

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

PRINTED: 11/09/2021
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G636		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING		X3) DATE SURVEY COMPLETED 10/21/2021	
NAME OF PROVIDER OR SUPPLIER CORVILLA INC				STREET ADDRESS, CITY, STATE, ZIP COD 3202 S FELLOWS SOUTH BEND, IN 46614			
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E 0000 Bldg. --	<p>An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.475.</p> <p>Survey Date: 10/21/21</p> <p>Facility Number: 001212 Provider Number: 15G636 AIM Number: 100240190</p> <p>At this Emergency Preparedness survey, Corvilla Inc. was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.475.</p> <p>The facility has 8 certified beds. All 8 beds are certified for Medicaid. At the time of the survey, the census was 8.</p> <p>Quality Review completed on 10/26/21</p>			E 0000			
K 0000 Bldg. 01	<p>A Life Safety Code Recertification Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.470(j).</p> <p>Survey Date: 10/21/21</p> <p>Facility Number: 001212 Provider Number: 15G636 AIM Number: 100240190</p> <p>At this Life Safety Code survey, Corvilla Inc. was found not in compliance with Requirements for</p>			K 0000			

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 disclosable 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 S338 Bldg. 01	<p>Participation in Medicaid, 42 CFR Subpart 483.470(j), Life Safety from Fire and the 2012 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 33, Existing Residential Board and Care Occupancies.</p> <p>This one story building was determined to be fully sprinklered. The facility has a monitored fire alarm system with smoke detection in corridors, in client sleeping rooms and in all living areas. The facility has heat detection in the attic. The facility has a capacity of 8 and had a census of 8 at the time of this survey.</p> <p>Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Slow with an E-Score of 3.2.</p> <p>Quality Review completed on 10/26/21</p> <p>NFPA 101 Interior Wall and Ceiling Finish Interior Wall and Ceiling Finish 2012 EXISTING (Slow) In Slow Evacuation Capability facilities, interior wall and ceiling finish materials in accordance with 10.2. Class A or Class B is permitted. There are no requirements for interior floor finish. 33.2.3.3.2, 33.2.3.3.3 Based on record review, observation and interview; the facility failed to ensure interior finish in the facility was rated in accordance with 33.2.3.3.2. LSC 33.2.3.3.2 requires interior wall and ceiling finish materials comply with Section 10.2 meeting a Class A, Class B for this facility rated as slow evacuation capability. This deficient practice could affect all clients, staff and visitors.</p>			K S338	Corvilla will ensure that all carpet that is affixed to the hallway walls below the wall trim in the north and south hallway are treated with a flame retardant material. Corvilla will ensure that documentation is kept of the date the carper is treated and what class the carpet		11/11/2021

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K S345 Bldg. 01	<p>Findings include:</p> <p>Based on record review with the Maintenance Assistant from 9:25 a.m. to 11:50 a.m. on 10/21/20, interior finish documentation was not available for review. Based on observations with the Maintenance Assistant during a tour of the facility from 11:50 a.m. to 12:15 p.m. on 10/21/21, carpet was affixed to the hallway walls below the wall trim in the north hallway and the south hallway by the bedrooms. Based on interview at the time of the observations, the Maintenance Assistant stated he did not know if the carpet was treated with flame retardant material and agreed there was no documentation available for review to show the carpet affixed to the wall and used as an interior finish was Class A or B.</p> <p>This finding was reviewed with the Maintenance Assistant during the exit conference.</p> <p>NFPA 101 Fire Alarm System - Testing and Maintenance Fire Alarm System - Testing and Maintenance 2012 EXISTING (Prompt) 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, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 1. Based on record review and interview, the facility failed to ensure all fire alarm system initiating devices were inspected and tested in accordance with the schedules for inspection and</p>			K S345	<p>is. ="" b=""></p> <p>Upon further investigation by the director of maintenance, the carpet was treated in 2020. Documentation is found in the house and a copy is with the maintenance team. The person responsible for ensuring that this was completed was the director of maintenance. The director of maintenance will ensure that all parties are aware of where to find documentation of treatment when needed. This will be included in house, in office, and with the maintenance department.</p> <p>Corvilla will ensure that all fire alarm systems and initiating devices are inspected and tested in accordance with the schedules</p>		11/11/2021

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	<p>testing frequencies in NFPA 72. LSC Section 33.2.3.4.1 states a manual fire alarm system shall be provided in accordance with Section 9.6, unless the provisions of 33.2.3.4.1.1 or 33.2.3.4.1.2 are met. LSC Section 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 Electric Code and NFPA 72, National Fire Alarm and Signaling Code. NFPA 72, 2010 Edition, Table 14.3.1 at 9(f) states heat detectors shall be visually inspected semiannually. NFPA 72, 2010 Edition, Section 14.4.5 states testing shall be performed in accordance with the schedules in Table 14.4.5. Initial/Reacceptance testing shall be performed at the time of installation. Table 14.4.5 at 15(e) states the requirements of 14.4.5.5 shall apply to heat detectors. Section 14.4.5.5 states restorable fixed-temperature, spot-type heat detectors shall be tested in accordance with 14.4.5.5.1 through 14.4.5.5.4. Two or more detectors shall be tested on each initiating circuit annually. Different detectors shall be tested each year. NFPA 72, 2010 Edition, Table 14.4.2.2 at 14(d)(2) states fixed-temperature, nonrestorable line type heat detectors functionality shall be tested mechanically and electrically. Loop resistance shall be measured and recorded. Changes from acceptance test shall be investigated. Records shall be kept by the building owner specifying which detectors have been tested. Within 5 years, each detector shall have been tested. This deficient practice could affect all clients, staff, and visitors.</p> <p>Findings include:</p> <p>Based on review of the fire alarm system inspection contractor's "Occupancy Information" documentation dated 11/19/19 and 12/28/20,</p>				<p>of inspection and testing frequencies in NFPA 72. Corvilla will ensure that fire alarm system heat detector testing will be completed for ALL heat detectors (kitchen, medication room, attic). All will be documented with their inspections and testing. It should be tested within 1 year of installation, and every alternate year thereafter. This will be shown in documentation.</p> <p>The fire annunciator panel near the office will be replaced as the year and time of day are not reading correctly on the panel and signals are not being sent to the fire department.</p> <p>Mark Roberts, the director of maintenance, will be in charge of ensuring that the defects and malfunctions are completed. This includes setting up an appointment with the alarm company.</p>		

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	<p>current fire alarm system heat detector testing was not available for review. The aforementioned documentation stated two heat detectors in the facility were visually inspected but the inspection documentation was not itemized by location and did not include heat detectors located in the attic. Additional current heat detector inspection and testing documentation was not available for review. Based on observations with the Maintenance Assistant during a tour of the facility from 11:50 a.m. to 12:15 p.m. on 10/21/21, three heat detectors were located in the facility. One heat detector was located in the kitchen, one heat detector was located in the Med Room and one heat detector was located in the attic above the attic access door in the closet by the living room. Based on interview at the time of the observations, the Maintenance Assistant agreed the attic heat detector was not included in the aforementioned inspection and testing documentation which was also not itemized by location and did not include heat detector testing.</p> <p>This finding was reviewed with the Maintenance Assistant during the exit conference.</p> <p>2. Based on record review and interview, the facility failed to ensure all facility smoke detectors were within their listed and marked sensitivity range. LSC Section 33.2.3.4.1 states a manual fire alarm system shall be provided in accordance with Section 9.6. Section 9.6.1.3 states a fire alarm system shall be installed, tested and maintained in accordance with the applicable requirements of NFPA 72, National Fire Alarm Code. NFPA 72, 2010 Edition, Section 14.4.5.3.1 states detector sensitivity shall be checked within 1 year of installation, and every alternate year thereafter. After the second required calibration test, if sensitivity tests indicate that the detector has</p>						

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	<p>remained within its listed and marked sensitivity range, the length of time between calibration tests shall be permitted to be extended to a maximum of 5 years. If the frequency is extended, records of detector caused nuisance alarms and subsequent trends of these alarms shall be maintained. In zones or areas where nuisance alarms show an increase over the previous year, calibration tests shall be performed. To ensure that each smoke detector is within its listed and marked sensitivity range, it shall be tested using any of the methods:</p> <p>(1) Calibrated test method.</p> <p>(2) Manufacturer's calibrated sensitivity test instrument.</p> <p>(3) Listed control equipment arranged for the purpose.</p> <p>(4) Smoke detector/fire alarm control unit arrangement whereby the detector causes a signal at the control unit where its sensitivity is outside its listed sensitivity range.</p> <p>(5) Other calibrated sensitivity method acceptable to the authority having jurisdiction.</p> <p>Detectors found to have sensitivity outside the listed and marked sensitivity range shall be cleaned and recalibrated, or replaced.</p> <p>The detector sensitivity cannot be tested or measured using any spray device that administers an unmeasured concentration of aerosol into the detector. This deficient practice could affect all clients, staff, and visitors.</p> <p>Findings include:</p> <p>Based on record review with the Maintenance Assistant from 9:25 a.m. to 11:50 a.m. on 10/21/20, current smoke detector sensitivity testing documentation was not available for review.</p> <p>Based on interview at the time of record review, the Maintenance Assistant stated current smoke detector sensitivity testing documentation was</p>						

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	<p>not available for review.</p> <p>This finding was reviewed with the Maintenance Assistant during the exit conference.</p> <p>3. Based on observation and interview, the facility failed to ensure 1 of 1 fire alarm systems was maintained in accordance with 9.6.1.3. LSC 9.6.1.3 requires a fire alarm system to be installed, tested, and maintained in accordance with NFPA 70, National Electrical Code and NFPA 72, National Fire Alarm Code. NFPA 72, 14.2.1.2.2 requires that system defects and malfunctions shall be corrected. This deficient practice could affect all clients, staff and visitors.</p> <p>Findings include:</p> <p>a. Based on observations with the Maintenance Assistant during a tour of the facility from 11:50 a.m. to 12:15 p.m. on 10/21/21, the year displayed on the fire alarm annunciator panel located in the office near the front entrance to the facility stated 11/16/06 and the time of day was listed as 23:06 at 12:00 p.m. Based on interview at the time of the observations, the Maintenance Assistant agreed the year and time of day displayed for the fire alarm annunciator panel was not correct.</p> <p>b. Based on review of the fire alarm system inspection contractor's "Occupancy Information" documentation dated 11/19/19 and 12/28/20, the digital fire alarm system dialer needs to be replaced. The "Problems Found" section of the 11/19/19 and 12/28/20 documentation stated "The DACT on this panel keeps cutting in and out, it is going to need to be replaced. It is also not sending all the signals that are being sent". Based on interview at the time of the observations, the Maintenance Assistant stated</p>						

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K S346 Bldg. 01	<p>he was not aware if the dialer had been replaced or repaired on or after 12/28/20.</p> <p>This finding was reviewed with the Maintenance Assistant during the exit conference.</p> <p>NFPA 101 Fire Alarm System - Out of Service Fire Alarm System - Out of Service 2012 EXISTING (Prompt) Where a required fire alarm system is out of service for more than four hours in a 24-hour period, the authority having jurisdiction shall be notified, and the building shall be evacuated or an approved fire watch shall be provided for all parties left unprotected by the shutdown until the fire alarm system has been returned to service. 33.2.3.4.1, 9.6.1.3, 9.6.1.5, 9.6.1.6 Based on record review and interview, the facility failed to provide a complete written fire watch policy for when the fire alarm system is out of service for more than four hours in a 24-hour period. This deficient practice affects all clients, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of "Fire Watch Procedures" documentation with the Maintenance Assistant during record review from 9:25 a.m. to 11:50 a.m. on 10/21/20, the fire watch plan for fire alarm system impairment was incomplete. The plan failed to include contacting the Indiana Department of Health via the ISDH Gateway link at https://gateway.isdh.in.gov as the primary method when the ISDH Gateway is operational or by the secondary method when the ISDH Gateway is nonoperational by completing the Incident Reporting form and e-mailing it to</p>			K S346	<p>After looking at fire watch procedures, it was noted in the policy that if the fire alarm system is out for more than 4 hours in a 24 hour period, Corvilla will relocate individuals and complete an incident report. This was updated in September of 2019. Corvilla could not find any event on 10/21/2020 that would include the fire system being impaired. If it did happen to be impaired, a fire watch would have started and documentation would be completed. The fire watch policy is included for review. Fellows st also has a generator located in house that was installed in 2019, thus the power/fire system should not been out of service.</p>		11/11/2021

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K S353 Bldg. 01	<p>incidents@isdh.in.gov. Based on interview at the time of record review, the Maintenance Assistant agreed fire watch documentation for fire alarm system impairment did not state to contact the Indiana Department of Health via the ISDH Gateway link as the primary method when contacting ISDH or at the e-mail address listed above.</p> <p>This finding was reviewed with the Maintenance Assistant during the exit conference.</p> <p>NFPA 101 Sprinkler System - Maintenance and Testing Sprinkler System - Maintenance and Testing 2012 EXISTING (Prompt) NFPA 13 and 13R Systems All sprinkler systems installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, and NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies Up To and Including Four Stories in Height, are inspected, tested and maintained in accordance with NFPA 25, Standard for Inspection, Testing and Maintenance of Water Based Fire Protection System. NFPA 13D Systems Sprinkler systems installed in accordance with NFPA 13D, Standard for the Installation of Sprinkler Systems in One- and Two-Family Dwellings and Manufactured Homes, are inspected, tested and maintained in accordance with the following requirements of NFPA 25: 1. Control valves inspected monthly (NFPA 25, section 13.3.2). 2. Gauges inspected monthly (NFPA 25, section 13.2.71). 3. Alarm devices inspected quarterly</p>				Dan Peterson, the Director of Corporate Compliance, will be responsible for implementation and monitoring of the fire watch policy and procedure for future compliance with regulations		

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	<p>(NFPA 25, section 5.2.6).</p> <p>4. Alarm devices tested semiannually (NFPA 25, section 5.3.3).</p> <p>5. Valve supervisory switches tested semiannually (NFPA 25, section 13.3.3.5).</p> <p>6. Visible sprinklers inspected annually ((NFPA 25, section 5.2.1).</p> <p>7. Visible pipe inspected annually (NFPA 25, section 5.2.2).</p> <p>8. Visible pipe hangers inspected annually (NFPA 25, section 5.2.3).</p> <p>9. Buildings inspected annually prior to freezing weather for adequate heat for water filled piping (NFPA 25, section 5.2.5).</p> <p>10. A representative sample of fast response sprinklers are tested at 20 years (NFPA 25, section 5.3.1.1.1.2).</p> <p>11. A representative sample of dry pendant sprinklers are tested at 10 years (NFPA 25, section 5.3.1.1.15).</p> <p>12. Antifreeze solutions are tested annually (NFPA 25, section 5.3.4).</p> <p>13. Control valves are operated through their full range and returned to normal annually (NFPA 25, section 13.3.3.1).</p> <p>14. Operating stems of OS&Y valves are lubricated annually (NFPA 25, section 13.3.4).</p> <p>15. Dry pipe systems extending into unheated portions of the building are inspected, tested and maintained (NFPA 25, section 13.4.4).</p> <p>A. Date sprinkler system last checked and necessary maintenance provided.</p> <p>_____</p> <p>B. Show who provided the service.</p> <p>_____</p> <p>C. Note the source of the water supply for the automatic sprinkler system.</p> <p>_____</p>						

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	<p>(Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system.) 33.2.3.5.3, 33.2.3.5.8, 9.7.5, 9.7.7, 9.7.8, and NFPA 25</p> <p>1. Based on record review and interview, the facility failed to ensure 1 of 1 automatic sprinkler piping systems was examined for internal obstructions where conditions exist that could cause obstructed piping as required by NFPA 25, 2011 Edition, the Standards for the Inspection, Testing and Maintenance of Water-Based Fire Protection Systems, Section 14.2.1. Section 14.2.1 states, except as discussed in 14.2.1.1 and 14.2.1.4, an inspection of piping and branch line conditions shall be conducted every 5 years by opening a flushing connection at the end of one main and by removing a sprinkler toward the end of one branch line for the purpose of inspecting for the presence of foreign organic and inorganic material. This deficient practice affects all clients, staff and visitors.</p> <p>Findings include:</p> <p>Based on record review with the Maintenance Assistant from 9:25 a.m. to 11:50 a.m. on 10/21/20, current internal pipe inspection documentation was not available for review. Based on interview at the time of record review, the Maintenance Assistant stated current internal pipe inspection documentation was not available for review.</p> <p>This finding was reviewed with the Maintenance Assistant during the exit conference.</p> <p>2. Based on observation and interview, the facility failed to ensure 2 of over 10 sprinkler heads in the facility were free of foreign materials or physical damage in accordance with NFPA 25. NFPA 25,</p>			K S353	<p>All automatic sprinklers will be cleaned immediately to ensure that there are not obstructions to the sprinklers. This includes a thorough inspection and cleaning of the sprinkler mounted in the kitchen pantry and in the northeast bedroom closet. Documentation will be readily available and each cleaning will be documented. This includes inspection on all sprinklers available in home.</p>		11/11/2021

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 15G636		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING		X3) DATE SURVEY COMPLETED 10/21/2021	
NAME OF PROVIDER OR SUPPLIER CORVILLA INC				STREET ADDRESS, CITY, STATE, ZIP COD 3202 S FELLOWS SOUTH BEND, IN 46614			
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	<p>Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 2011 Edition, Section 5.2.1.1.1 states sprinklers shall not show signs of leakage; shall be free of corrosion, foreign materials, paint, and physical damage; and shall be installed in the correct orientation (e.g., up-right, pendent, or sidewall). Furthermore, at 5.2.1.1.2 any sprinkler that shows signs of any of the following shall be replaced:</p> <ul style="list-style-type: none"> (1) Leakage (2) Corrosion (3) Physical Damage (4) Loss of fluid in the glass bulb heat responsive element (5) Loading (6) Painting unless painted by the sprinkler manufacturer. <p>In lieu of replacing sprinklers that are loaded with dust, it is permitted to clean sprinklers with compressed air or by a vacuum provided that the equipment does not touch the sprinkler.</p> <p>This deficient practice could affect all clients, staff and visitors.</p> <p>Findings include:</p> <p>Based on observations with the Maintenance Assistant during a tour of the facility from 11:50 a.m. to 12:15 p.m. on 10/21/21, the ceiling mounted sprinkler installed in the kitchen pantry and in the northeast bedroom closet each had a black liquid substance on the deflector. Based on interview at the time of the observations, the Maintenance Assistant agreed the aforementioned automatic sprinkler locations were not free of foreign substances.</p> <p>This finding was reviewed with the Maintenance Assistant during the exit conference.</p>						

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K S354 Bldg. 01	<p>NFPA 101 Sprinkler System - Out of Service Sprinkler System - Out of Service 2012 EXISTING (Prompt) Where a required automatic sprinkler system is out of service for more than 10 hours in a 24-hour period, the authority having jurisdiction shall be notified, and the building shall be evacuated or an approved fire watch system be provided for all parties left unprotected by the shutdown until the sprinkler system has been returned to service.</p> <p>33.2.3.5.3, 9.7.6.1, 15.5.2 (NFPA 25) Based on record review and interview, the facility failed to provide a complete written policy containing procedures to be followed for the protection of all residents in the event the automatic sprinkler system has to be placed out-of-service for 10 hours or more in a 24-hour period in accordance with LSC, Section 9.7.6. LSC 9.7.6 requires sprinkler impairment procedures comply with NFPA 25, 2011 Edition, the Standard for the Inspection, Testing and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 15.5.2 requires nine procedures that the impairment coordinator shall follow. This deficient practice could affect all clients, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of "Fire Watch Procedures" documentation with the Maintenance Assistant during record review from 9:25 a.m. to 11:50 a.m. on 10/21/20, the fire watch plan for sprinkler system impairment was incomplete. The plan failed to include contacting the Indiana Department of Health via the ISDH Gateway link at https://gateway.isdh.in.gov as the primary</p>			K S354	<p>After looking at fire watch procedures, it was noted in the policy that if the sprinkler system is out for more than 10 hours in a 24 hour period, Corvilla will relocate individuals and complete an incident report. This was updated in September of 2019. Corvilla could not find any event on 10/21/2020 that would include the fire system being impaired. If it did happen to be impaired, a fire watch would have started and documentation would be completed. The fire watch policy is included for review. Fellows st also has a generator located in house that was installed in 2019, thus the power/fire system should not been out of service.</p> <p>Dan Peterson, the Director of Corporate Compliance, will be responsible for implementation and monitoring of the fire watch policy and procedure for future</p>		11/06/2021

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K S363 Bldg. 01	<p>method or by the secondary method when the ISDH Gateway is nonoperational by completing the Incident Reporting form and e-mailing it to incidents@isdh.in.gov. Based on interview at the time of record review, the Maintenance Assistant agreed fire watch documentation for sprinkler system impairment did not state to contact the Indiana Department of Health via the ISDH Gateway link as the primary method or at the e-mail address listed above.</p> <p>This finding was reviewed with the Maintenance Assistant during the exit conference.</p> <p>NFPA 101 Corridor - Doors Corridor - Doors Doors shall meet all of the following requirements:</p> <ol style="list-style-type: none"> Doors shall be provided with latches or other mechanisms suitable for keeping the door closed. No doors shall be arranged to prevent the occupant from closing the door. Doors shall be self-closing or automatic-closing in accordance with 7.2.1.8 in buildings other than those protected throughout by an approved automatic sprinkler system in accordance with 33.2.3.5. Door assemblies with leaves required to swing in the direction of egress travel are inspected and tested annually per 7.2.1.15. 33.2.3.6.4, 33.7.7 <p>Based on observation and interview, the facility failed to ensure the corridor door to 1 of 4 client bedrooms had no impediment to closing and latched into the door frame. This deficient practice could affect all clients, staff and visitors.</p> <p>Findings include:</p>			K S363	<p>compliance with regulations</p> <p>The latching plate will be replaced in the corridor immediately to ensure the door will close.</p> <p>Manager and team lead of house will be retrained on when to contact maintenance for a work</p>		11/06/2021

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	<p>Based on observations with the Maintenance Assistant during a tour of the facility from 11:50 a.m. to 12:15 p.m. on 10/21/21, the latching plate was missing on the door frame for the corridor door to the southeast bedroom which caused the door to not latch into the door frame when tested to close multiple times. The door was equipped with a self closing device and was propped in the fully open position with a wall mounted magnetic device set to release the door to close with fire alarm system activation. Based on interview at the time of the observations, the Maintenance Assistant agreed the latching plate was missing on the door frame for the corridor door to the southeast bedroom which caused the door to not latch into the door frame when tested to close multiple times.</p> <p>This finding was reviewed with the Maintenance Assistant during the exit conference.</p>				<p>order to be completed, for example, when a door will not close properly. This will be completed by the maintenance director or maintenance assistant. All doors will be checked by maintenance on their monthly inspections of the home.</p>		