

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155198	X2) MULTIPLE CONSTRUCTION A. BUILDING -- _____ B. WING _____	X3) DATE SURVEY COMPLETED 01/29/2024
--	---	--	---

NAME OF PROVIDER OR SUPPLIER MARQUETTE	STREET ADDRESS, CITY, STATE, ZIP COD 8140 TOWNSHIP LINE RD INDIANAPOLIS, IN 46260
---	---

(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>An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73.</p> <p>Survey Date: 01/29/24</p> <p>Facility Number: 000105 Provider Number: 155198 AIM Number: NA</p> <p>At this Emergency Preparedness survey, Marquette was found not in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73.</p> <p>The facility has 96 certified beds. At the time of the survey, the census was 55.</p> <p>Quality Review completed on 02/01/24</p>	E 0000		
K 0000 Bldg. 01	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a).</p> <p>Survey Date: 01/29/24</p> <p>Facility Number: 000105 Provider Number: 155198 AIM Number: NA</p> <p>At this Life Safety Code survey, Marquette was found not in compliance with Requirements for</p>	K 0000	Preparation and execution of this plan of correction in no way constitutes an admission or agreement by Marquette of the truth of the facts alleged in this statement of deficiency and plan of correction. In fact, this plan of correction is submitted exclusively to comply with state and federal law. Marquette reserves the right to challenge in legal proceedings, all deficiencies, statements, findings, facts and conclusions	

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

TITLE

(X6) DATE

Jeffrey Cox

Administrator

02/12/2024

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155198	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 01/29/2024
--	---	--	---

NAME OF PROVIDER OR SUPPLIER MARQUETTE	STREET ADDRESS, CITY, STATE, ZIP COD 8140 TOWNSHIP LINE RD INDIANAPOLIS, IN 46260
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
K 0353 SS=F Bldg. 01	<p>Participation in Medicare, 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 two-story building with a basement was determined to be of Type II (222) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridor and in all areas open to the corridor. The facility has smoke detectors hard wired to the fire alarm system installed in all resident sleeping rooms. The facility has a capacity of 96 and had a census of 55 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. All areas providing facility services were sprinklered.</p> <p>Quality Review completed on 02/01/24</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>that form the basis of the stated deficiency. This plan of correction serves as the allegation of compliance.</p> <p>Additional supporting documentation will be provided upon request. Marquette respectfully requests a desk review.</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155198	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	X3) DATE SURVEY COMPLETED 01/29/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MARQUETTE	STREET ADDRESS, CITY, STATE, ZIP CODE 8140 TOWNSHIP LINE RD INDIANAPOLIS, IN 46260
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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
	<p>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25</p> <p>Based on record review and interview; the facility failed to document sprinkler system inspections in accordance with NFPA 25. NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 2011 Edition, Section 5.2.4.1 states gauges on wet pipe sprinkler systems shall be inspected monthly to ensure that they are in good condition and that normal water supply pressure is being maintained. Section 5.2.4.2 states gauges on dry, preaction, and deluge systems shall be inspected weekly to ensure normal air and water pressures are being maintained. Section 5.1.2 states valves and fire department connections shall be inspected, tested, and maintained in accordance with Chapter 13. Section 13.1.1.2 states Table 13.1.1.2 shall be utilized for inspection, testing and maintenance of valves, valve components and trim. Section 4.3.1 states records shall be made for all inspections, tests, and maintenance of the system and its components and shall be made available to the authority having jurisdiction upon request. This deficient practice could affect all clients and staff in the facility.</p> <p>Findings include:</p> <p>Based on review of the Siemens sprinkler report documentation entitled "Inspection and Testing Form for Wet / Dry Fire Protection Systems" dated 02/02/23, 06/13/23, 09/25/24, and 12/28/24 on 01/29/24 at 12:19 p.m., there was no documented weekly or monthly sprinkler gauge inspections noted. In addition, monthly inspection documentation for all sprinkler system control valves was also not available for review. Based on</p>	K 0353	<p>What corrective action will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>No residents/staff were found to be affected by this practice. Immediately following the Life Safety inspection, the facility conducted a full review of the current documentation practices for water-based fire protection systems. Through the following corrective actions, the facility will ensure that all system gauges and control valves are inspected and documented as per the frequency required by NFPA 25, and any deficiencies will be corrected promptly.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken?</p> <p>All residents/staff have the potential to be affected by this practice. Immediately following the inspection, the facility revised its Sprinkler System – Maintenance and Testing Policy to align with NFPA 25 requirements for the inspection, testing, and maintenance of water-based fire protection systems. Additionally,</p>	02/15/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155198	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 01/29/2024
--	---	--	---

NAME OF PROVIDER OR SUPPLIER MARQUETTE	STREET ADDRESS, CITY, STATE, ZIP COD 8140 TOWNSHIP LINE RD INDIANAPOLIS, IN 46260
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<p>an interview at the time of record review, the Maintenance Technician, and the Director of Operations both acknowledged that weekly or monthly sprinkler system gauge inspection documentation and monthly control valve inspection documentation, for the last twelve-month period was not available for review adding that they were unaware of the requirements to document the aforementioned items but would begin to document them immediately.</p> <p>3.1-19(b)</p> <p>This item was discussed again at the exit conference on 01/29/24 at 3:00 p.m. with the Maintenance Technician, and the Director of Operations.</p>		<p>the facility conducted a comprehensive review of all resident areas to ensure that the sprinkler system is fully operational and compliant with NFPA 25 standards.</p> <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur? Facility management will maintain the standards for sprinkler system inspections, testing, and maintenance in accordance with NFPA 25. Additionally, the Sprinkler System – Maintenance and Testing Policy was revised to align with NFPA 25 requirements. A new record-keeping system will be implemented to ensure accurate and timely documentation of all related activities. Education will be provided to the Plant Operations Director and Building Engineer regarding the Sprinkler System – Maintenance and Testing Policy - highlighting NFPA 25 requirements for the inspection, testing, and maintenance of water-based fire protection systems.</p> <p>How will the corrective action be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155198	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 01/29/2024
--	---	--	---

NAME OF PROVIDER OR SUPPLIER MARQUETTE	STREET ADDRESS, CITY, STATE, ZIP COD 8140 TOWNSHIP LINE RD INDIANAPOLIS, IN 46260
---	---

(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
			<p>into place?</p> <p>The Plant Operations Director or designee will oversee the process for inspection, testing, and maintenance of water-based fire protection systems. A water-based fire protection systems audit will be conducted by the Plant Operations Director or designee to ensure that the system is in-compliance with all NFPA 25 inspection, testing, and maintenance requirements. This audit will occur weekly for 8 weeks, then bi-weekly for 8 weeks, then monthly for a total duration of 12 months. The results of the audits will be shared with the facility's Quality Assurance Performance Improvement Committee for additional recommendations, as necessary.</p>	