PRINTED: 10/12/2023 FORM APPROVED

	R MEDICARE & MEDICA		_		OMB 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	<del></del>	COMPLETED	
		155611	B. WING		09/20/2023	
	PROVIDER OR SUPPLIER		621 S S	ADDRESS, CITY, STATE, ZIP COD SUGAR ST NSTOWN, IN 47220		
(X4) ID	SUMMARY S	STATEMENT OF DEFICIENCIE	ID		(X5)	
PREFIX		CY MUST BE PRECEDED BY FULL	PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE	COMPLETION	
TAG	``	LSC IDENTIFYING INFORMATION	TAG	CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	DATE	
	REGULATORT OR	LESC IDENTIFY TING INFORMATION	IAG		DATE	
E 0000 Bldg	conducted by the In accordance with 42  Survey Date: 09/20  Facility Number: 0  Provider Number: 1002  At this Emergency I Christian Village was Emergency Prepare Medicare and Medicand Suppliers, 42 C	00277 155611 290530 Preparedness survey, Hoosier as found in compliance with dness Requirements for caid Participating Providers FR 483.73 certified beds. At the time of	E 0000	/b> ="" b="">		
	Quality Review con	npleted on 09/22/23				
K 0000						
Bldg. 01	Licensure Survey w		K 0000	/b> ="" b="">		
	Provider Number: 1002 AIM Number: 1002 At this Life Safety (	155611				

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

TITLE (X6) DATE

Krista Garrison Administrator 10/06/2023

Any defiencystatement 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 disclo 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.

YX1721

Facility ID:

If continuation sheet

PRINTED: 10/12/2023

EPARTMENT OF HEALTH AND HUMAN SERVICES ENTERS FOR MEDICARE & MEDICAID SERVICES						FORM APPROVED OMB NO. 0938-039	
STATEMEN	STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING 01 B. WING  STREET ADDRESS, CITY, STATE, ZIP COD			(X3) DATE SURVEY COMPLETED 09/20/2023			
	PROVIDER OR SUPPLIER		621 S S	SUGAR ST			
HOOSIE	R CHRISTIAN VILL	AGE	BROW	NSTOWN, IN 47220			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE ICY 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 APPROPRI DEFICIENCY)	ATE	(X5) COMPLETION DATE	
	Life Safety from Fi National Fire Prote Life Safety Code (I Health Care Occup This one-story facil Type V (000) const sprinklered. The fa with hard wired sm and spaces open to powered smoke ala rooms. The facility census of 89 at the All areas where res were sprinklered ar services were sprin	the corridors, plus battery rms in all resident sleeping thas a capacity of 97 and had a time of this survey.					
K 0271 SS=E Bldg. 01	7.7, provides a level the provisions of a changes in elevate free of obstruction discharge shall be travel surface.  18.2.7, 19.2.7  Based on observation failed to ensure 2 of level walking surface.		K 0271	/b> /b> On September 20, 2023, the Environmental Services		10/03/2023	

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

surface in accordance with CMS Survey and

could affect 25 residents and staff.

Certification Letter 05-38. This deficient practice

Event ID:

YX1721

Facility ID: 000277

If continuation sheet

**Director contacted Goecker** 

Construction to assist in

leveling the sidewalk. On

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	TATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION			(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BUILDING <u>01</u>			COMPL	
		155611	B. WI	NG		09/20/	2023
NAME OF PROVIDER OR SUPPLIER HOOSIER CHRISTIAN VILLAGE		STREET ADDRESS, CITY, STATE, ZIP COD 621 S SUGAR ST BROWNSTOWN, IN 47220			212		
(X4) ID		STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	*	CY MUST BE PRECEDED BY FULL		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		ΓE	COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION		TAG			DATE
	Findings include:  Based upon observation of 20/20/23 bethe exit discharge from through the courtyan marked as facility endiends and even path to the facility-maintained where the sidewalks lots. Furthermore, the doors #3 and #4 had sidewalk had been excreating an uneven services Manager structure of sidewalk replace the sidewalk replace the sidewalk This finding was acted to the sidewalk and sidewalk replace the sidewalk replace the sidewalk replace the sidewalk and sidewalk replace the sidewalk replace the sidewalk replace and again	ation and interview with the vices Manager during a facility tween 12:10 p.m. and 2:15 p.m., from the (1) Cerenity Lane Hall and, and (2) doors #3 and #4 xits did not terminate at a level expublic way or parking lot. There was a curb as terminated into the parking the exit discharge sidewalk for an uneven surface where the elevated due to tree roots surface. The Environmental tated he would remove the and dig out the roots then a surface.  knowledged by the vices Manager the time of at the exit conference with Services Manager and			October 3, Goecker Construction arrived and repaired sidewalks. See attached pictures.  Residents who reside on Serenity Lane have the potential to be affected by the alleged deficient practice. No residents were affected by the alleged deficient practice. October 3, 2023, sidewalks were repaired so that they terminate at a level and even path to the public way or facility-maintained parking lot The exit discharge sidewalk doors #3 and #4 were repaired to have an even surface when the sidewalk had been elevated due to tree roots.  On September 20, 2023, the Administrator re-educated the Environmental Services team that all sidewalks are to be observed and assessed monthly, ongoing, to ensure safety. Any concerns will be brought to the Administrator and the quality assurance committee for further review.  The monthly audits will remain ongoing, in the TELS program These will be reviewed in the monthly QAPI meeting, with any concerns addressed immediately for review.	is n t. for d re e n	
					_		

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

Event ID: YX1721 Facility ID: 000277

If continuation sheet Page 3 of 13

	IT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155611	(X2) MULTIPLE CO A. BUILDING B. WING	ONSTRUCTION <u>01</u>	(X3) DATE SURVEY COMPLETED 09/20/2023	
	PROVIDER OR SUPPLIE		621 S S	ADDRESS, CITY, STATE, ZIP COD SUGAR ST NSTOWN, IN 47220		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE ICY 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)	(X5) COMPLETION DATE	
K 0321 SS=E Bldg. 01	barrier having 1-h (with 3/4 hour fire automatic fire exti accordance with 8 approved automa option is used, the from other spaces partitions and doo Doors shall be se automatic-closing nonrated or field-a do not exceed 48 the door. Describe the floor hazardous areas REMARKS. 19.3.2.1, 19.3.5.9  Area Separation a. Boiler and Fuel b. Laundries (larg c. Repair, Mainter d. Soiled Linen Ro gallons) e. Trash Collectio (exceeding 64 gal f. Combustible Sto (over 50 square fo g. Laboratories (if	are protected by a fire our fire resistance rating rated doors) or an inguishing system in 3.7.1 or 19.3.5.9. When the tic fire extinguishing system e areas shall be separated by smoke resisting ors in accordance with 8.4. If-closing or and permitted to have applied protective plates that inches from the bottom of that are deficient in  Automatic Sprinkler N/A -Fired Heater Rooms er than 100 square feet) hance, and Paint Shops booms (exceeding 64  In Rooms Illons) orage Rooms/Spaces eet) I classified as Severe				
	failed to ensure 1 o such as storage roo properly working s	on and interview, the facility f over 10 hazardous area doors, ms, were provided with elf-closing devices. This ould affect more than 2 staff.	K 0321	Hoosier Christian Village does ensure hazardous area doors, such as storage rooms, are provided with properly working self-closing devices.	,	

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

Event ID:

YX1721

Facility ID: 000277

If continuation sheet

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

PRINTED: 10/12/2023 FORM APPROVED OMB NO. 0938-039

	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 09/20/2023
	PROVIDER OR SUPPLIER		621 S	ADDRESS, CITY, STATE, ZIP COD SUGAR ST NSTOWN, IN 47220	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD) CROSS-REFERENCED TO THE APPROP	N (X5) BE COMPLETION DATE
	Environmental Servitour on 09/20/23 be the Chemical Room 50 square feet contaitems, such as, pape corridor door to this self-close and latch  This finding was ac Environmental Servitoscovery and again	ation and interview with the vices Manager during a facility stween 12:10 p.m. and 2:15 p.m., and the back hall, greater than ained a number of combustible er, plastic, and cardboard. The schemical room did not into the door frame.  Sknowledged by the vices Manager the time of at the exit conference with Services Manager and ent.		No residents were found to affected by this alleged defi practice. On September 21 the Environmental Services repaired the door to the che room in the back hall so that self-closes and latches into door frame.  On September 20, 2023, the Administrator re-educated the Environmental Services tear all hazardous arear doors, settorage rooms, must be prowith properly working self-codevices. All doors must be assessed monthly, ongoing any concerns brought to the Administrator and the quality assurance team for further and recommendations.  The monthly audits will remongoing, in the TELS programmental to the property of the property working self-codevices. All doors must be assessed monthly, ongoing any concerns brought to the Administrator and the quality assurance team for further and recommendations.  The monthly audits will remongoing, in the TELS programmental to the property will be reviewed in the monthly QAPI meeting, with concerns addressed immediately and the property will be reviewed in the monthly QAPI meeting, with concerns addressed immediately and the property will be reviewed in the monthly QAPI meeting, with concerns addressed immediately and the property will be reviewed in the monthly QAPI meeting, with concerns addressed immediately and the property will be reviewed in the monthly QAPI meeting, with concerns addressed immediately and the property will be reviewed in the monthly QAPI meeting, with concerns addressed immediately and the property will be reviewed in the monthly QAPI meeting, with concerns addressed immediately and the property will be reviewed in the monthly QAPI meeting, with concerns addressed immediately and the property will be reviewed in the monthly QAPI meeting, with concerns addressed immediately and the property will be reviewed in the monthly QAPI meeting, with concerns addressed immediately and the property will be reviewed in the monthly QAPI meeting, with concerns addressed immediately and the property will be reviewed in the monthly QAPI meeting, with concerns addressed	cient , 2023, emical tt it the  e he m that such as vided losing , with e y review  ain am. he n any
K 0324 SS=E Bldg. 01	Ventilation Control Commercial Cook * residential cooki appliances such a				

STATEMEN	T OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY			SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	ILDING	01	COMPLETED	
		155611	B. WI	NG		09/20/	2023
				STREET A	ADDRESS, CITY, STATE, ZIP COD		
NAME OF P	PROVIDER OR SUPPLIEF	₹			SUGAR ST		
HOOSIEI	R CHRISTIAN VILL	AGE		BROWN	NSTOWN, 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	ΓΕ	COMPLETION
TAG		R LSC IDENTIFYING INFORMATION	_	TAG	DEFICIENCY)		DATE
	_	ance with 18.3.2.5.2,					
	19.3.2.5.2						
	_	s open to the corridor in					
	•	ents with 30 or fewer					
	patients comply with the conditions under						
		18.3.2.5.3, 19.3.2.5.3, or cooking facilities in smoke compartments					
		atients comply with					
		18.3.2.5.4, 19.3.2.5.4.					
		protected according to					
		3 are not required to be					
	•	rdous areas, but shall not					
	be open to the cor						
	l '	1 18.3.2.5.4, 19.3.2.5.1					
	through 19.3.2.5.5						
	Based on observation	on and interview, the facility	K 0	324	Hoosier Christian Village does		09/28/2023
		kitchen range hood system in			install the kitchen range hood		
	accordance with the	e requirements of LSC 9.2.3.			system in accordance with the		
	Section 9.2.3 states	commercial cooking			requirements of LSC.		
	1	installed in accordance with					
		l for Ventilation Control and			No residents were found to be		
		Commercial Cooking			affected by this alleged deficie		
		96, 2011 edition, Section 6.2.4.1			practice. On September 28, 2		
	_	e hood system filters shall be			the Environmental Service Dire		
		p tray beneath their lower			installed drip trays to the kitche	∍n	
		Il be kept to the minimum size rease and shall be pitched to			range hood.		
	_	sed metal container having a			On September 20, 2022, the		
		ling 1 gal (3.785 L). This			On September 20, 2023, the Administrator re-educated the		
		ould affect up to 6 staff and			Culinary Services Director and	l the	
	visitors.	and and and			Environmental Services Director		
					that the kitchen range hood		
	Findings include:				system must contain two drip		
					trays at all times.		
	Based upon observa	ation and interview with the					
	Environmental Serv	vices Manager during a facility			During the week of September	· 25,	
		etween 12:10 p.m. and 2:15 p.m.,			2023, the Environmental Servi	ces	
		tchen hood requires two drip			Director initiated an audit, to be	е	
	• •	side. Neither side contained a			completed weekly, ongoing, to		
	drip tray underneatl	h the kitchen range hood			ensure that drip trays are insta	lled	

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

Event ID:

YX1721

Facility ID: 000277

If continuation sheet Page 6 of 13

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BUILDING 01			COMPLETED	
		155611	B. WING			09/20/	2023
	PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP COD 621 S SUGAR ST BROWNSTOWN, IN 47220				
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE	II	D	DEOVIDED'S DI AN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL	PRE	EFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA'	TE	COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION	T.	AG	DEFICIENCY)		DATE
	discovery and again	vices Manager the time of at the exit conference with Services Manager and			in the kitchen range hood at al times. Any concerns will be brought to the Administrator at quality assurance committee fourther recommendations and review.  The weekly audits will remain ongoing, in the TELS program These will be reviewed in the monthly QAPI meeting, with at concerns addressed immediat for review.	nd or	
K 0341 SS=E Bldg. 01	and components a accordance with N Code, and NFPA Code to provide erpart of the building occupied, detection alarm control unit. detection is also in appliance circuit p supervising station Fire alarm system transmission paths integrity.  18.3.4.1, 19.3.4.1,	n - Installation m is installed with systems approved for the purpose in IFPA 70, National Electric 72, National Fire Alarm ffective warning of fire in any g. In areas not continuously in is installed at each fire In new occupancy, installed at notification inower extenders, and in transmitting equipment. wiring or other is are monitored for					
	Based on observation failed to ensure 1 of (pull stations) were states a fire alarm syshall be installed, to accordance with the NFPA 70, National National Fire Alarm	on and interview, the facility of 12 manual fire alarm boxes not obstructed. LSC 9.6.1.3 yestem required for life safety ested, and maintained in e applicable requirements of Electrical Code, and NFPA 72, on and Signaling Code. NFPA 72 5 states manual fire alarm boxes	K 0341	I	Hoosier Christian Village does ensure fire alarm boxes are no obstructed.  No residents were found to be affected by this alleged deficie practice. On September 20, 2 the Environmental Services Director removed the 5 shelf of	nt 023,	09/20/2023

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

Event ID:

YX1721

Facility ID: 000277

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	VT OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155611	(X2) MULTIPLE CO A. BUILDING B. WING	onstruction <u>01</u>	(X3) DATE SURVEY COMPLETED 09/20/2023
	PROVIDER OR SUPPLIER		621 S S	ADDRESS, CITY, STATE, ZIP COD SUGAR ST NSTOWN, IN 47220	
(X4) ID PREFIX TAG	shall be installed so unobstructed, and a practice could affect Findings include:  Based upon observation of the pull station in the suppression system shelve cart which whood suppression put This finding was ac Environmental Service discovery and again	ation and interview with the rices Manager during a facility tween 12:10 p.m. and 2:15 p.m., he kitchen for the hood was obstructed with a 5 has being stored in front of the all station.  knowledged by the rices Manager the time of at the exit conference with Services Manager and	ID PREFIX TAG	PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPR DEFICIENCY)  which was placed in front of the hood suppression pull station.  On September 20, 2023, the Administrator re-educated the Culinary Services Director, a culinary associations that the hood suppression pull station must remain clear from any obstructions.  During the week of September 2023, the Culinary Services Director initiated an audit to ensure that the hood suppression pull station will remail clear from any obstruction. This audit we conducted weekly, ongoing, any concerns to be brought the Administrator, Environmental Services Director, and the quassurance committee for furt review and recommendations.  The weekly audits will remain ongoing. These will be reviet the monthly QAPI meeting, we any concerns addressed immediately for review.	e nd the e n nd the e nd nd the e
K 0345 SS=C Bldg. 01	in accordance with complying with the	•			

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Event ID:

YX1721

Facility ID: 000277

If continuation sheet

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ŕ		l í	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER		A. BUILDING <u>01</u>			COMPLETED	
		155611	B. W	B. WING		09/20/2023		
NAME OF D	PROVIDER OR SUPPLIER	•		STREET .	ADDRESS, CITY, STATE, ZIP COD	-		
			621 S SUGAR ST					
HOOSIEI	R CHRISTIAN VILL	AGE		BROW	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)	TE	COMPLETION	
TAG		R LSC IDENTIFYING INFORMATION	+	TAG	DEFICIENCY)		DATE	
		m and Signaling Code.						
	and testing are rea	n acceptance, maintenance						
		FPA 70, NFPA 72						
		on and interview, the facility	V O	345	Hoosier Christian Village does		09/20/2023	
		ne fire alarm system to assure	K U	343	maintain the fire alarm system		09/20/2023	
		time and date information in			accordance with an approved			
		e requirements of NFPA 101-			program complying with LSC.			
	2012 edition, Sections 19.3.4 and 9.6 and NFPA 72				program complying with Loo.			
		ions 14.1, 14.1.1. This deficient			No residents were found to be	)		
		t all residents, staff and			affected by this alleged deficie			
	visitors.				practice. On September 20, 2			
					the Environmental Services	,		
	Findings include:				Director contacted SafeCare t	0		
					correct the date and time on tl	ne		
	Based upon observa	ation and interview with the			display on the main control pa	nel.		
	Environmental Serv	vices Manager during a facility			The date was immediately			
		tween 12:10 p.m. and 2:15 p.m.,			corrected.			
		alarm control panel was						
	_	lay on the main fire alarm			On September 20, 2023, the			
	control panel indica				Administrator re-educated the			
		ninutes slower than the actual			Environmental Services Direc			
		te on the panel was 08/04/06			on assessing the display on the			
		at the time of the survey was			main control panel of the fire a			
		ronmental Services Manager			system to ensure the date and	1		
		laware of the discrepancy and			time is correct.			
		larm company to have the ated on the fire alarm control			During the week of Senter-ha	r 25		
	panel.	ned on the fire alarm control			During the week of Septembe			
	paner.				2023, the Environmental Serv Director initiated an audit to	1000		
	This finding was ac	knowledged by the			complete weekly, every Mond	av		
	_	vices Manager the time of			while conducting the generate			
		at the exit conference with			inspection, to ensure the time			
		Services Manager and			date on the display on the ma			
	Administrator prese	C			control panel of the fire alarm			
	1				system is correct. This audit v	will		
	3.1-19(b)				be conducted weekly, ongoing			
					with any concerns brought to			
					Administrator and quality			
					assurance team for further rev	/iew		

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		ONSTRUCTION	(X3) DATE SURVEY			
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	A. BUILDING <u>01</u>		COMPL	COMPLETED	
		155611	B. W	ING		09/20/	/2023	
NAME OF I	PROVIDER OR SUPPLIER	<u> </u>			ADDRESS, CITY, STATE, ZIP COD			
HOOSIE	R CHRISTIAN VILL	AGE	621 S SUGAR ST BROWNSTOWN, 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	REGULATORY OF	R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE	
K 0353 SS=F	1	- Maintenance and Testing			and recommendations.  The weekly audits will remain ongoing. These will be review the monthly QAPI meeting, wire any concerns addressed immediately for review.			
Bldg. 01	Automatic sprinkle are inspected, tes accordance with Naspection, Testin Water-based Fire Records of systeminspection and tes secure location ar	- Maintenance and Testing er and standpipe systems ated, and maintained in NFPA 25, Standard for the g, and Maintaining of Protection Systems. In design, maintenance, esting are maintained in a and readily available.						
	c) Water system	supply source						
	facility failed to ma systems. LSC 9.7.5 shall be inspected,	review and interview, the sintain 1 of 1 automatic sprinkler 5 requires all sprinkler systems tested, and maintained in FPA 25, Standard for the	K 0	353	Hoosier Christian Village ensumaintenance and testing on automatic sprinkler and standplaystems in accordance with LS	pipe	10/06/2023	
	Water-Based Fire F 2011 Edition, Secti owner or designated	and Maintenance of Protection Systems. NFPA 25, on 4.1.4.1 states the property d representative shall correct es or impairments that are			No residents were found to be affected by this alleged deficie practice. On September 21, 2 the Environmental Services	ent		

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

Event ID:

found during the inspection, test and maintenance

YX1721

Facility ID: 000277

If continuation sheet

replace the anti-freeze in the wet

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	T OF DEFICIENCIES OF CORRECTION	, ,		onstruction <u>01</u>	(X3) DATE SURVEY  COMPLETED  09/20/2023	
	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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI/ DEFICIENCY)	(X5) COMPLETION DATE	
	shall be performed personnel or a quali 4.3.1 requires recorninspections, tests, and components and sha authority having jur	ndard. Corrections and repairs by qualified maintenance fied contractor. NFPA 25, ds shall be made for all and maintenance of the system all be made available to the isdiction upon request. ice could affect all residents,		sprinkler system and replace dry heads that were noted to older than ten years. On September 21, 2023, the Environmental Services Direct repaired the gap in the sprink heads in the memory care co outside the electrical room and the clean utility room.	be ctor ler rridor	
	reports and intervie Services Manager of and 12:10 p.m., the 09/05/23 indicated to needed to be replace 27 degrees. The En- stated they were way vendor to service the This finding was ac Environmental Service	view of the quarterly sprinkler which with the Environmental in 09/20/23 between 9:45 a.m. quarterly sprinkler report dated the Anti-freeze Failed and ed testing to a freeze point of evironmental Services Manager iting on a quote from the element and the antifreeze system.  In the exit conference with		Cintas will continue to conduct quarterly inspections, ongoing Any issues and concerns will addressed timely, the Environmental Services Direct will continue to request quote repair and maintain the anti-frelevel and replace the dry hear noted to be aged, as well as identify gaps. Any issues or concerns will be brought to the Administrator and quality assurance team fur further reand recommendations.	g. be stor s to reeze ds	
	the Environmental S Administrator prese 2. Based on record of facility failed to ma systems in accordar requires all sprinkle tested, and maintain 25, Standard for the Maintenance of Wa Systems. NFPA 25 5.3.1.1.1.6 states dr service for 10 years representative samp	Services Manager and		The quarterly inspections will continue ongoing, with any concerns brought to the mont QAPI meeting.		

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

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	INT OF DEFICIENCIES  N OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155611	UILDING	nstruction 01	(X3) DATE : COMPL 09/20/	ETED
	PROVIDER OR SUPPLIEF		621 S S	NDDRESS, 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	(X5) COMPLETION DATE
	representative shall or impairments that inspection, test and standard. Correctic performed by quality a qualified contract records shall be may and maintenance of shall be made availty jurisdiction upon recould affect all resistacility.  Findings include:  Based on records represent and interviee Services Manager of and 12:10 p.m., the 09/05/23 stated "dry years" in response the heads had been replasforementioned reprocurred. No sign of sample testing was the aforementioned Environmental Services waiting on a quote system.  3. Based on observatialed to maintain the throughout the faciliand gases around the sprinkler to operate NFPA 13, 2010 edidistance between the ceiling above shall	operty owner or designated correct or repair deficiencies are found during the maintenance required by this ons and repairs shall be fied maintenance personnel or or. NFPA 25, 4.3.1 requires de for all inspections, tests, the system components and able to the authority having quest. This deficient practice dents, staff, and visitors in the eview of the quarterly sprinkler with the Environmental on 09/20/23 between 9:45 a.m. quarterly sprinkler report dated by heads are older than 10 of the question of whether the faced or sample tested. The ort indicated that neither had or knowledge of replacement or observed in the riser room on sprinkler heads. The vices Manager stated they were from the vendor to service the attion and interview, the facility me ceiling construction ity. The ceiling traps hot air the sprinkler and cause the at a specified temperature. It is sprinkler deflector and the be selected based on the type type of construction. This				

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

PRINTED: 10/12/2023 FORM APPROVED OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION  A. BUILDING  01			(X3) DATE SURVEY  COMPLETED		
155611		B. WI	B. WING			09/20/2023		
NAME OF PROVIDER OR SUPPLIER HOOSIER CHRISTIAN VILLAGE			STREET ADDRESS, CITY, STATE, ZIP COD 621 S SUGAR ST BROWNSTOWN, IN 47220					
HOOSIER CHRISTIAN VILLAGE				BROWNSTOWN, IN 47220				
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIE			ID	CROSS-REFERENCED TO THE APPROPRIATE		(X5)	
PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL			PREFIX			COMPLETION	
TAG	REGULATORY OR LSC IDENTIFYING INFORMATION			TAG			DATE	
	deficient practice could affect 8 residents and 3 staff.							
	Statt.							
	Findings include:							
	Based upon observation and interview with the							
	Environmental Services Manager during a facility							
	tour on 09/20/23 between 12:10 p.m. and 2:15 p.m.,							
	in the (1) memory care corridor outside the							
	Electrical Room and (2) the clean utility room there were 1-inch unsealed gaps around the sprinkler heads. This condition could delay the activation							
	of the sprinklers. Based on interview at the time of							
	observation, the Maintenance Director agreed							
	there were unsealed gaps in the ceiling around the sprinkler heads.  This finding was acknowledged by the							
	Environmental Services Manager the time of							
	discovery and again at the exit conference with							
	the Environmental Services Manager and							
	Administrator pres	_						
	3.1-19(b)							

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