| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 155611 | A. BUILDING -- B. WING | 09/20/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP COD |
|---|---|
| HOOSIER CHRISTIAN VILLAGE | 621 S SUGAR ST BROWNSTOWN, IN 47220 |

| (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<br><br>Bldg. -- | An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73.<br><br>Survey Date: 09/20/23<br><br>Facility Number: 000277<br>Provider Number: 155611<br>AIM Number: 100290530<br><br>At this Emergency Preparedness survey, Hoosier Christian Village was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73<br><br>The facility has 97 certified beds. At the time of the survey, the census was 89.<br><br>Quality Review completed on 09/22/23 | E 0000 | /b><br>="" b=""> | |
| K 0000<br><br>Bldg. 01 | A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a).<br><br>Survey Date: 09/20/23<br><br>Facility Number: 000277<br>Provider Number: 155611<br>AIM Number: 100290530<br><br>At this Life Safety Code survey, Hoosier Christian Village was found not in compliance with | K 0000 | /b><br>="" b=""> | |

| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|---|---|---|
| Krista Garrison | Administrator | 10/06/2023 |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | X2) MULTIPLE CONSTRUCTION | X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 155611 | A. BUILDING 01<br>B. WING | 09/20/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP COD |
|---|---|
| HOOSIER CHRISTIAN VILLAGE | 621 S SUGAR ST<br>BROWNSTOWN, IN 47220 |

| (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 |
|---|---|---|---|---|
| | Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.90(a), Life Safety from Fire and the 2012 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.<br><br>This one-story facility was determined to be of Type V (000) construction and was fully sprinklered. The facility has a fire alarm system with hard wired smoke detectors in the corridors and spaces open to the corridors, plus battery powered smoke alarms in all resident sleeping rooms. The facility has a capacity of 97 and had a census of 89 at the time of this survey.<br><br>All areas where residents have customary access were sprinklered and all areas providing facility services were sprinklered.<br><br>Quality Review completed on 09/22/23 | | | |
| K 0271 SS=E Bldg. 01 | NFPA 101<br>Discharge from Exits<br>Discharge from Exits<br>Exit discharge is arranged in accordance with 7.7, provides a level walking surface meeting the provisions of 7.1.7 with respect to changes in elevation and shall be maintained free of obstructions. Additionally, the exit discharge shall be a hard packed all-weather travel surface.<br>18.2.7, 19.2.7<br>Based on observation and interview, the facility failed to ensure 2 of over 6 exit discharges had a level walking surface, were free of obstructions, and constructed of hard packed all-weather travel surface in accordance with CMS Survey and Certification Letter 05-38. This deficient practice could affect 25 residents and staff. | K 0271 | /b><br>**/b><br>On September 20, 2023, the Environmental Services Director contacted Goecker Construction to assist in leveling the sidewalk. On** | 10/03/2023 |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 155611 | A. BUILDING 01<br>B. WING | 09/20/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP COD |
|---|---|
| HOOSIER CHRISTIAN VILLAGE | 621 S SUGAR ST<br>BROWNSTOWN, IN 47220 |

| (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 |
|---|---|---|---|---|
| | Findings include:<br><br>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., the exit discharge from the (1) Cerenity Lane Hall through the courtyard, and (2) doors #3 and #4 marked as facility exits did not terminate at a level and even path to the public way or facility-maintained parking lot. There was a curb where the sidewalks terminated into the parking lots. Furthermore, the exit discharge sidewalk for doors #3 and #4 had an uneven surface where the sidewalk had been elevated due to tree roots creating an uneven surface. The Environmental Services Manager stated he would remove the section of sidewalk and dig out the roots then replace the sidewalk surface.<br><br>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 present.<br><br>3.1-19(b) | | **October 3, Goecker Construction arrived and repaired sidewalks. See attached pictures.**<br><br>**Residents who reside on Serenity Lane have the potential to be affected by this alleged deficient practice. No residents were affected by this alleged deficient practice. On 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 for doors #3 and #4 were repaired to have an even surface where the sidewalk had been elevated due to tree roots.**<br><br>**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.**<br><br>**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.** | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 155611 | A. BUILDING 01<br>B. WING | 09/20/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP COD |
|---|---|
| HOOSIER CHRISTIAN VILLAGE | 621 S SUGAR ST<br>BROWNSTOWN, IN 47220 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| K 0321<br>SS=E<br>Bldg. 01 | NFPA 101<br>Hazardous Areas - Enclosure<br>Hazardous Areas - Enclosure<br>Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4 hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1 or 19.3.5.9. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door.<br>Describe the floor and zone locations of hazardous areas that are deficient in REMARKS.<br>19.3.2.1, 19.3.5.9<br><br>Area Automatic Sprinkler Separation N/A<br>a. Boiler and Fuel-Fired Heater Rooms<br>b. Laundries (larger than 100 square feet)<br>c. Repair, Maintenance, and Paint Shops<br>d. Soiled Linen Rooms (exceeding 64 gallons)<br>e. Trash Collection Rooms (exceeding 64 gallons)<br>f. Combustible Storage Rooms/Spaces (over 50 square feet)<br>g. Laboratories (if classified as Severe Hazard - see K322)<br>Based on observation and interview, the facility failed to ensure 1 of over 10 hazardous area doors, such as storage rooms, were provided with properly working self-closing devices. This deficient practice could 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. | 09/21/2023 |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | X2) MULTIPLE CONSTRUCTION | X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 155611 | A. BUILDING 01<br>B. WING | 09/20/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP COD |
|---|---|
| HOOSIER CHRISTIAN VILLAGE | 621 S SUGAR ST<br>BROWNSTOWN, IN 47220 |

| (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 |
|---|---|---|---|---|
| | Findings include:<br><br>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., the Chemical Room in the back hall, greater than 50 square feet contained a number of combustible items, such as, paper, plastic, and cardboard. The corridor door to this chemical room did not self-close and latch into the door frame.<br><br>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 present.<br><br>3.1-19(b) | | No residents were found to be affected by this alleged deficient practice. On September 21, 2023, the Environmental Services repaired the door to the chemical room in the back hall so that it self-closes and latches into the door frame.<br><br>On September 20, 2023, the Administrator re-educated the Environmental Services team that all hazardous arear doors, such as storage rooms, must be provided with properly working self-closing devices. All doors must be assessed monthly, ongoing, with any concerns brought to the Administrator and the quality assurance team for further review and recommendations.<br><br>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. | |
| K 0324<br>SS=E<br>Bldg. 01 | NFPA 101<br>Cooking Facilities<br>Cooking Facilities<br>Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless:<br>* residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 155611 | A. BUILDING 01<br>B. WING | 09/20/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP COD |
|---|---|
| HOOSIER CHRISTIAN VILLAGE | 621 S SUGAR ST<br>BROWNSTOWN, IN 47220 |

| (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 |
|---|---|---|---|---|
| | cooking in accordance with 18.3.2.5.2, 19.3.2.5.2<br>* cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or<br>* cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4.<br>Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor.<br>18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2<br>Based on observation and interview, the facility failed to install the kitchen range hood system in accordance with the requirements of LSC 9.2.3. Section 9.2.3 states commercial cooking equipment shall be installed in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations. NFPA 96, 2011 edition, Section 6.2.4.1 states kitchen range hood system filters shall be equipped with a drip tray beneath their lower edges. The tray shall be kept to the minimum size needed to collect grease and shall be pitched to drain into an enclosed metal container having a capacity not exceeding 1 gal (3.785 L). This deficient practice could affect up to 6 staff and visitors.<br><br>Findings include:<br><br>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., the design of the kitchen hood requires two drip trays, one on each side. Neither side contained a drip tray underneath the kitchen range hood | K 0324 | Hoosier Christian Village does install the kitchen range hood system in accordance with the requirements of LSC.<br><br>No residents were found to be affected by this alleged deficient practice. On September 28, 2023, the Environmental Service Director installed drip trays to the kitchen range hood.<br><br>On September 20, 2023, the Administrator re-educated the Culinary Services Director and the Environmental Services Director that the kitchen range hood system must contain two drip trays at all times.<br><br>During the week of September 25, 2023, the Environmental Services Director initiated an audit, to be completed weekly, ongoing, to ensure that drip trays are installed | 09/28/2023 |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 155611 | A. BUILDING 01<br>B. WING | 09/20/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP COD |
|---|---|
| HOOSIER CHRISTIAN VILLAGE | 621 S SUGAR ST<br>BROWNSTOWN, IN 47220 |

| (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 |
|---|---|---|---|---|
| | system.<br><br>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 present.<br><br>3.1-19(b) | | in the kitchen range hood at all times. Any concerns will be brought to the Administrator and quality assurance committee for further recommendations and review.<br>The weekly audits will remain ongoing, in the TELS program. These will be reviewed in the monthly QAPI meeting, with any concerns addressed immediately for review. | |
| K 0341<br>SS=E<br>Bldg. 01 | NFPA 101<br>Fire Alarm System - Installation<br>Fire Alarm System - Installation<br>A fire alarm system is installed with systems and components approved for the purpose in accordance with NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm Code to provide effective warning of fire in any part of the building. In areas not continuously occupied, detection is installed at each fire alarm control unit. In new occupancy, detection is also installed at notification appliance circuit power extenders, and supervising station transmitting equipment. Fire alarm system wiring or other transmission paths are monitored for integrity.<br>18.3.4.1, 19.3.4.1, 9.6, 9.6.1.8<br>Based on observation and interview, the facility failed to ensure 1 of 12 manual fire alarm boxes (pull stations) were not obstructed. LSC 9.6.1.3 states a fire alarm system required for life safety shall be installed, tested, and maintained in accordance with the applicable requirements of NFPA 70, National Electrical Code, and NFPA 72, National Fire Alarm and Signaling Code. NFPA 72 2010 edition 17.14.5 states manual fire alarm boxes | K 0341 | Hoosier Christian Village does ensure fire alarm boxes are not obstructed.<br><br>No residents were found to be affected by this alleged deficient practice. On September 20, 2023, the Environmental Services Director removed the 5 shelf cart | 09/20/2023 |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | X2) MULTIPLE CONSTRUCTION | X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 155611 | A. BUILDING 01<br>B. WING | 09/20/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP COD |
|---|---|
| HOOSIER CHRISTIAN VILLAGE | 621 S SUGAR ST<br>BROWNSTOWN, IN 47220 |

| (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 |
|---|---|---|---|---|
| | shall be installed so that they are conspicuous, unobstructed, and accessible. This deficient practice could affect 5 staff.<br><br>Findings include:<br><br>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., the pull station in the kitchen for the hood suppression system was obstructed with a 5 shelve cart which was being stored in front of the hood suppression pull station.<br><br>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 present.<br><br>3.1-19(b) | | which was placed in front of the hood suppression pull station.<br><br>On September 20, 2023, the Administrator re-educated the Culinary Services Director, and the culinary associations that the hood suppression pull station must remain clear from any obstructions.<br><br>During the week of September 20, 2023, the Culinary Services Director initiated an audit to ensure that the hood suppression pull station will remail clear from any obstruction. This audit will be conducted weekly, ongoing, with any concerns to be brought to the Administrator, Environmental Services Director, and the quality assurance committee for further review and recommendations.<br><br>The weekly audits will remain ongoing. These will be reviewed in the monthly QAPI meeting, with any concerns addressed immediately for review. | |
| K 0345<br>SS=C<br>Bldg. 01 | NFPA 101<br>Fire Alarm System - Testing and Maintenance<br>Fire Alarm System - Testing and Maintenance<br>A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 155611 | A. BUILDING 01<br>B. WING | 09/20/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP COD |
|---|---|
| HOOSIER CHRISTIAN VILLAGE | 621 S SUGAR ST<br>BROWNSTOWN, IN 47220 |

| (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 |
|---|---|---|---|---|
| | National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available.<br>9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72<br>Based on observation and interview, the facility failed to maintain the fire alarm system to assure that it had accurate time and date information in accordance with the requirements of NFPA 101-2012 edition, Sections 19.3.4 and 9.6 and NFPA 72 - 2010 edition, Sections 14.1, 14.1.1. This deficient practice could affect all residents, staff and visitors.<br><br>Findings include:<br><br>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., the date on the fire alarm control panel was incorrect. The display on the main fire alarm control panel indicated the time to be approximately 62 minutes slower than the actual local time. The Date on the panel was 08/04/06 and the correct date at the time of the survey was 09/20/23. The Environmental Services Manager indicated he was unaware of the discrepancy and would contact the alarm company to have the displayed time updated on the fire alarm control panel.<br><br>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 present.<br><br>3.1-19(b) | K 0345 | Hoosier Christian Village does maintain the fire alarm system in accordance with an approved program complying with LSC.<br><br>No residents were found to be affected by this alleged deficient practice. On September 20, 2023, the Environmental Services Director contacted SafeCare to correct the date and time on the display on the main control panel. The date was immediately corrected.<br><br>On September 20, 2023, the Administrator re-educated the Environmental Services Director on assessing the display on the main control panel of the fire alarm system to ensure the date and time is correct.<br><br>During the week of September 25, 2023, the Environmental Services Director initiated an audit to complete weekly, every Monday while conducting the generator inspection, to ensure the time and date on the display on the main control panel of the fire alarm system is correct. This audit will be conducted weekly, ongoing, with any concerns brought to the Administrator and quality assurance team for further review | 09/20/2023 |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | X2) MULTIPLE CONSTRUCTION | X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 155611 | A. BUILDING 01<br>B. WING | 09/20/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP COD |
|---|---|
| HOOSIER CHRISTIAN VILLAGE | 621 S SUGAR ST<br>BROWNSTOWN, IN 47220 |

| (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 |
|---|---|---|---|---|
| | | | and recommendations.<br><br>The weekly audits will remain ongoing. These will be reviewed in the monthly QAPI meeting, with any concerns addressed immediately for review. | |
| K 0353<br>SS=F<br>Bldg. 01 | NFPA 101<br>Sprinkler System - Maintenance and Testing<br>Sprinkler System - Maintenance and Testing<br>Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems.<br>Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available.<br>a) Date sprinkler system last checked<br>_____<br>b) Who provided system test<br>_____<br>c) Water system supply source<br>_____<br>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system.<br>9.7.5, 9.7.7, 9.7.8, and NFPA 25<br>1. Based on record review and interview, the facility failed to maintain 1 of 1 automatic sprinkler systems. LSC 9.7.5 requires all sprinkler systems shall be inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 2011 Edition, Section 4.1.4.1 states the property owner or designated representative shall correct or repair deficiencies or impairments that are found during the inspection, test and maintenance | K 0353 | Hoosier Christian Village ensures maintenance and testing on automatic sprinkler and standpipe systems in accordance with LSC.<br><br>No residents were found to be affected by this alleged deficient practice. On September 21, 2023, the Environmental Services Director contacted Cintas to replace the anti-freeze in the wet | 10/06/2023 |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 155611 | A. BUILDING 01<br>B. WING | 09/20/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP COD |
|---|---|
| HOOSIER CHRISTIAN VILLAGE | 621 S SUGAR ST<br>BROWNSTOWN, IN 47220 |

| (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 |
|---|---|---|---|---|
| | required by this standard. Corrections and repairs shall be performed by qualified maintenance personnel or a qualified contractor. NFPA 25, 4.3.1 requires records shall be made for all inspections, tests, and maintenance of the system components and shall be made available to the authority having jurisdiction upon request.<br>This deficient practice could affect all residents, staff and visitors.<br><br>Findings include:<br><br>Based on records review of the quarterly sprinkler reports and interview with the Environmental Services Manager on 09/20/23 between 9:45 a.m. and 12:10 p.m., the quarterly sprinkler report dated 09/05/23 indicated the Anti-freeze Failed and needed to be replaced testing to a freeze point of 27 degrees. The Environmental Services Manager stated they were waiting on a quote from the vendor to service the antifreeze system.<br><br>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 present.<br><br>2. Based on record review and interview, the facility failed to maintain automatic sprinkler systems in accordance with NFPA 25. LSC 9.7.5 requires all sprinkler systems shall be inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 2011 Edition, Section 5.3.1.1.1.6 states dry sprinklers that have been in service for 10 years shall be replaced or representative samples shall be tested and then retested at 10-year intervals. NFPA 25, Section | | sprinkler system and replace the dry heads that were noted to be older than ten years. On September 21, 2023, the Environmental Services Director repaired the gap in the sprinkler heads in the memory care corridor outside the electrical room and in the clean utility room.<br><br>Cintas will continue to conduct quarterly inspections, ongoing. Any issues and concerns will be addressed timely, the Environmental Services Director will continue to request quotes to repair and maintain the anti-freeze level and replace the dry heads 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 review and recommendations.<br><br>The quarterly inspections will continue ongoing, with any concerns brought to the monthly QAPI meeting. | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 155611 | A. BUILDING 01<br>B. WING | 09/20/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP COD |
|---|---|
| HOOSIER CHRISTIAN VILLAGE | 621 S SUGAR ST<br>BROWNSTOWN, IN 47220 |

| (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 |
|---|---|---|---|---|
| | 4.1.4.1 states the property owner or designated representative shall correct or repair deficiencies or impairments that are found during the inspection, test and maintenance required by this standard. Corrections and repairs shall be performed by qualified maintenance personnel or a qualified contractor. NFPA 25, 4.3.1 requires records shall be made for all inspections, tests, and maintenance of the system components and shall be made available to the authority having jurisdiction upon request. This deficient practice could affect all residents, staff, and visitors in the facility.<br><br>Findings include:<br><br>Based on records review of the quarterly sprinkler reports and interview with the Environmental Services Manager on 09/20/23 between 9:45 a.m. and 12:10 p.m., the quarterly sprinkler report dated 09/05/23 stated "dry heads are older than 10 years" in response to the question of whether the heads had been replaced or sample tested. The aforementioned report indicated that neither had occurred. No sign or knowledge of replacement or sample testing was observed in the riser room on the aforementioned sprinkler heads. The Environmental Services Manager stated they were waiting on a quote from the vendor to service the system.<br><br>3. Based on observation and interview, the facility failed to maintain the ceiling construction throughout the facility. The ceiling traps hot air and gases around the sprinkler and cause the sprinkler to operate at a specified temperature. NFPA 13, 2010 edition, 8.5.4.1.1 states the distance between the sprinkler deflector and the ceiling above shall be selected based on the type of sprinkler and the type of construction. This | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 155611 | A. BUILDING 01<br>B. WING | 09/20/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP COD |
|---|---|
| HOOSIER CHRISTIAN VILLAGE | 621 S SUGAR ST<br>BROWNSTOWN, IN 47220 |

| (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 |
|---|---|---|---|---|
| | deficient practice could affect 8 residents and 3 staff.<br><br>Findings include:<br><br>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.<br><br>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 present.<br><br>3.1-19(b) | | | |