

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155469	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 08/10/2012
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NAME OF PROVIDER OR SUPPLIER SEBO'S NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 4410 W 49TH AVE HOBART, IN 46342
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED 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
K0000	<p>A Quality Assurance Walk-thru Survey was conducted by the Indiana State Department of Health.</p> <p>Survey Date: 08/10/12</p> <p>Facility Number: 000366 Provider Number: 155469 AIM Number: 100288900</p> <p>Surveyor: W. Chris Greeney, Life Safety Code Specialist</p> <p>At this Quality Assurance Walk-thru survey, Sebo's Nursing and Rehabilitation was found not in compliance with 410 IAC 16.2-3.1-19(ff).</p> <p>This facility was surveyed as three separate buildings due to the construction types of three sections of the building: Building 0102 originally built in 1951 as a house is of Type V (000) construction and is fully sprinklered except for a storage room located next to the medical records area. Building 0202 renovated in 1972 and 1999 was determined to be of Type II (111) construction and is now sprinklered; and Building 0302 built in 1999 was determined to be of Type V (111) construction and fully sprinklered, encompasses the north and southeast</p>	K0000	<p>K000 Preparation and / or execution of this plan of correction does not constitute admission of agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. This plan of correction is prepared and/or executed solely because the provisions of federal and state laws require it.</p> <p>This provider respectfully requests that the 2567 Plan of Correction be considered the Letter of Credible Allegation for substantial compliance.</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.

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	<p>sections of the facility. The facility has one fire alarm system with smoke detection in the corridors and spaces open to the corridors. The facility has hard wired smoke detectors in all resident sleeping rooms. The facility has a capacity of 138 and a census of 126 at the time of this survey.</p> <p>The facility was found not in compliance with state law in regard to sprinkler coverage. It was found in compliance with state law regarding smoke detector coverage.</p> <p>All areas where the residents have customary access were sprinklered except for a storage room in the portion of the original building, located next to the medical records area. All areas providing facility services were sprinklered except for two detached storage sheds.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 08/13/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K9999	<p>State Findings</p> <p>3.1-19 ENVIRONMENT AND PHYSICAL STANDARDS</p> <p>3.1-19(ff) A health facility licensed under 16-28 and this rule must do the following:</p> <p>(1) Have an automatic sprinkler system installed throughout the facility before July 1, 2012.</p> <p>(2) If an automatic sprinkler system is not installed throughout the health care facility before July 1, 2010, submit before July 1, 2010 a plan to the department for completing the installation of the automatic sprinkler system before July 1, 2012.</p> <p>(3) Have a battery operated or hard-wired smoke detector in each resident's room before July 1, 2012.</p> <p>This State Rule has not been met as evidenced by:</p> <p>Based on observation and interview, the facility failed to ensure a storage room in the building was fully sprinklered. This deficiency could affect individuals in or working near the medical records area.</p> <p>Findings include:</p> <p>During a tour of the facility with the</p>	K9999	<p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <ul style="list-style-type: none"> The facility has contacted contractors to secure bids to install a sprinkler in the storage room. <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken.</p> <ul style="list-style-type: none"> This affected area would affect individuals in or working near the medical records area. This is not an area common for residents. When a bid is secured for this work, contractor will install the sprinkler as they can schedule. <p>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?</p> <ul style="list-style-type: none"> The contractor will review with the Maintenance Director to assure this correction will put this facility in compliance. This area was an oversight of recently installed sprinkler system and this correction will bring the facility back into compliance. <p>How will the corrective actions(s) be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</p> <ul style="list-style-type: none"> This room will be a part of regular scheduled sprinkler inspections and tests. Any report of non working sprinklers will be reported to the 	09/09/2012			

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	<p>Environmental Services Director on 8/10/12 between 10:15 a.m. and 11:10 a.m. a storage room in the portion of the building that was the original house was found to be unsprinklered. The room was located adjacent to the medical records area and contained closed cardboard boxes that were stacked throughout the room. Interview with the Environmental Services Director during the tour confirmed the room was not sprinklered and indicated he was not sure why the sprinklers were not extended from an adjacent room when they were installed. He indicated the room used to be an attached garage when that portion of the building was a house.</p> <p>3.1-19(ff)</p>		<p>Administrator. Completion of this work will be reviewed by the Quality Assurance Committee for compliance.</p> <p>Compliance Date: 09/09/2012</p>		