

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15E244	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 07/16/2012
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NAME OF PROVIDER OR SUPPLIER RURAL HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1747 N RURAL ST INDIANAPOLIS, IN 46218
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K0000	<p>A Quality Assurance Walk-thru Survey was conducted by the Indiana State Department of Health.</p> <p>Survey Date: 07/16/12</p> <p>Facility Number: 000388 Provider Number: 15E244 AIM Number: 100454140</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist</p> <p>At this Quality Assurance Walk-thru survey, Rural Health Care was found not in compliance with 410 IAC 16.2-3.1-19(ff).</p> <p>This one story facility was determined to be of Type II (111) construction and is fully sprinklered. The facility has a fire alarm system with automatic smoke detectors in the corridors and in all areas open to the corridor. The facility has battery operated smoke detectors in all resident sleeping rooms. The facility has a capacity of 50 and had a census of 43 at the time of this visit.</p> <p>The facility was found in compliance with the state law in regard to sprinkler coverage, but it was found not in</p>	K0000	<p>This plan of correction is to serve as Rural Health care's credible alegation of compliance. Submission of this plan of correction does not constitute an admission by Rural Health Care or its management company that the allegations contained in the survey report are true and an accurate portrayal of the provision of nursing care and other servuces in this facility. Nor does this submission constitute an agreement or admission of the survey allegations.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiencystatement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safegaurds 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>compliance with the state law in regard to smoke detector coverage.</p> <p>All areas where the residents have customary access were sprinklered and all areas providing facility services were sprinklered.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 07/23/12.</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(a) The facility must be designed, constructed and maintained to protect the health and safety of residents, personnel and the public.</p> <p>This State Rule has not been met as evidenced by: Based on record review, observation and interview; the facility failed to maintain a preventive maintenance program in accordance with the manufacturer's recommendations for cleaning and replacement of battery operated smoke detectors in 25 of 25 resident sleeping rooms. This deficient practice could affect 43 residents in the facility.</p> <p>Findings include:</p> <p>1. Based on review of "Monthly Smoke Detector Log" with the Maintenance Supervisor during record review from 9:30 a.m. to 9:40 a.m. on 07/16/12, cleaning of battery operated smoke detectors in resident sleeping rooms was not documented for the twelve month period of 08/01/11 through 07/01/12.</p>			K9999	<p>It is the practice of Rural Health Care to ensure the health and safety of residents, personnel, and the public. I. The maintenance supervisor replaced all 25 smoke detectors located in the resident's sleeping rooms. II. The "Monthly Smoke Detector Log" has been updated to reflect track the cleaning of the smoke detectors. III. The deficiency had the potential to effect 43 residents in the facility. IV. The "Monthly Smoke Detector Log" will be randomly audited by the administrator or his designee to ensure the smoke detectors are being properly maintained.</p>		08/03/2012

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	<p>Based on interview at the time of record review, the Maintenance Supervisor stated cleaning of battery operated smoke detectors is not performed by the facility and acknowledged documentation of cleaning battery operated smoke detectors in resident rooms was not available for review. Based on observations with the Maintenance Supervisor during a tour of the facility from 9:40 a.m. to 10:30 a.m. on 07/16/12, the manufacturer's recommendation printed on the backing of Kidde battery operated smoke detectors in resident sleeping room 5 and 6 stated "clean by vacuum or compressed air". Battery operated smoke detectors were observed in all 25 resident sleeping rooms.</p> <p>2. Based on observations with the Maintenance Supervisor during a tour of the facility from 9:40 a.m. to 10:30 a.m. on 07/16/12, the following was stated on Kidde battery operated smoke detectors in resident sleeping rooms:</p> <p>1) Room 2 detector was manufactured in "February 2002".</p> <p>2) Room 5 and Room 6 detector were each manufactured in "November 2001".</p> <p>3) Room 22 detector was manufactured in "2001" and "replace every ten years."</p> <p>4) Room 25 detector was manufactured in "September 2001" and Room 26 detector was manufactured in "July 2001."</p> <p>Based on interview at the the time of the</p>						

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	<p>observations, the Maintenance Supervisor stated battery operated smoke detector replacement is not performed, battery operated smoke detectors in resident sleeping rooms are more than ten years old and acknowledged battery operated smoke detector replacement in accordance with the manufacturer's recommendations is not performed.</p> <p>3.1-19(a)</p>			