

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

PRINTED: 01/31/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155850		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING		X3) DATE SURVEY COMPLETED 01/09/2023	
NAME OF PROVIDER OR SUPPLIER BELLTOWER HEALTH & REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 5805 NORTH FIR ROAD GRANGER, IN 46530			
(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. --	<p>A 2nd Post Survey Revisit (PSR) was conducted for the 1st PSR survey that was conducted on 11/23/22 for the Emergency Preparedness Survey conducted on 10/03/22 by the Indiana Department of Health in accordance to 42 CFR 483.90(a) .</p> <p>Survey Date: 01/09/23</p> <p>Facility Number: 013644 Provider Number: 155850 AIM Number: 201381180</p> <p>At this Emergency Preparedness PSR, Belltower Health & Rehabilitation was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73. The facility has a capacity of 96 and had a census of 90 at the time of this survey.</p> <p>Quality Review completed on 01/10/23</p>			E 0000			
K 0000 Bldg. 01	<p>A 2nd Post Survey Revisit (PSR) was conducted for the 1st PSR survey that was conducted on 11/23/22 for the Life Safety Code Survey conducted on 10/03/22 by the Indiana Department of Health in accordance to 42 CFR 483.90(a)</p> <p>Survey Date: 01/09/23</p> <p>Facility Number: 013644 Provider Number: 155850 AIM Number: 201381180</p>			K 0000			

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

TITLE

(X6) DATE

Marti Carmean

Administrator

01/26/2023

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 0341 SS=F Bldg. 01	<p>At this Life Safety Code PSR, Belltower Health & Rehabilitation 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 was determined to be of Type V (111) construction and fully sprinklered. The facility has fire alarm system with hard wired smoke detection in resident rooms, in corridors and in spaces open to the corridors. The facility has a capacity of 96 and had a census of 90 at the time of this survey.</p> <p>All areas where residents have customary access and all areas providing facility services were sprinklered.</p> <p>Quality Review completed on 01/10/23</p> <p>NFPA 101 Fire Alarm System - Installation Fire Alarm System - Installation 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.</p>						

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	<p>18.3.4.1, 19.3.4.1, 9.6, 9.6.1.8</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 fire alarm systems was continuously in proper operating condition. NFPA 72, National Fire Alarm and Signaling Code, 2010 Edition, Section 14.2.1.2.2 states system defects and malfunctions shall be corrected. This deficient practice could affect all residents, staff, and visitors.</p> <p>Findings include:</p> <p>Based on observation on 01/09/23 at 10:58 a.m. with the Maintenance Director, the following were observed:</p> <p>a.) On the fire alarm control panel there was a yellow trouble light illuminated for one of the dialers.</p> <p>b.) The time on the fire alarm control panel indicated the time to be 12:12 p.m. when checked at 10:58 a.m. on 01/09/23</p> <p>During an interview at the time of observation and testing, the Maintenance Director confirmed the yellow trouble light and date & time was still inaccurate. Maintenance Director stated and showed that the facility has been in contact with the alarm company and is awaiting confirmation from the alarm company to schedule work done.</p> <p>Findings were discussed with the Maintenance Director at exit conference.</p> <p>These deficiencies were cited on 11/23/22 and 10/03/22. The facility failed to implement a systemic plan of correction to prevent reoccurrences.</p> <p>3.1-19(b)</p>		K 0341	<p>1. The Fire company repaired the fire panel on 1.26.23. The panel is functioning per the present requirement the date & time has been corrected as well as the trouble light off. There were no residents directly affected by the alleged deficient practice.</p> <p>2. Residents residing at the facility have the potential to be affected by the alleged deficient practice.</p> <p>3. The Maintenance Director has been educated by the administrator on the requirements as it relates to the fire panel repair. The Maintenance Director will audit the fire panel weekly and inform Administrator of any abnormal readings within the fire panel.</p> <p>4. Fire panel audits will be forwarded to QAPI for review, results of these audits will be performed by the Maintenance Director monthly for a period of 6-months or until compliance is achieved.</p> <p>5. Date of Compliance 1.26.23</p>		01/26/2023	

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