

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 01/26/2015
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NAME OF PROVIDER OR SUPPLIER SUGAR GROVE SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 5865 SUGAR LN PLAINFIELD, IN 46168
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R 000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00162202 and IN00163507.</p> <p>Complaint IN00162202 - Substantiated. State residential deficiency related to the allegations is cited at R148.</p> <p>Complaint IN00163507 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey date: January 23, & 26, 2015</p> <p>Facility number: 012394 Provider Number: 012394 Aim Number: N/A</p> <p>Survey team: Lora Brettnacher, RN, TC (January 23, 2015) Tracina Moody, RN</p> <p>Census bed type: Residential: 115 Total: 115</p> <p>Census by payor type: Medicaid: 16 Other: 99 Total: 115</p>	R 000	<p>This plan of correction is submitted as required under either or both State and Federal law. The submission of this Plan of Correction on February 23, 2015 does not constitute an admission of fault or liability to the government entity or any third party, on the part of Sugar Grove Senior Living Community, as to the accuracy of the surveyors' findings or the conclusions drawn therefrom. Submission of this Plan of Correction also does not constitute an admission that the findings constitute a deficiency or that the scope and severity regarding the deficiency cited are correctly applied. Any changes to the Community's policies and procedures should be considered to be subsequent remedial measures as that concept is employed in Rule 407 of the Federal Rules of Evidence and any corresponding state rules of civil procedure and should be inadmissible in any proceeding on that basis and the Community reserves its right to object to the admission of this Statement of Deficiency or the Plan of Correction under any other theory of law. The Community submits this plan of correction with the intention that it be inadmissible by any third party in any civil or criminal action against the Community or any employee,</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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R 148 Bldg. 00	<p>Sample: 3</p> <p>This deficiency reflects state findings in accordance with 410 IAC 16.2-5.</p> <p>410 IAC 16.2-5-1.5(e)(1-4) Sanitation and Safety Standards - Deficiency (e) The facility shall maintain buildings, grounds, and equipment in a clean condition, in good repair, and free of hazards that may adversely affect the health and welfare of the residents or the public as follows:</p> <p>(1) Each facility shall establish and implement a written program for maintenance to ensure the continued upkeep of the facility.</p> <p>(2) The electrical system, including appliances, cords, switches, alternate power sources, fire alarm and detection systems, shall be maintained to guarantee safe functioning and compliance with state electrical codes.</p> <p>(3) All plumbing shall function properly and comply with state plumbing codes.</p> <p>(4) At least yearly, heating and ventilating systems shall be inspected.</p> <p>Based on observation, interview, and policy review, the facility failed to ensure combustible substances were stored away from electrical equipment for one of one electrical/fire panel storage and failed to ensure chemicals were stored in labeled containers for 1 of 3 housekeeping supply storage rooms.</p>	R 148	<p>agent, officer, director, attorney, or shareholder of the Community or affiliated companies."</p> <p>Based on a review on 01/30/2015 of all maintenance and housekeeping storage rooms, and electrical/fire panel room, it was found that all items were removed from the fire panel room and doors were locked. All chemicals were marked and stored accordingly with correct labels including manufacturers' instructions, contents, and</p>	02/23/2015	

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	<p>Findings include:</p> <p>During observations on 1/23/15 at 11:26 a.m., the Electrical/Main Fire Panel room door was observed unlocked. A food steam box, a rack of pans, two racks of plates, an ice cream cooler, and a plastic lined linen storage cart which contained table linens were observed stored in the room.</p> <p>During observations on 1/23/15 at 11:45 a.m., with the Maintenance Director (MD) present, the 300 hall Janitor/Housekeeping storage room was observed to contain a clear plastic bottle with the words "Glass Cleaner" hand written with a black marker on the side of the bottle. The bottle failed to contain a label which indicated the manufacture's instructions, contents, or hazardous warning information.</p> <p>During an interview on 1/23/15 at 11:45 a.m., the MD indicated chemicals were to be stored and labeled with the chemical name and hazardous warning information. He further indicated the Electrical/Main Fire Panel room should not be used for storage. He indicated he knew there was a regulation that required a certain amount of "feet" between electrical panels and other items but he wasn't sure how many feet that was.</p>		<p>hazardous warning information. All MSDS binders were audited to ensure proper documentation was included for chemicals in use in the building. All chemical bottles were audited for proper labeling and storage. According to "Protection Program" policy, all combustibles have now been moved out from the electrical panel room. On January 30, 2015, the General Manager conducted an in-service with the Maintenance Director. Staff was educated on labeling, storage, and information in the MSDS binder of all chemicals used and stored within the facility. Education included labeling of all bottles with instructions and warnings. Nursing and Dietary staff were also trained on this practice. Chemicals will be stored in an area specific to what is indicated on the label of the chemical. The facility will comply with corporate policy and procedure and follow daily, weekly, monthly, semi-annual, and annual maintenance checks to ensure upkeep of the plumbing, heating, ventilation, and electrical systems. An ongoing monitoring system has been put in place to ensure the practice does not recur. A daily log book will be kept by the Maintenance Director. This log will contain ongoing daily audits to ensure the electrical/fire panel door remains locked and free of</p>				

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	<p>During an observation on 1/23/15 at 1:04 p.m., the General Manager (GM) measured 1.5 feet of distance between the electrical panel box and the linen cart.</p> <p>A policy titled "Property Protection Program," identified as current by the General Manager on 1/23/15 at 12:55 p.m., indicated, "...we have experienced property losses due to electrical damage and fire... To prevent this type of loss we recommend the following... ensure combustibles are at least 3" away from the electrical panels... Incidental Storage-Combustible Controls- The word "combustible" includes a broad range of items such as cardboard, wood, plastic, dust and textiles found in our operations. These need to be stored in a safe dry area, where there is no source of ignition...."</p> <p>A policy titled "Storage and Disposal of Hazardous Materials," identified as current by the General Manager on 1/26/15 at 9:55 a.m., indicated, "...All chemicals, cleaning solvents... must be stored in a safe and organized manner... Each container must be clearly labeled...."</p> <p>This deficiency relates to Complaint IN00162202.</p>		<p>unnecessary items, as well as ensuring all chemicals are properly labeled and stored in the housekeeping rooms. In the absence of the Maintenance Director, the charge nurse on duty will be responsible for maintaining the daily log. The General Manager will conduct an audit of the maintenance log on a monthly basis to ensure compliance. These changes have been implemented as of 01/30/2015.</p>	

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