

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155851	X2) MULTIPLE CONSTRUCTION A. BUILDING -- _____ B. WING _____	X3) DATE SURVEY COMPLETED 02/14/2024
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NAME OF PROVIDER OR SUPPLIER  ORCHARD POINTE HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP COD 702 SAWYER ROAD KENDALLVILLE, IN 46755
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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 483.73.</p> <p>Survey Date: 02/14/24</p> <p>Facility Number: 013704 Provider Number: 155851 AIM Number: 300017679</p> <p>At this Emergency Preparedness survey, Orchard Pointe Health Campus 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 58 certified beds. At the time of the survey, the census was 50.</p> <p>Quality Review completed on 02/16/24</p>	E 0000		
K 0000  Bldg. 01	<p>A Life Safety Code Certification and State Licensure Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a).</p> <p>Survey Date: 02/14/24</p> <p>Facility Number: 013704 Provider Number: 155851 AIM Number: 300017697</p> <p>At this Life Safety Code survey, Orchard Pointe Health Campus was found not in compliance with</p>	K 0000	The preparation or execution of this plan of correction does not constitute admission or agreement of provider of the truth of the facts alleged or conclusions set forth on the Statement of Deficiencies. The Plan of Correction is prepared and executed solely because it is required by the position of Federal and State Law. The Plan of Correction is submitted in order to respond to the allegation of noncompliance cited during the	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Haylee Everidge, HFA	Executive Director	03/01/2024

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 0351 SS=E Bldg. 01	<p>Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.90(a), Life Safety from Fire, the 2012 edition of NFPA (National Fire Protection Association) 101, LSC (Life Safety Code). The facility was surveyed with Chapter 19, Existing Health Care Occupancies.</p> <p>This one story facility was determined to be of Type V (111) construction and fully sprinklered. The facility has a fire alarm system with hard wired smoke detection in resident rooms, in corridors and in spaces open to the corridors. The building is partially protected by a 150 kW natural gas powered emergency generator. The facility has 58 certified beds. The facility had a census of 50 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 02/16/24</p> <p>NFPA 101 Sprinkler System - Installation Spinkler System - Installation 2012 EXISTING Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers. In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms</p>		Annual Recertification and State Licensure Survey on 2/14/2024. Please accept this Plan of Correction as Orchard Pointe's credible allegation of compliance effective 3/6/2024. The Provider respectfully requests a desktop review for the health campus with paper compliance to be considered in establishing the provider is in substantial compliance.	

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	<p>where the area of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems. 19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1) Based on observation and interview, the facility failed to ensure 1 of 60 resident rooms were provided with adequate sprinkler coverage. NFPA 13, 2010 edition, section 8.7.5.1.1 states sprinklers shall be located so as to minimize obstructions to discharge as defined in 8.5.5.2 and 8.5.5.3, or additional sprinklers shall be provided to ensure adequate coverage of the hazard. This deficient practice could up to 20 residents in one smoke compartment.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Director and the Director Preventive Maintenance on 02/14/22 at 12:15 p.m., in room 405 there was only one sprinkler head in the room by the entrance. Only one half of the room was covered by the sprinkler due to the restroom wall blocking the spray pattern for the other half of the room. Based on interview at the time of observation, the Maintenance Director stated one of the sparklers in the room was removed due to a pipe leak and they are waiting on parts to fix the sprinkler.</p> <p>The finding was reviewed with the Administrator, the Maintenance Director, and the Director Preventive Maintenance.</p> <p>3.1-19(b)</p> <p>Based on observation and interview, the facility failed to ensure the spray pattern for sprinkler</p>	K 0351	<p>SafeCare was out on Monday, March 26th to conduct inspection on sprinkler heads and provide quotes to repair. SafeCare also completed audit of sprinkler heads in Room 405. Scheduled maintenance for Mechanical Room set for 3/6/2024.</p> <p>SafeCare noted that no repairs needed to be made in Room 405 in relation to the current 4 round sprinkler heads in room 405. Education was provided to Director of Plant Operations on Standards for Installation of Sprinkler Systems to identify out of compliance issues during scheduled and as needed rounding.</p> <p>To ensure ongoing compliance, a new task has been added to TELS Monthly Tasks to check all maintenance Room Sprinklers for function and placement. Completion of this task will be signed off monthly by Director of Plan Operations or designee. As a quality measure, TELS Monthly Task will be presented at campus Quality Assurance Performance Improvement meetings. The plan will be reviewed and updated as</p>	03/06/2024

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	<p>heads were not obstructed in 1 of 1 dining mechanical rooms in accordance with 19.3.5.1. NFPA 13, 2010 edition, Section 8.5.5.1 states sprinklers shall be located so as to minimize obstructions to discharge as defined in 8.5.5.2 and 8.5.5.3 or additional sprinklers shall be provided to ensure adequate coverage of the hazard. Sections 8.5.5.2 and 8.5.5.3 do not permit continuous or noncontinuous obstructions less than or equal to 18 inches below the sprinkler deflector or in a horizontal plane more than 18 inches below the sprinkler deflector that prevent the spray pattern from fully developing. This deficient practice could affect 30 residents in one smoke compartment.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Director on 02/14/24 at 12:00 p.m., in the dining mechanical room there was one pendant sprinkler head on the ceiling within one inch from the side of the furnace which obstructs the spray pattern of the sprinkler. Also, fixed equipment divided the room in half leaving one side of the room without sprinkler coverage. Based on interview at the time of observation, the Maintenance Director agreed the sprinkler head was obstructed and did not provide full coverage of the room.</p> <p>This finding was reviewed with the Maintenance Director during the exit conference.</p> <p>3.1-19(b)</p>		warranted.	