

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

PRINTED: 06/26/2025  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155152		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING		X3) DATE SURVEY COMPLETED 06/11/2025	
NAME OF PROVIDER OR SUPPLIER  MONTICELLO HEALTHCARE				STREET ADDRESS, CITY, STATE, ZIP COD 1120 N MAIN ST MONTICELLO, IN 47960			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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: 06/11/25</p> <p>Facility Number: 000072 Provider Number: 155152 AIM Number: 100287440</p> <p>At this Emergency Preparedness survey, Monticello Healthcare 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 116 certified beds. At the time of the survey, the census was 66.</p> <p>Quality Review completed on 06/16/25</p>			E 0000	<p><b>The creation and submission of this plan of correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation.</b></p> <p><b>Due to the relative low scope and severity of this survey, the facility respectfully requests a desk review in lieu of a post-survey revisit.</b></p>		
K 0000  Bldg. 01	<p>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).</p> <p>Survey Date: 06/11/25</p> <p>Facility Number: 000072 Provider Number: 155152 AIM Number: 100287440</p> <p>At this Life Safety Code survey, Monticello Healthcare was found not in compliance with</p>			K 0000	<p><b>The creation and submission of this plan of correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation.</b></p> <p><b>Due to the relative low scope and severity of this survey, the facility respectfully requests a desk review in lieu of a post-survey revisit.</b></p>		

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

TITLE

(X6) DATE

Christopher Schiavone

Executive Director

06/25/2025

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosed days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 0363 SS=E Bldg. 01	<p>Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.90(a), Life Safety from Fire, and the 2012 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This facility is two story building of Type V (111) construction with a partial basement. An additional one-story building was added onto the front of this facility containing resident rooms as well as space for office and administrative purposes and was determined to be Type V (000) construction. The facility was surveyed as two buildings due to the two different construction types. The facility has a fire alarm system with hard wired smoke detection in the basement, corridors, and spaces open to the corridors. Resident rooms are equipped with battery powered smoke detectors. The facility has a capacity of 116 and had a census of 66 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered and all areas which provide facility services were sprinklered except for the detached shed and a building used for facility storage which were not sprinklered.</p> <p>Quality Review completed on 06/16/25</p> <p>NFPA 101 Corridor - Doors</p> <p>Based on observation and interview, the facility failed to ensure all corridor doors would resist the passage of smoke. This deficient practice could affect over 10 residents and staff in one smoke compartment.</p>			K 0363	<p><b>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</b> Maintenance Director has</p>		06/25/2025

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	<p>Findings include:</p> <p>Based on observation with the Maintenance Director and Maintenance Assistant on 06/11/25 at 2:49 p.m. during a tour of the facility, the corridor door to Resident Room #147 would not latch when tested four times and would not resist the passage of smoke. Based on interview at 2:53 p.m., the Maintenance Director confirmed the corridor would not latch and would have the door worked on as soon as possible.</p> <p>This finding was reviewed with the Executive Director and Maintenance Director at the exit conference.</p> <p>3.1-19(b)</p>				<p>adjusted door and frame of room 147 so that is latches.</p> <p><b>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken:</b></p> <p>Approximately 10 residents and staff are potentially affected by this alleged deficient practice. All doors have been inspected to ensure that the door fully closes and latches into door frame.</p> <p><b>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</b></p> <p>Maintenance Director has been educated to review functionality of all doors to ensure that they fully close and latch into door frame. Maintenance Director/designee will be responsible for checking all doors to ensure that the door fully closes and latches into door frame</p> <p><b>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place:</b></p> <p>Maintenance Director will check all doors weekly for 4 weeks, monthly for 6 months and then quarterly for at least 2 quarters. Ongoing compliance with this corrective action will be monitored through the facility Quarterly Assurance and</p>		

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K 0000  Bldg. 02	<p>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).</p> <p>Survey Date: 06/11/25</p> <p>Facility Number: 000072 Provider Number: 155152 AIM Number: 100287440</p> <p>At this Life Safety Code survey, Monticello Healthcare was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.90(a), Life Safety from Fire, and the 2012 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This facility is two story building of Type V (111) construction with a partial basement. An additional one-story building was added onto the front of this facility containing resident rooms as well as space for office and administrative purposes and was determined to be Type V (000) construction. The facility was surveyed as two buildings due to the two different construction types. The facility has a fire alarm system with</p>			K 0000	<p>Performance Improvement program. If 90% threshold is not met/maintained, then an action plan will be developed. Any findings will be submitted to QAPI Committee for review and follow up.</p> <p><b>The creation and submission of this plan of correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation.</b></p> <p><b>Due to the relative low scope and severity of this survey, the facility respectfully requests a desk review in lieu of a post-survey revisit.</b></p>		

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