STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	155672	A. BUILDING -- B. WING	07/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
HAMILTON GROVE	31869 CHICAGO TRAIL NEW CARLISLE, IN 46552

(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 Bldg. --	A Post Survey Revisit (PSR) for the Emergency Prepardness Survey that exited on 04/26/23 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73 Survey Date: 07/24/23 Facility Number: 000427 Provider Number: 155672 AIM Number: 100275150 At this Emergency Preparedness PSR, Hamilton Grove was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73 The facility has 85 beds dually certified for Medicare and Medicaid. At the time of the survey, the census was 65. Quality Review completed on 07/25/23	E 0000		
K 0000 Bldg. 01	A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey that exited on 04/26/23 was conducted by the Indiana Department of Health in accordance 42 CFR Subpart 483.90(a). Survey Date: 07/24/23 Facility Number: 000427 Provider Number: 155672 AIM Number: 100275150	K 0000	This Plan of Correction constitutes my written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law. This provider respectfully	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Carlos Romero	Administrator	08/04/2023

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.

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	At this Life Safety Code PSR, Hamilton Grove was not found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire, the 2012 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC) and 410 IAC 16.2. The building was surveyed with Chapter 19 Existing Health Care Occupancies. This one-story facility was determined to be of Type V (111) construction and was fully sprinkled. The facility has a monitored fire alarm system with smoke detection in corridors, areas open to the corridor, and hardwired smoke detectors in all resident rooms. A 2-hour occupancy barrier separates the assisted living portion and a business occupancy section from the healthcare part of the building. A bathing area and physical/occupational therapy rooms for healthcare residents both are located outside of the 2-hour wall located within the business area of the building which was then surveyed as part of healthcare. The facility has a capacity of 85 and had a census of 65 at the time of this survey. All areas where the residents have customary access were sprinkled and all areas providing facility services were sprinkled. Quality Review completed on 07/25/23		requests that the 2567 plan of correction be considered the letter of credible allegation and request a desk review in lieu of a post-survey revisit for compliance on or after August 7, 2023.	
K 0363 SS=E Bldg. 01	NFPA 101 Corridor - Doors Corridor - Doors Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas resist the passage of smoke and are made of 1 3/4 inch solid-bonded core wood or other material			

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	capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Corridor doors and doors to rooms containing flammable or combustible materials have positive latching hardware. Roller latches are prohibited by CMS regulation. These requirements do not apply to auxiliary spaces that do not contain flammable or combustible material. Clearance between bottom of door and floor covering is not exceeding 1 inch. Powered doors complying with 7.2.1.9 are permissible if provided with a device capable of keeping the door closed when a force of 5 lbf is applied. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies. 19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485 Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc.			
	Based on observation and interview, the facility failed to ensure 3 of 5 corridor doors were provided with a means suitable for keeping the door closed, had no impediment to closing, latching and would resist the passage of smoke.	K 0363	The facility is alleged to be out of compliance for failure to endure that 3 of 5 corridor doors were provided with a means suitable for keeping the door closed, had no	08/07/2023

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	This deficient practice could affect approximately 10 staff and an unknown amount of residents Findings include: Based on observation with the Maintenance Director and Lead Maintenance Technician #1 on 07/24/23 from 11:16 a.m. to 12:10 p.m., the following double doors were found to not be positively latching: a) The double doors into the Physical Therapy office were observed with one secondary dead bolt and the inactive part of the door was only manually latching. b) The laundry area had two sets of double doors. Both sets had a locking turn handle on one door and a manual latching device on the inactive part of the door. Based on interview at the time of observation, the Maintenance Director stated that they were aware that the doors did not latch into the frame and did not realize all three sets of doors had to be positively latching. Findings were discussed with the Maintenance Director and Lead Maintenance Technician #1 at exit conference. This deficiency was cited on 04/24/23. The facility failed to implement a systemic plan of correction to prevent recurrence. 3.1-19(b)		impediment to closing, latching, and would resist the passage of smoke. No residents were adversely affected by this alleged deficient practice. **What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.?** The Survey Exit Conference document identified as an area of concern the following doors, which did not have a positive latching mechanism; the double doors into the Physical Therapy office and two sets of double doors in the laundry. As shown in **Attachment 1** (Physical Therapy office) and **Attachment 2** and **Attachment 3** (two sets of doors in the laundry), maintenance personnel has removed the manual latching and installed an automatic latching mechanism. **What measures will be put into place, and what systemic changes will be made to ensure that the deficient practice does not recur;** The Director of Maintenance was educated on the appropriate automatic closing mechanism for the doors.	