

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155728	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 02/01/2012
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NAME OF PROVIDER OR SUPPLIER MANDERLEY HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 806 S BUCKEYE ST OSGOOD, IN 47037
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K0000	<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: 02/01/12</p> <p>Facility Number: 000493 Provider Number: 155728 AIM Number: 100291300</p> <p>Surveyor: Mark Bugni, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Manderley Health Care Center 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 was determined to be of Type V (111) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and spaces open to the corridors. There were no smoke detectors in any resident rooms. The facility has a</p>	K0000		
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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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	<p>capacity of 71 and had a census of 60 at the time of this visit.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 02/01/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K0050 SS=F	<p>Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2</p> <p>Based on interview and record review, the facility failed to conduct quarterly fire drills on each shift for 1 of 4 quarters over the past year. This deficient practice affects all occupants in the facility including staff, visitors and residents.</p> <p>Findings include:</p> <p>Based on review of Fire Drill Reports with the administrator on 02/01/12 at 9:15 a.m., a fire drill was not documented for the second shift and the third shift for the second quarter of 2011. Additionally, based on interview with the administrator during the review of the Fire Drill Reports, there was no other documentation available for review to verify these drills were conducted.</p> <p>3.1-19(b) 3.1-51(c)</p>	K0050	All residents have the potential to be affected. A calendar has been developed to show when each monthly drill is to be conducted on a particular shift. This calendar will be checked by maintenance supervisor each month to ensure drills are conducted timely. Administrator will monitor.	03/01/2012	

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K0067 SS=F	<p>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</p> <p>Based on observation and interview, the facility failed to ensure 6 of 6 egress corridors were not being used as a portion of a return air system/plenum for heating, ventilating, or air conditioning (HVAC) ductwork serving adjoining areas. NFPA 90A, Standard for the Installation of Air Conditioning and Ventilation Systems at 2-3.11.1 requires egress corridors shall not be used as a potion of a supply return or exhaust air system serving adjoining areas. This deficient practice affects all resident in the facility.</p> <p>Findings include:</p> <p>Based on observations on 02/01/12 during a tour of the facility from 9:00 a.m. to 1:15 p.m. with the administrator, all rooms in the facility used the egress corridors as a return air system. This was verified by the administrator at the time of observations.</p> <p>3.1-19(b)</p>	K0067	<p>The activation of the fire alarm does stop air supply fan. (The statement "fire alarm" includes the manual fire alarm system smoke detector system and automatic sprinkler system. The "stopping of the supply air fan" means the entire facility will be shut down not just a specific zone.)(1) The supply fans have had duct detectors installed and located down stream of branch lines.(2) This is a single story facility.Air handler ducts do not penetrate any other zone in this facility. Also an undo hardship would be incurred due to the following:1. We have had estimated cost of construction and installation that would exceed \$116,385.15.2. Construction and installation would take approximately 6 months. All of which would be in patient rooms.3. No cost savings through insurance premiums because our present system already shuts down with activation of the alarm system. Since reimbursement is not adequately covering present cost of operations and 80% of our population is Medicaid. We see no possible way to recoup from cost of \$116,385.15 expenditure.4. We are debt to the maximum.5. The remaining</p>	03/01/2012	

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			useful life of this building is (twelve) 12 years This system is being kept in optimum condition by a regular maintenance schedule, therefore, the waiver of such unmet provisions will not adversely affect the health and safety of the patients. See attached letter.		