

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

PRINTED: 09/28/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155475	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 09/07/2022
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NAME OF PROVIDER OR SUPPLIER TOWNE HOUSE RETIREMENT COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 2209 ST JOE CENTER RD FORT WAYNE, IN 46825
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(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
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K 0000 Bldg. 01	<p>A Post Survey Revisit (PSR) to the Emergency Preparedness Survey conducted on 07/07/22 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73.</p> <p>Survey Date: 09/07/22</p> <p>Facility Number: 000541 Provider Number: 155475 AIM Number: N/A</p> <p>At this PSR survey, Towne House Retirement Community 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 one-story facility with a walkout lower level below the southeast wing was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and areas open to the corridors. Battery operated smoke detectors were installed in the resident rooms. The facility has a capacity of 32 Medicare beds and had a census of 08 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. The facility had a detached barn providing facility services including storage of mowers, maintenance equipment and two buses that was not sprinklered.</p> <p>Quality Review completed on 09/12/22</p>	K 0000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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 0524 SS=F Bldg. 01	<p>NFPA 101 HVAC - Direct-Vent Gas Fireplaces Direct-Vent Gas Fireplaces Direct-vent gas fireplaces, as defined in NFPA 54, inside of all smoke compartments containing patient sleeping areas comply with the requirements of 18.5.2.3(2), 19.5.2.3(2), 18.5.2.3(2), 19.5.2.3(2), NFPA 54</p> <p>Based on observation and interview; the facility failed to ensure 2 of 2 direct-vent fireplaces was protected according to LSC 19.5.2.3(2). Direct-vent gas fireplaces, as defined in NFPA 54, National Fuel Gas Code, shall be permitted inside of smoke compartments containing patient sleeping areas, provided that all of the following criteria are met:</p> <p>(a) All such devices shall be installed, maintained, and used in accordance with 9.2.2.</p> <p>(b) No such device shall be located inside of a patient sleeping room.</p> <p>(c) The smoke compartment in which the direct-vent gas fireplace is located shall be protected throughout by an approved, supervised automatic sprinkler system in accordance with 9.7.1.1(1) with listed quick response or listed residential sprinklers.</p> <p>(d) The direct-vent fireplace shall include a sealed glass front with a wire mesh panel or screen.</p> <p>(e) The controls for the direct-vent gas fireplace shall be locked or located in a restricted location.</p> <p>(f) Electrically supervised carbon monoxide detection in accordance with Section 9.8 shall be provided in the room where the fireplace is located.</p> <p>This deficient practice could affect all Medicare residents.</p> <p>Findings include:</p> <p>Based on an observation with the Assistant Executive Director and Maintenance Director on</p>	K 0524	<p><u>K524: HVAC Direct Vent Gas Fireplaces</u></p> <p>Corrective Action to be accomplished: Each fire place is equipped with the sealed glass front and wire mesh screen per regulatory guidelines. As well, electrically supervised carbon monoxide detectors shall be hard wired to work along with our fire system as per regulatory guidelines and in accordance with NFPA 720.</p> <p>How other residents having potential to be affected will be identified and what corrective action is taken: Residents do not reside in these areas, however activities occur near the one area fire place, and residents use the lobby occasionally to wait for a pick up from transportation near the other fire place in the lobby. The corrective action by equipping each fireplace with the necessary and required glass front and wire mesh screens has been done, as well, the equipment has been delivered and provided to perform the installation of the carbon monoxide detectors which is scheduled to occur next week</p>	10/05/2022	

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	<p>09/07/22 at 1:37 p.m., in the lobby and in the Great Room there were direct vent fireplaces that were not protected by electrically supervised carbon monoxide detection. Based on interview at the time of observation, the Assistant Executive Director and Maintenance Director stated the carbon monoxide detectors for the lobby and the Great Room were on order and will be installed once parts arrive.</p> <p>The finding was reviewed with the Assistant Executive Director, Director of Environmental, and Maintenance Tech during the exit conference.</p> <p>This deficiency was cited on 07/07/22. The facility failed to implement a systemic plan of correction to prevent recurrence</p> <p>3.1-19(b)</p>		<p>(beginning September 26, 2022 with a final completion date of October 5, 2022).</p> <p>Measures that will be put into place and what systemic changes to be made: A member of the maintenance team shall visually inspect the fireplaces to ensure the glass fronts and the wire mesh screens are intact. These additional carbon monoxide detectors shall be automatically monitored by the fire system and alert our team when there is an issue that needs resolved. Annually, the fire system will be inspected by our licensed fire system contractor to ensure full functioning.</p> <p>How will it be monitored to ensure no reoccurrence: The inspection reports shall be shared and reviewed with the QAPI meeting participants quarterly.</p> <p>Date the systemic change will be completed: The carbon monoxide detectors and components are in our possession. We have our contractor scheduled next week beginning September 26, 2022 to begin installation of the Carbon Monoxide detectors and wiring into our fire system with final completion by 10/5/22.</p> <p>Amy Riegling, Executive Director</p>	