

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

PRINTED: 01/03/2024
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 01 B. WING		X3) DATE SURVEY COMPLETED 12/05/2023	
NAME OF PROVIDER OR SUPPLIER BELLTOWER HEALTH & REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 5805 NORTH FIR ROAD GRANGER, IN 46530			
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K 0000 Bldg. 01	<p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 09/05/23 was conducted by the Indiana Department of Health in accordance 42 CFR Subpart 483.90(a).</p> <p>Survey Date: 12/05/23</p> <p>Facility Number: 013644 Provider Number: 155850 AIM Number: 201381180</p> <p>At this Life Safety Code PSR, Belltower Health and 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 a monitored 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 82 at the time of this survey</p> <p>All areas where the residents have customary access were sprinklered. All areas providing facility services were sprinklered.</p> <p>Quality Review completed on 12/06/23</p>			K 0000	The facility is requesting a paper desk review and will upload documents upon notification of work completions		
K 0324 SS=E	NFPA 101 Cooking Facilities						

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

TITLE

(X6) DATE

Marti Carmean

Administrator

12/29/2023

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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Bldg. 01	<p>Cooking Facilities</p> <p>Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless:</p> <ul style="list-style-type: none"> * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or * cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4. <p>Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor.</p> <p>18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2</p> <p>Based on record review and interview; the facility failed to ensure 1 of 1 kitchen fire suppression system was inspected semiannually. NFPA 96, 2011 Edition, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, Section 11.2.1 states Maintenance of the fire-extinguishing systems and listed exhaust hoods containing a constant or fire-activated water system that is listed to extinguish a fire in the grease removal devices. Hood exhaust plenums, and the exhaust ducts shall be made by properly trained, qualified, and certified person(s) acceptable to the authority having jurisdiction at least every six months. This deficient practice could affect approximately 25 residents and staff.</p> <p>Findings include:</p>			K 0324	<p>K-324 Kitchen Suppression</p> <p>1 The kitchen suppression system work was completed on 12/11/23 with no deficiencies noted to system. 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 & Dietary Manager has been educated on the regulation as it relates to inspections to the suppression system. This educated will be completed by</p>		12/11/2023

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K 0353 SS=F Bldg. 01	<p>Based on records review with the Maintenance Director on 12/05/23 between 09:45 a.m. and 11:30 a.m., the most recent kitchen suppression system inspection available for review was dated 01/11/23. An inspection six months after 01/11/23 was not conducted. Based on interview at the time of record review, the Maintenance Director agreed that the only documentation available was from January and further stated that an inspection wasn't conducted six months after 01/11/23.</p> <p>Findings were discussed with the Maintenance Director and Administrator at exit conference. These deficiencies were cited on 09/05/23. The facility failed to implement a systemic plan of correction to prevent reoccurrences.</p> <p>3.1-19(b)</p> <p>NFPA 101 Sprinkler System - Maintenance and Testing Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available.</p> <p>a) Date sprinkler system last checked</p> <p>b) Who provided system test</p> <p>c) Water system supply source</p> <p>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system.</p>			<p>December 11, 2023</p> <p>The suppression system will be audited every 5 months to ensure the every 6-month requirement is met</p> <p>4 Kitchen Suppression reports will be forwarded to QAPI for review, this will be forwarded to QAPI every 6-months for 12 months</p> <p>5 Date of Compliance December 11, 2023</p>			

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	<p>9.7.5, 9.7.7, 9.7.8, and NFPA 25</p> <p>Based on record review and interview, the facility failed to maintain 2 of 2 automatic sprinkler systems in accordance with NFPA 25. LSC 9.7.5 requires all sprinkler systems shall be inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 2011 Edition, Section 4.1.4.1 states the property owner or designated representative shall correct or repair deficiencies or impairments that are found during the inspection, test and maintenance required by this standard. Corrections and repairs shall be performed by qualified maintenance personnel or a qualified contractor. NFPA 25, 4.3.1 requires records shall be made for all inspections, tests, and maintenance of the system components and shall be made available to the authority having jurisdiction upon request. This deficient practice could affect all residents, staff, and visitors in the facility.</p> <p>Findings include:</p> <p>Based on records review on 12/05/23 between 08:50 a.m. and 09:15 a.m., a sprinkler system inspection report titled "Sprinkler System Inspection" dated 04/19/23 indicated five deficiencies were found during the inspection. The report indicated the following:</p> <ul style="list-style-type: none"> a) The three year air test is due on the 6-inch dry pipe system in risers one and two b) A five year hydrostatic test is due on the 4-inch FDC c) The five year internal check valve inspection is due on the 4-inch FDC grooved swing check valve d) An automatic drain/ball check needs to be added on the dry side of the swing check valve 			K 0353	<p>K 353 Sprinkler System-Maintenance and Testing</p> <p>1 The Vendor has been contacted and work was completed on 12/7/23 that included the Sprinkler deficiencies noted on the sprinkler report which included, three-year air test, the five-year hydrostatic test, a five-year internal check valve inspection, and automatic drain ball check as well as the dry sprinkler gauges. 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 on the requirement as it relates to sprinkler testing, this education will be completed by 12/7/23</p> <p>4 Sprinkler Testing reports will be forwarded to QAPI for review, results of those reports will be reviewed monthly for a period of 6-months or until compliance is achieved.</p> <p>5 Date of Compliance December 11, 2023</p>		12/11/2023

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K 0521 SS=F Bldg. 01	<p>located in the Riser Room for draining water inside FDC piping.</p> <p>Based on interview at the time of record review, the Maintenance Director stated they have been able to get a quote of contract from the Sprinkler company, but the repairs have not been made.</p> <p>Findings were discussed with the Maintenance Director and Administrator at exit conference. These deficiencies were cited on 09/05/23. The facility failed to implement a systemic plan of correction to prevent reoccurrences.</p> <p>3.1-19(b)</p> <p>NFPA 101 HVAC HVAC</p> <p>Heating, ventilation, and air conditioning shall comply with 9.2 and shall be installed in accordance with the manufacturer's specifications.</p> <p>18.5.2.1, 19.5.2.1, 9.2</p> <p>Based on record review and interview; the facility failed to ensure 46 of 46 fire dampers in the facility were inspected and provided necessary maintenance after the first year after installation and at least every four years in accordance with NFPA 90A. LSC 9.2.1 requires heating, ventilating and air conditioning (HVAC) ductwork and related equipment shall be in accordance with NFPA 90A, Standard for the Installation of Air-Conditioning and Ventilating Systems. NFPA 90A, 2012 Edition, Section 5.4.8.1 states fire dampers shall be maintained in accordance with NFPA 80, Standard for Fire Doors and Other Opening Protectives. NFPA 80, 2010 Edition, Section 19.4.1 states each damper shall be tested and inspected 1 year after installation. Section 19.4.1.1 states the test and inspection frequency shall be every 4 years except</p>		K 0521	<p>K 521 HVAC</p> <p>1 The Smoke Damper inspection has been completed on December 6, 2023. 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 on the frequency of smoke damper inspections. This education will be conducted by the administrator by December 11, 2023</p> <p>4 Smoke Damper inspection</p>		12/11/2023	

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	<p>for hospitals where the frequency is every 6 years. If the damper is equipped with a fusible link, the link shall be removed for testing to ensure full closure and lock-in-place if so equipped. The damper shall not be blocked from closure in any way. All inspections and testing shall be documented, indicating the location of the fire damper, date of inspection, name of inspector and deficiencies discovered. The documentation shall have a space to indicate when and how the deficiencies were corrected. This deficient practice can affect all staff, residents and visitors.</p> <p>Findings include:</p> <p>Based on records review with the Maintenance Director on 12/05/23 between 08:50 a.m. and 09:15 a.m., no documentation of an inspection for the smoke/fire dampers within the facility was available for review. During record review, a proposal was provided by the facility to repair and fix all fire dampers within the facility quoted back in January of 2023. Based on interview at the time of records review, the Maintenance Director stated that the contracted company started inspections the previous day and will be conducted throughout the week.</p> <p>Findings were discussed with the Maintenance Director at exit conference. These deficiencies were cited on 09/05/23. The facility failed to implement a systemic plan of correction to prevent reoccurrences</p> <p>3.1-19(b)</p>				<p>reports will be reviewed by the QAPI Committee. These will be reviewed on an annual basis.</p> <p>5 Date of Compliance December 11, 2023</p>		