STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155361	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING	X3) DATE SURVEY COMPLETED 06/11/2014
NAME OF PROVIDER OR SUPPLIER AMBER MANOR CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 801 E ILLINOIS ST PETERSBURG, IN 47567	

(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
K010000	A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Dates: 06/11/14 Facility Number: 000252 Provider Number: 155361 AIM Number: 100267780 Surveyor: Lex Brashear, Life Safety Code Specialist At this Life Safety Code survey, Amber Manor Care Center was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2. This one story facility was determined to be of Type V (000) construction and was fully sprinklered. The facility has a fire alarm system with hard wired smoke detectors in the corridors and in spaces open to the corridors, plus battery operated smoke detectors in all resident	K010000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days 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 14 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: 155361	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED 06/11/2014
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	sleeping rooms. The facility has a capacity of 64 and had a census of 55 at the time of this survey. All areas where residents have customary access were sprinklered. All areas providing facility services were sprinklered except two detached buildings, including a twenty foot by thirty foot garage used for the storage of maintenance supplies, extra beds, laundry supplies, and Christmas decorations, and an eight foot by ten foot storage barn used for the storage of holiday decorations. Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 06/17/14. The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:			
K010068 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Combustion and ventilation air for boiler, incinerator and heater rooms is taken from and discharged to the outside air. 19.5.2.2 Based on observation and interview, the facility failed to ensure adequate outside air ventilation was provided for 1 of 3	K010068	Plan of Correction TextPreparation or execution of this plan of correction does not constitute admission or	07/11/2014

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	rooms in the facility where fuel fired water heaters were located. This deficient practice could affect mostly kitchen staff plus any number of residents, staff, and visitors while in the dining room which was in the same smoke compartment as the kitchen. Findings Include: Based on observation on 06/11/14 at 1:00 p.m. during a tour of the facility with the Director of Plant Operations, the closet within the kitchen contained one fuel (gas) fired water heater with no fresh air intake vent provided. During an interview at the time of observation, the Director of Plant Operations acknowledged there was no fresh air intake vent provided in the kitchen water heater closet. 3.1-19(b)		agreement by the provider of the truth of the facts alleged, or conclusions set forth on the statement of deficiencies.This plan of correction is prepared and executed solely because it is required by Federal and State law.This plan of correction is submittd in order to respond to the allegations of noncompliance cited during annual Life Safety Survey review concluding 6-11-2014.Please accept this plan of correction as the provider's credible aggregation of compliance effective on or before 7-11-2014.We respectfully request a desk review for compliance. Residents, staff, or visitors suffered no ill effects from the alleged deficiency.Completion date 7-11-2014On 6-11-2014 during the facility tour the closet within the kitchen contained a fuel fired water heater with no fresh air vent provided. Bids have been obtained and Baylor, inc will install fresh air ventilation in the kitchen closet according to regulation on or before 7-11-2014.Completion date 7-11-2014	