the Administrator					
	_	upervisor during the exit					
	conference.	ap 22. 1301 during the Cart					
	conterence.						
	3.1-19(b)						
	2. Based on record	review, observation and					
	interview, the facili	ty failed to maintain annual					
		ling fire door in accordance					
	_	ndard for Fire Doors and Other					
	Opening Protectives, 2010 Edition. LSC 4.5.8						
	requires any device, equipment, system,						
	condition, arrangement, level of protection, or any						
		aired for compliance with the					
	_	ode, such device, equipment,					
	brovision of mis Co	oue, such device, equipment,	1				l

PRINTED: 10/12/2022 FORM APPROVED OMB NO. 0938-039

AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155611		A. BUILDING 01 COMPLETE B. WING 09/26/20						
	PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP COD 621 S SUGAR ST BROWNSTOWN, IN 47220					
(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-REFERNCED TO THE APPROPRIAL DEFICIENCY)	I CORRECTIVE ACTION SHOULD BE REFERENCED TO THE APPROPRIATE		
120	system, condition, a protection, or other maintained unless th maintenance. NFPA assemblies shall be than annually, and a inspection shall be s	rrangement, level of feature shall thereafter be ne Code exempts such A 80 5.2.1 requires fire door inspected and tested not less written record of the igned and kept for inspection ficient practice could affect all		IAG			DATE	
	a.m. and 12:10 p.m. rolling fire door inspection reposition of 105/19/21, which was the tag on the rolling interview at the time Maintenance Supervannual test was 05/1	iew on 09/26/22 between 9:15, there was no current annual pection to review. The most port to review was dated as also the most recent date on a gfire door. Based on the eof record review, the prison acknowledged the last 19/21 and said there were no review at the time of the						
	_	viewed with the Administrator apervisor during the exit						
K 0918 SS=F Bldg. 01	Electrical Systems System Maintenar The generator or source and associ of supplying service 10-second criterion monthly test, a pro-	a - Essential Electric Syste b - Essential Electric lince and Testing other alternate power lated equipment is capable line within 10 seconds. If the line is not met during the lincess shall be provided to linis capability for the life						

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

SCQN21 Facility ID: 000277

If continuation sheet

Page 23 of 27

AND PLAN OF CORRECTION IDEN		XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155611	(X2) MULTIPLE CO A. BUILDING B. WING	ONSTRUCTION 01	(X3) DATE SURVEY COMPLETED 09/26/2022	
NAME OF PROVIDER OR SUPPLIER HOOSIER CHRISTIAN VILLAGE		STREET ADDRESS, CITY, STATE, ZIP COD 621 S SUGAR ST BROWNSTOWN, IN 47220				
(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	
	and testing of the switches are performed for Long and separate from Minimizing the posemergency power consideration for refailed to ensure an aperformed for 1.0 Section 6.5.4.1.1.2 Electrical System) ginspected and tested 6.4.4.1.1.3. Section shall be performed sets are program for period components in the section for refailed to ensure an aperformed for 1 of NFPA 99, Health C Section 6.5.4.1.1.2 Electrical System) ginspected and tested 6.4.4.1.1.3. Section shall be performed Standard for Emerg Systems, 2010 Edit.	all transfer of all EES aducted by competent nance and testing of stored rces (Type 3 EES) are in IFPA 111. Main and feeder e inspected annually, and a dically exercising the ablished according to hirements. Written records and testing are maintained ble. EES electrical panels arked, readily identifiable, a normal power circuits. Essibility of damage of the source is a design hew installations. (NFPA 99), NFPA 110,	K 0918	1. On September 29, 2023 GenSet Service, LLC perform routine full service on the dies generator, replaced batteries, conducted a fuel sample repo No residents were found to be affected by this alleged deficie practice. 2. On September 28, 2023 maintenance supervisor conta GenSet Service, LLC to visit Hoosier Christian Village for a	ed a sel and rt. e ent 2, acted	

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

SCQN21 Facility ID: 000277

If continuation sheet

Page 24 of 27

PRINTED: 10/12/2022 FORM APPROVED OMB NO. 0938-039

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155611		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 09/26/2022	
		STATEMENT OF DEFICIENCIE	621 S S	ADDRESS, CITY, STATE, ZIP COD SUGAR ST NSTOWN, IN 47220 PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE	(X5)
TAG	performed at least by ASTM standard could affect all res visitors. Findings include: Based on record re a.m. and 12:10 p.m. Supervisor present an annual generato and a semi annual however, there was annual fuel quality available for reviet time of record revistated the facility of after having spoke inspection vendor sample has not beer this finding was recorded.	NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION annually using tests approved ls. This deficient practice idents, as well as staff and view on 09/26/22 between 9:15 a. with the Maintenance b. there was documentation of a rinspection dated 04/15/22, beinspection dated 10/13/21 b. no documentation of an a test for the diesel generator b. Based on interview at the beew, the Maintenance Supervisor bloes have a diesel generator but an with the facility's generator but the with the facility's generator but the was determined that a fuel but the taken by the current vendor. Eviewed with the Administrator but the supervisor during the exit	TAG	sample report. On September 2022, Administrator provided one education to maintenance supervisor to inform of require of an annual fuel quality test to performed for diesel powered generator. On September 28 2022, maintenance supervisor added the task reminder to the TELS program to include a tanotification for an annual fuel quality test for diesel-powered generator. 3. On September 26, 202 administrator provided one: of education to maintenance supervisor to inform of require of an annual fuel quality test for diesel-powered generator. 3. On September 26, 202 administrator provided one: of education to maintenance supervisor to inform of require of an annual fuel quality test to performed for diesel powered generator. On September 28 2022, maintenance supervisor added the task reminder to the TELS program to include a tanotification for an annual fuel quality test for diesel-powered generator. 4. The maintenance supervisor diesel-powered generator.	er 26, one: e ement to be d 2, ne ement to be d 4, or ee ssk d 7, or ee ssk
K 0927 SS=E Bldg. 01	Gas Equipment - Transfilling of oxy	Transfilling Cylinders Transfilling Cylinders gen from one cylinder to ordance with CGA P-2.5,			

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

SCQN21 Facility ID: 000277

If continuation sheet

Page 25 of 27

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER			ì ′) DATE SURVEY COMPLETED		
		155611	B. W	WING		09/26/	09/26/2022	
NAME OF PROVIDER OR SUPPLIER HOOSIER CHRISTIAN VILLAGE			STREET ADDRESS, CITY, STATE, ZIP COD 621 S SUGAR ST BROWNSTOWN, IN 47220					
(X4) ID PREFIX	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL		ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA'	ΓE	(X5) COMPLETION	
TAG	Transfilling of High Oxygen Used for any gas from one prohibited in patie to liquid oxygen occontainers over 50 under 11.5.2.3.1 (liquid oxygen containers under conditions under 11.5.2.2 (NFPA 99 Based on observation of the failed to ensure 1 of the oxygen transferring with properly work. This deficient pract residents, staff and Findings include: Based on observation p.m. and 2:30 p.m. the Maintenance Sustorage/transfer roomechanically venter not working at the time timerview at the time Maintenance Supervented exhaust fand.	1.5.2.3.2 (NFPA 99). 2) 3) 3) 3) 3) 4) 5) 6) 6) 6) 6) 7) 6) 7) 8) 8) 8) 8) 9) 10) 11 15.2.3.2 (NFPA 99). 9) 12 13 14 15 15 15 15 15 15 15 15 15	K 0	927	1. On September 27, 2022 Bode Electric conducted an inspection to the exhaust fan in the oxygen storage room wher oxygen transferring takes place A motor to the fan was repaire. On September 26, 2022, administrator provided one: on education to the maintenance supervisor to conduct routine checks of exhaust fans during weekly environmental rounds, ongoing. No residents were for to be affected by this alleged deficient practice. 2. On September 27, 2022 Bode Electric conducted an inspection to the exhaust fan in the oxygen storage room when oxygen transferring takes place A motor to the fan was repaire. 3. Maintenance supervisor conduct weekly environmental rounds, ongoing, to ensure exhaust fans in all areas are providing properly working mechanical ventilation. Any concerns will be brought to the administrator for immediate acceptance.	n ree e. d. ree e. d. will	DATE 09/27/2022	

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

SCQN21 Facility ID: 000277

If continuation sheet Page 26 of 27

PRINTED: 10/12/2022 FORM APPROVED OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155611	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 09/26/2022		
	ROVIDER OR SUPPLIEI R CHRISTIAN VILL		STREET ADDRESS, CITY, STATE, ZIP COD 621 S SUGAR ST BROWNSTOWN, IN 47220				
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE SICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY) 4. Maintenance superviso conduct weekly environmenta rounds, ongoing, to ensure exhaust fans in all areas are providing properly working mechanical ventilation. Any concerns will be brought to th administrator for immediate action. These audits will be brought to the monthly QAPI	r will	(X5) COMPLETION DATE	
				meeting for further review and recommendations from the quassurance team.			

FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: SCQN21 Facility ID: 000277 If continuation sheet Page 27 of 27