

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15E594	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  07/18/2016
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NAME OF PROVIDER OR SUPPLIER  MCGIVNEY HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2907 E 136TH ST CARMEL, IN 46033
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F 0000  Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: July 12, 13, 14, 15 and 18, 2016</p> <p>Facility number: 000545 Provider number: 15E594 AIM number: 100267350</p> <p>Census bed type: NF: 30 Total: 30</p> <p>Census payor type: Medicaid: 29 Other: 1 Total: 30</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality Review was completed by 21662 on July 20, 2016.</p>	F 0000	<p>Submission of this Plan of Correction does not constitute an admission or agreement by the provider of the truth of facts alleged or corrections set forth on the statement of deficiencies. This Plan of Correction is prepared and submitted because of requirements under Federal and State law.</p>	
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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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F 0458 SS=D Bldg. 00	<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.</p> <p>Based on record review, observation and interview, the facility failed to provide at least 80 square feet (sq.ft.) per resident in 1 of 18 resident rooms. (Room #1)</p> <p>Findings include:</p> <p>During the initial facility observation on 7/12/2016 at 10:30 a.m., Room #1 was found to have 2 bed's.</p> <p>Facility documentation of room size certification received on 7/18/2016 at 10:00 a.m., from the Administrator, indicated the following:</p> <p>Room #1, 2 beds/NF, 153.83 Sq.Ft/76.9 Sq.Ft. for each resident.</p> <p>During an interview on 7/18/2016 at 10:15 a.m., with the facility Administrator, she indicated only one resident is utilizing room #1 but the bed inventory has 2 beds listed for room #1 and a room size waiver has been requested in the past and granted.</p> <p>3.1-19(k)(2)</p>	F 0458	<p>McGivney Health Care is requesting a waiver for Room 1. This room is located in the old section of our building and historically ISDH has granted the room size waiver. This room meets the needs of 2 residents and does not create a hazard to their safety. The room is currently housing only one resident. A letter requesting the waiver was mailed to the Director of ISDH LTC Division on July 25, 2016.</p>	08/17/2016

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F 0465 SS=E Bldg. 00	<p>483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFOR TABLE ENVIRON</p> <p>The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.</p> <p>Based on observation, record review and interview, the facility failed to ensure a clean, sanitary, and home like environment related to 8 of 18 resident rooms (walls, floors, doors, windows, and furniture), Room's # 3, 7, 12, 13, 14, 15, 16 and 18.</p> <p>Findings include:</p> <p>During resident room observations on 7/18/16 the following were observed:</p> <p>1. Room 3 on 7/18/16 at 2:15 p.m., the heating vent on the floor was rusty, plaster was gouged, walls were marred.</p> <p>2. Room 7 on 7/18/16 at 2:17 p.m., the walls behind the bed were gouged and marred, bathroom door jam was marred, bedside dresser had large gouges on drawers,,</p> <p>3. Room 12 on 7/18/2016 at 2:20 p.m.,</p>	F 0465	<p>The facility provides a safe, functional, sanitary, and comfortable environment for residents, staff, and the public.</p> <p><b>Corrective action for residents affected:</b></p> <p>1.Room 3 – The heating vent on the floor has been replaced. The damaged plaster has been repaired, and the walls have been painted.</p> <p>2.Room 7 – The walls have been repaired and painted. The bathroom door jam has been repainted. The bed side dresser has been repaired and replacement ordered.</p> <p>3.Room 12 – Window sills have been painted, and toileting mounting bolts have been replaced.</p> <p>4.Room 13 – The bathroom and bedroom doors have had protective kick plates installed.</p> <p>5.Room 14 – The bed room walls have been repaired and painted and a protective kick plate has been installed on the door.</p> <p>6.Room 15 – The bedroom</p>	08/17/2016
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	<p>window sills were chipped, toilet mounting bolt caps were missing.</p> <p>4. Room 13 on 7/18/16 at 2:26 p.m., the bathroom and bedroom doors were marred, chipped and gouged.</p> <p>5. Room 14 on 7/18/16 at 2:38 p.m., the bedroom walls and door were marred, chipped and gouged.</p> <p>6. Room 15 on 7/18/16 at 2:40 p.m., the bedroom walls were marred.</p> <p>7. Room 16 on 7/18/2016 at 2:42 p.m., the walls in the bedroom were marred chipped and peeling and window blinds were broken and needed replacement.</p> <p>8. Room 18 on 7/18/2016 at 2:43 p.m., the window blinds were broken and need replacement and the walls were marred,</p> <p>During the environmental tour on 7/18/16 at 1:30 p.m., with the Maintenance Director, he indicated he was aware of areas that needed painting and had replaced window blinds as they come in. He indicated there was a request book for maintenance requests on the floor where staff can document things that need to be repaired.</p> <p>A policy titled " Work Orders,</p>		<p>walls have been repaired and painted.</p> <p>7.Room 16 – The bedroom wall shave been repaired and painted. Windows blinds have been replaced with new ones.</p> <p>8.Room 18 – Windows blinds have been replaced with new ones. The bedroom walls have been repaired and painted.</p> <p><b>Otherresidents having the potential to be affected and corrective actions:</b> All residents have the potential to be affected by this alleged deficient practice. A facility-wide environmental inspection has been completed, and a punch list of all areas in need of repair or replacement has been developed. A plan has been developed with anticipated time frames for completion.</p> <p><b>Measures to ensure practice does not recur:</b> The facility-wide preventive maintenance plan has been reviewed and revised as deemed necessary. Facility staff has been in-serviced on the need to complete maintenance request forms every time they observe any environmental area in need of repair. The Executive Director / designee will review all requests during the morning meeting and ensure a plan is in place to address the concern. <b>This corrective action will be monitored by:</b> A QA audit will be utilized once weekly x 8 weeks then once every two weeks x 4 months by the Executive Director or designee and/or the regional</p>		

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	<p>Maintenance " dated 4/2010, received from the Maintenance Director on 7/18/16 at 3:20 p.m., indicated "... Policy Statement... Maintenance work orders shall be completed in order to establish a priority of maintenance service. Policy Interpretation and Implementation 1. In order to establish a priority of maintenance service, work orders must be filled out and forwarded to the Maintenance Director. 2. It shall be the responsibility of the department directors to fill out and forward such work orders to the Maintenance Director. 3. A supply of work orders is maintained at each nurse's station. 4. Work Orders requests should be placed in the appropriate file baskets at the nurse's station Work orders are picked up daily. 5. Emergency requests will be given priority in making necessary repairs...."</p> <p>3.1-19(f)</p>		<p>director of facilities maintenance to identify on-going environmental concerns. The ED will be informed of concerns and an action plan developed. Audit results will also be presented during the monthly QA Committee meetings and action plans developed to improve performance, which may include education, skills validations, performance improvement ,and/or disciplinary action. The need for on-going monitoring will be based upon compliance rates.</p>		