

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

PRINTED: 04/30/2025

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155814		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING _____		X3) DATE SURVEY COMPLETED 04/15/2025	
NAME OF PROVIDER OR SUPPLIER BROOKE KNOLL VILLAGE				STREET ADDRESS, CITY, STATE, ZIP COD 1108 KINGWOOD DRIVE AVON, IN 46123			
(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
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: 04/15/25</p> <p>Facility Number: 012901 Provider Number: 155814 AIM Number: 201215100</p> <p>At this Emergency Preparedness survey, Brooke Knoll Village 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 117 certified beds. At the time of the survey, the census was 76.</p> <p>Quality Review completed on 04/21/25</p>			E 0000			
K 0000 Bldg. 01	<p>A Life Safety Code and State Licensure Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a).</p> <p>Survey Date: 04/15/25</p> <p>Facility Number: 012901 Provider Number: 155814 AIM Number: 201215100</p> <p>At this Life Safety Code survey, Brooke Knoll Village was found not in compliance with Requirements for Participation</p>			K 0000			

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

TITLE

(X6) DATE

Jessica Wilson

HFA

04/24/2025

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that 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 disclosable 30 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 0324 SS=E Bldg. 01	<p>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 one-story facility was determined to be of Type V (111) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridor and in all areas open to the corridor. The facility has smoke detectors hard-wired to the fire alarm system installed in all resident sleeping rooms. The facility also has piped in oxygen and suction in all resident rooms. The facility has a capacity of 117 and had a census of 76 at the time of this visit.</p> <p>All areas where the residents have customary access were sprinklered. All areas providing facility services were sprinklered.</p> <p>Quality Review completed on 04/21/25</p> <p>NFPA 101 Cooking Facilities</p> <p>Based on observation and interview, the facility failed to provide an approved method for returning cooking appliances to where they were when the kitchen hood extinguishing equipment was designed and installed for 1 of 1 kitchen hood extinguishing system. NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations Section 2011 Edition Section 12.1.2.2, states cooking appliances requiring protection shall not be moved, modified, or rearranged without prior re-evaluation of the fire-extinguishing system by the system installer or servicing agent, unless otherwise allowed by the design of the fire extinguishing system.</p>			K 0324	<p>No residents or staff was harmed for alleged deficient practices of returning stove to its original positioning. Maintenance director immediately corrected deficiency and provided markings on the ground to ensure stove returns to its original positioning after any maintenance or cleaning. Maintenance director and dietary staff were educated upon observation/notification</p>		04/16/2025

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	<p>Section 12.1.2.3 states the fire-extinguishing system shall not require reevaluation where the cooking appliances are moved for the purposes of maintenance and cleaning, provided the appliances are returned to approved design location prior to cooking operations, and any disconnected fire-extinguishing system nozzles attached to the appliances are reconnected in accordance with the manufacturer's listed design manual. Section 12.1.2.3.1 states an approved method shall be provided that will ensure that the appliance is returned to an approved design location. The deficient practice could affect as many as 6 staff in the facility.</p> <p>Findings include:</p> <p>Based on observations made during a tour of the facility with the Maintenance Supervisor, the facility Administrator and the Life Safety Director on 04/15/25 at 1:45 p.m., the six (6) burner stove and the flat grill which was located on the cooking line under the hood in the kitchen was not provided with an approved method that would ensure that the appliance was returned to an approved design location after it had been moved for maintenance and/or cleaning. Based on interview on 04/15/25 at 1:48 p.m. the Life Safety Director stated that he was aware an approved method should be provided to ensure that the appliance was returned to an approved design location after maintenance or cleaning and that he had not had time to have this deficiency addressed as of the time of this survey.</p> <p>This item was discussed with the Maintenance Supervisor, the facility Administrator, and the Life Safety Director at the exit conference on 04/15/25.</p> <p>3.1-19(b)</p>				<p>of failure to return stove to its original positioning.</p> <p>Maintenance director and dietary staff received in-service training as to the deficient practice. The facility shall continue to address adherence to stove positioning and be part of the orientation of newly hired staff.</p> <p>As a means to ensure ongoing compliance, dietary manager will complete observations at random times on random shifts on-going. Should non-compliance be observed, dietary manager will immediately correct deficient practice and report to the administrator.</p> <p>As a means of Quality Assurance, results of the observations shall be provided to the Administrator and reported to the Quality Assurance Committee for review during quarterly meetings. Should concern(s) be identified monitoring and reporting to the Committee shall be extended, as warranted.</p> <p>Deficient practice was corrected immediately</p>		

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