

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155385	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  10/23/2014
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NAME OF PROVIDER OR SUPPLIER  CAMELOT CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1555 COMMERCE ST LOGANSPORT, IN 46947
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F000000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: October 19, 20, 21, 22, and 23, 2014</p> <p>Facility number: 000466 Provider number: 155385 AIM number: 100289810</p> <p>Survey team: Maria Pantaleo, RN-TC Rita Mullen, RN (October 20,21,22 and 23, 2014) Bobette Messman, RN (October 20,21,22 and 23, 2014) Holly Duckwoth, RN (October 19,21,22, and 23, 2014)</p> <p>Census bed type: NF: 59 SNF: 5 Total: 64</p> <p>Census payor type: Medicaid: 64 Total: 64</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.1.</p>	F000000	Submission of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or correction set forth on the statement of deficiencies. This plan of correction is prepared and submitted because of requirement under state and federal law. Please accept this plan of correction as our credible allegation of compliance.	

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

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards 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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F000458 SS=E	<p>Quality Review was completed by Tammy Alley RN on October 24, 2014.</p> <p>483.70(d)(1)(ii) BEDROOMS MEASURE AT LEAST 80 SQ FT/RESIDENT Bedrooms must measure at least 80 square feet per resident in multiple resident bedrooms, and at least 100 square feet in single resident rooms. Based on record review, observation and interview, the facility failed to provide at least 80 square feet (sq.ft.) per resident in multiple resident rooms. This was evidenced in 4 of 25 resident rooms in the facility. (Rooms 1,16,18, and 19)</p> <p>Findings include:</p> <p>During the initial facility observation, on 10/19/14 at 2:45 p.m., Rooms #1 and 16 were found to have three bed's. Rooms #18 and 19 were found to have four beds.</p> <p>Facility documentation of room size certification, dated 3/25/13, and provided by the Administrator on 10/21/14 at 11:00 a.m., indicated the following:</p> <ol style="list-style-type: none"> <li>1. Room #1, 3 beds/NF 238.8 Sq.Ft/79.6 Sq.Ft. for each resident.</li> <li>2. Room #16, 3 bedsNF 237.9 Sq.Ft/79.3</li> </ol>	F000458	A new request for a room size waiver to the Indiana State Department of Health was submitted and accepted on 11/07/14 for a Room Size Waiver for Title 19 NF room #'s 1,16,18,19. (See room waiver attachment)	11/07/2014

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F000465 SS=E	<p>Sq Ft. for each resident.</p> <p>3. Room #18, 4 beds/NF 319.6 Sq.Ft/79.9 Sq.Ft. for each resident.</p> <p>4. Room #19, 4 beds/NF 319.6 Sq.Ft/79.9 Sq.Ft. for each resident.</p> <p>During an interview with the facility Administrator, on 10/21/14 at 11:00 a.m., she indicated a room size waiver has been requested in the past and granted.</p> <p>3.1-19(1)(2)</p> <p>483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE 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 provide a clean environment as evidenced by floors with dirt and wax build up in multiple facility rooms and a floor drain cover in the hall was not anchored in the floor. (Room #'s 9,12,18,20,32)</p> <p>Findings include:</p> <p>During an environmental tour on 10/23/14 at 10:00 a.m., with the Administrator and Housekeeping</p>	F000465	F 465 Safe/functional/sanitary/comfortable environment. The facility must provide a safe, functional, sanitary, and comfortable environment for resident, staff and the public. Corrective action for residents affected or having the potential to be affected. All affected areas were cleaned immediately. All other areas were assessed to ensure compliance. Measures to ensure practice does not recur: Areas of concern were added to housekeeping resident room complete assignments. (see	11/03/2014	

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	<p>Supervisor, the following were noted:</p> <ol style="list-style-type: none"> <li>1. Room #9 on the boys hall, the floor at the entrance of the room was noted to have a buildup of dirt.</li> <li>2. Room #12 on the boys hall, the floor at the entrance of the room was noted to have a buildup of dirt.</li> <li>3. Room #18 on the girls hall, the floor at the entrance of the room was noted to have a buildup of dirt.</li> <li>4. Room #20 on the girls hall, the floor at the entrance of the room was noted to have a buildup of dirt.</li> <li>5. Room #32 on the middle hall, the floor at the entrance of the room was noted to have a buildup of dirt.</li> <li>6. The floor drain in front of room #9 was not anchored securely to the floor.</li> </ol> <p>During an interview with the Administrator on 10/23/14 at 10:30 a.m., she indicated the floor's were part of a larger remodeling project for the facility. She acknowledged the floors did have a buildup of dirt at the corners. The administrator also indicated different floors have been trailed but no specific floor had been chosen for placement.</p>		attachment A)Corrective action to be monitored by:2. QA was implemented to include corners,edges and entry ways are free from dirt and/or buldup on all 3 halls. QA to be completed by QA member weekly for the first quarter and then quarterly thereafter. (see attachment B)	

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	3.1-19(f)				