

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155511	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 08/07/2014
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NAME OF PROVIDER OR SUPPLIER TERRE HAUTE NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 830 S 6TH ST TERRE HAUTE, IN 47807
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K010000	<p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification Survey conducted on 06/09/14 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 08/07/14</p> <p>Facility Number: 000446 Provider Number: 155511 AIM Number: 100288720</p> <p>Surveyor: Bridget Brown, Life Safety Code Specialist</p> <p>At this PSR survey, Terre Haute Nursing and Rehabilitation Center was found in substantial 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 was determined to be of Type II (222) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and spaces open to the</p>	K010000	<p>08/23/2014ISDH Division of LTC2 North MeridianSection 4BIndianapolis, In 46204Dear Mr. Austill,On 08/07/2014 a revisit to the Life safety Code survey of June 9, 2014 was conducted. Attached please find the statement of deficiencies the the facility Plan of Correction for these alleged deficiencies. The facility requests that the plan of correction be considered our allegation of compliance effective September 30th, 2013 to the Life Safety Code Re-visit Survey conducted on August 7, 2014. We respectfully request a waiver/and or extension paper review as said Equipment is not available for 6-8 weeks, but has been ordered. We will provide you with any additional information to confirm compliance per your request.Respectfully Submitted,Cathy J. Cox-Parker, B.A. HFAdministrator</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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K010067 SS=C	<p>corridors. The facility has a capacity of 38 and had a census of 30 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. Areas providing facility services were sprinklered with the exception of three detached maintenance, equipment storage and oxygen supply storage sheds.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 08/11/14.</p> <p>The facility was found in substantial compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2 Based on record review and interview, the facility failed to maintain 1 of 1 central air conditioning cooling towers in accordance with manufacturer's specifications. This deficient practice</p>	K010067	By submitting the enclosed material we are not admitting the truth or accuracy of any specific findings or allegations. We reserve the right to contest the findings or allegations as	09/30/2014

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	<p>affects all occupants.</p> <p>Findings include:</p> <p>Based on observation with the administrator on 08/07/14 at 10:30 a.m., a garden hose attached to the exterior of the building was leaking and water was pooling along the outside of the building. The garden hose ran into the top of the facility's central air cooling tower supplying air conditioning to corridors and common areas for resident use. The administrator confirmed at the time of observation the cooling tower was not working properly. She said the cooling tower was unable to maintain it's operating temperature without this arrangement. She said with this rigging the unit was able to "keep up" and provide cool air conditioning to the facility. The air temperature at the time of observation was cool and comfortable and there were no complaints voiced by residents. The adminstrator said a new cooling tower had been ordered but it had not yet been installed. A quote from the contractor dated 07/31/14 noted a "lead time" of "6-8 weeks" which the administrator said was the projected date for delivery of the unit. She said the purchase had been approved but she had no other documentation to evidence the purchase, delivery, and installation dates.</p>		<p>part of any proceedings and submit these responses pursuant to our regulatory obligations. The facility requests that the plan of correction be considered our allegation of compliance effective September 30, 2013 to the Life Safety Code Re-visit Survey conducted on August 7, 2014. We respectfully request a waiver/and or extension paper review as said Equipment is not available for 6-8 weeks, but has been ordered. We will provide you with any additional information to confirm compliance per your request.</p> <p>K067 It is the practice of Terre Haute Nursing and Rehab to assure that Heating , ventilating and air conditioning are installed and maintained in accordance with manufacturer's specifications. The correction action taken for those residents found to be affected by the deficient practice include: CLR rust and lime remover obtained immediately, enough stocked for the next 8 weeks and drain opened to increase water flow to tower. Other residents that have the potential to be affected have been identified by: All residents, visitors, venders and staff had the potential to be affected, but none were identified. The measures or systematic changes that have been put</p>				

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	<p>This deficiency was cited on 06/09/14. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>3.1-19(b)</p>		<p>into place to ensure that the deficient practice does not recur include:</p> <p>Maintenance Director In-serviced on the importance of following manufacturer's specifications. Obtaining bids to replace water cooled heat pumps with air to air heat pumps and split system units for all inner wall offices/Main dining room and main Halls which will eliminate boiler and cooling tower. le 6/17/2014- Master Built and 06/18/2014 Cochran Design. Both have been sent facility Blue Prints. Cooling Tower was ordered 07/03/2014 and Invoice received 08/12/2014 for \$17643.00 with a 6-8 weeks delivery time. Stand-alone P-Tach Units have already been installed in all resident rooms.</p> <p>The corrective action taken to monitor performance to assure compliance through quality assurance is:</p> <p>A Performance Improvement Tool has been initiated that randomly reviews manufacturers' specifications are followed in maintaining central air conditioning tower, checking for appropriate agents for Delime until new system is acquired. The Administrator, or designee, will complete this tool weekly x3, monthly x3, and quarterly x3. Any issues identified will be immediately corrected. The Quality Assurance Committee will review the tools at the scheduled meetings with recommendations</p>	

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			as needed based on the outcomes of the tools. The date the systemic changes will be completed: Sept 30, 2014		