

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155358	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 12/15/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER MEADOWS MANOR EAST	STREET ADDRESS, CITY, STATE, ZIP CODE 3300 POPLAR ST TERRE HAUTE, IN 47803
--	--

(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	<p>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).</p> <p>Survey Date: 12/15/14</p> <p>Facility Number: 000249 Provider Number: 155358 AIM Number: 100267640</p> <p>Surveyor: Bridget Brown, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Meadows Manor East 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.</p> <p>This one story facility with a basement was determined to be of Type II (000) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and spaces open to the corridors. Battery powered smoke detectors are provided in</p>	K010000	<p>Please consider this Plan of Correction as our allegation of compliance. Disclaimer: Meadows Manor Convalescent and Rehab Center does not believe and does not admit that any deficiencies existed before, during or after the survey. Meadows Manor Convalescent and Rehab Center reserves all rights to contest the survey findings through informal dispute resolution, formal appeal proceedings or any administrative or legal proceedings. This plan of correction is not meant to establish any standard of of care, contract obligation or position and Meadows Manor Convalescent and Rehab Center reserves all rights to raise all possible contentions and defenses in any type of civil or criminal claim, action or proceedings. Nothing contained in this plan of correction should be considered as a waiver or any potentially applicable peer review, quality assurance or self critical examinations privileges which Meadows Manor Convalescent and Rehab Center does not waive, and reserves the right to assert in any administrative civil or criminal claim, action or proceeding. Meadows Manor Convalescent and Rehab Center offers it's responses, credible allegation of compliance and plan of correction as part of it's</p>	
---------	--	---------	--	--

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155358		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 12/15/2014	
NAME OF PROVIDER OR SUPPLIER MEADOWS MANOR EAST				STREET ADDRESS, CITY, STATE, ZIP CODE 3300 POPLAR ST TERRE HAUTE, IN 47803			
(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			
K010056 SS=E	<p>all resident rooms. The facility has the capacity for 89 and had a census of 66 at the time of this survey.</p> <p>All areas with customary resident access were and all areas providing facility services were sprinklered.</p> <p>Quality Review by Dennis Austill, Life Safety Code Specialist on 12/17/14.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by:</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5</p> <p>Based on observation and interview, the facility failed to maintain the minimum distance between sprinklers in 2 of 6</p>	K010056	<p>ongoing effort to provide quality care.</p> <p>The facility will ensure that the automatic Sprinkler System is installed in accordance with NFPA 13 standards. The two (2)</p>	01/12/2015			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155358		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 12/15/2014	
NAME OF PROVIDER OR SUPPLIER MEADOWS MANOR EAST				STREET ADDRESS, CITY, STATE, ZIP CODE 3300 POPLAR ST TERRE HAUTE, IN 47803			
(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>smoke compartments. NFPA 13, 1999 Edition at 4-7.3.4 requires sprinklers shall be spaced not less than 6 feet on center. This deficient practice affects staff, visitors and 40 or more residents on the East and West wings.</p> <p>Findings include:</p> <p>Based on observation with the maintenance director on 12/15/14 between 10:30 a.m. and 1:30 p.m., two pendant ceiling sprinkler heads were spaced 24 inches apart in the West wing soiled utility room; two pendant sprinkler heads in the East soiled utility room were spaced 42 inches apart. The maintenance director acknowledged at the time of observations, the sprinkler heads were not at the minimum distance of six feet apart.</p> <p>3.1-19(b)</p>		<p>sprinkler heads that are spaced less than six (6) feet on the center will be removed. This could potentially affect all residents as well as visitors and staff, as do all areas of fire safety. Then Maintenance Director will be the responsible person and will monitor by visibly inspecting all maintenance and construction to ensure that this type of finding does not recur.</p>				