STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155287	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 12/15/2014
NAME OF PROVIDER OR SUPPLIER RENSSELAER CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1309 E GRACE ST RENSSELAER, IN 47978	

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F000000		F000000		
	This visit was for a Recertification and State Licensure Survey. Survey dates: December 9, 10,11,12, and 15, 2014 Facility number: 000185 Provider number: 155287 AIM number: 100290840 Survey team: Julie Ferguson, RN-TC Caitlyn Doyle, RN (12/9/14, 12/11/14, 12/12/14 and 12/15/14) Heather Hite, RN Jennifer Redlin, RN Census bed type: SNF/NF: 98 Total: 98 Census payor type: Medicare: 21 Medicaid: 61 Other: 16 Total: 98 These deficiencies reflect State findings cited in accordance with 410 IAC			

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.

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	16.2-3.1. Quality review completed on December 17, 2014, by Janelyn Kulik, RN.			
F000465 SS=E	483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFOR TABLE ENVIRON The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. Based on observation and interview, the facility failed to maintain a functional and safe environment related marred walls, gouged walls and doors, splintered doors, dirty floors and bathroom pull cords on 4 of 4 halls throughout the facility. (West Hall, South Hall, Special Care Unit and Skilled Unit) Findings include: During the Environmental tour on 12/12/14 from 3:20 p.m. until 3:55 p.m., with the Maintenance Director, Administrator and Nurse Consultant, the following was observed: 1. West Hall a. In rooms 400, 404, 407 and 408, the	F000465	This Plan of Correction is submitted as required under Federal and State regulation and statues applicable to long term care providers. This Plan of Correction does not constitute an admission of liability on the part of the facility, and such liability is hereby specifically denied. The submission of the plan does not constitute an agreement by the facility that the surveyors' findings or conclusions are accurate, that the findings constitute a deficiency, or that the scope or severity regarding any of the deficiencies cited are correctly appliedImmediateThis facility respectfully request paper compliance. Room 400, 403, 404 407 and 408 had the alarm pull cord replaced on 12.15.14ADDENDUM: Room 417 had the wall between the closet and bathroom painted on	01/05/2015

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	alarm pull cord in the bathroom had a yellowish/brown substance on them. There were two residents who resided in each of these rooms. b. In room 403's bathroom, the alarm pull cord had a yellowish/brown substance on it. There was one resident who resided in this room. c. In room 417, the wall between the closet and the bathroom was chipped. There were two residents who resided in this room. 2. South Hall a. Room 302 had brown stains on the privacy curtains, and chipped walls under the window and below the call light. There were two residents who resided in this room. b. Room 307's entryway doorway had gouged edges. There were two residents who resided in this room. c. In room 310, the inner bathroom door, doorjamb, closet molding were marred, and the wooden wall bumper were marred and gouged. There was one resident who resided in this room. d. Room's 311 and 312 alarm pull cords		12.15.14. Room 302 had privacy curtains replace and chip paint repaired on 12.15.14Room 307 and 310 had entry door jams repaired and wood wall bumper fixed on 12.15.14Room 311 and 312 had pull cords replaced on 12.15.14Room 200 had gouged area fixed on 12.16.14Room 204 and 209 had gouged area fixed on bathroom door on 12.16.14Room 001 entry door was repaired on 12.15.14 Room 005 and 008 had floors repaired by 12.26.14Room 008 had dark spots on floor repaired and the marred TV dresser replaced by 12.26.14Room 009 had door repaired on 12.16.14Room 012 had sink repaired on 12.17.14Room 016 had the toiled riser replaced along with repairs to the bathroom door jams and inner part of the entryway door repaired 12.16.14All othersA full facility audit was conducted to identify any other affected areas, with repairs being made by date of compliance EducationMaintenance and House Keeping directors were educated on tag F 465 on 12.22.14 by the Executive Director. PIThe affected areas will be monitored 1X per week for 4 weeks, 1 X per month for 3 months and then quarterly their after until 95% is achieved. Results will be reviewed in Monthly PI meeting. Facility alleges compliance on 1.5.15Test	

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	had a yellowish/brown substance on them. There were two resident who resided in each room. 3. Special Care Unit a. In room 200, the outside of the bathroom door had a gouged area. There was one resident who resided in this room. b. In room 204, the inside bathroom door had gouged areas. There were four residents who shared this bathroom. c. In room 209, the inside of the bathroom door had gouged areas. There was one resident who resided in this room. 4. Skilled Unit a. Room 1's entryway door had splintered by the handle, the inner bathroom door was marred and there were holes in the bathroom wall. There was one resident who resided in this room. b. Room 5 had a dark substance over the floor, near the foot of the resident's bed. There was one resident who resided in this room.			

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	c. Room 8 had dark spots all over the floor and a marred TV dresser/stand. There was one resident who resided in this room. d. Room 9's inside, bottom of the bathroom door had gouged areas and the entryway door had splintered edges. There was one resident who resided in this room. e. Room 12 bathroom sink had cracks in the bowl with dark brown stains. There was one resident who resided in this room. f. Room 16's toilet riser had padded handles that were ripped and taped. The inside of the bathroom door and doorjamb were marred and the inner part of the entryway door had gouged edges. There were two residents who resided in this room. Interview with the Maintenance Director at the end of the tour, indicated all areas were in need of repair. 3.1-19(f)			