

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 06/02/2015
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NAME OF PROVIDER OR SUPPLIER LAKE PARK RESIDENTIAL CARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2075 RIPLEY ST LAKE STATION, IN 46405
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R 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00174596.</p> <p>Complaint IN00174596- Substantiated. State residential deficiency related to the allegation is cited at R349.</p> <p>Unrelated deficiency cited.</p> <p>Survey date: June 2, 2015</p> <p>Facility number: 001136 Provider number: 001136 AIM number: N/A</p> <p>Census bed type: Residential: 126 Total: 126</p> <p>Census payor type: Other: 126 Total: 126</p> <p>Sample: 6</p> <p>These State Residential findings are cited in accordance with 410 IAC 16.2-5.</p>	R 0000		
R 0148 Bldg. 00	<p>410 IAC 16.2-5-1.5(e)(1-4) Sanitation and Safety Standards - Deficiency (e) The facility shall maintain buildings,</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>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, record review, and interview, the facility failed to maintain the building in good repair related to repair of doors at the main entrance to the facility.</p> <p>Finding includes:</p> <p>On 6/2/15 at 8:55 a.m., the Main entrance door was not open. There was a sign on the door which indicated the entrance was not to be used.</p> <p>When interviewed on 6/2/15 at 9:00 a.m., the Maintenance Director indicated the front entrance door had not been functioning for approximately two weeks. He indicated the hinges needed to be repaired. The Maintenance Director also</p>	R 0148	<p>1. What corrective action will be accomplished for those residents found to have been affected by the deficient practice? The Main Entrance Door was being repaired by Great Lakes Automatic Doors aka Record Automatic Doors of Hillside, Illinois by repairman on June 2, 2015 while surveyor was in facility on complaint. The door was repaired and was in full usage on June 2, 2015 and remains in full usage at present. Great Lakes Automatic aka Record Automatic Doors also sent a letter of apology indicating that the repair date for the main entrance doors was scheduled for Monday, June 1, 2015, but the assigned technician had informed his supervisor that the door had been repaired and that they were</p>	07/21/2015

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R 0349 Bldg. 00	<p>indicated the repair company had been contacted at that time but had not been out to the facility to repair the entrance yet.</p> <p>When interviewed on 6/2/15 at 10:55 a.m., the facility Administrator indicated a part had to be ordered for the front door. The Administrator also indicated the Maintenance Director had been in contact with the repair company but they had not been out to repair the door.</p> <p>The Maintenance Director provided documentation related to repair of the door. The record indicated the initial call to the repair company had been placed on 5/11/15.</p>		<p>deeply upset by his dishonest actions. Also the technician had been properly disciplined and has ensured Lake Park Residential that this issue would not occur again. 2.How will the facility identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? All residents have the potential to be affected by the alleged deficient practice. 3.What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur. The Maintenance Director will recall a vendor on the day of the work order repair to ensure that vendor will be coming to repair any equipment and request a written confirmation of equipment to be repaired if the repair date/time is changed. 4.How will the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place. The Administrator will follow-up weekly with Maintenance Director to ensure that any equipment in ill repair has a scheduled repair date or has been repaired as noted. 5. By what date will the systemic changes be put into place. July 21, 2015</p>				
	410 IAC 16.2-5-8.1(a)(1-4) Clinical Records - Noncompliance (a) The facility must maintain clinical records						

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	<p>on each resident. These records must be maintained under the supervision of an employee of the facility designated with that responsibility. The records must be as follows:</p> <p>(1) Complete. (2) Accurately documented. (3) Readily accessible. (4) Systematically organized.</p> <p>Based on record review and interview, the facility failed to ensure resident's medical records were complete related to completing Personal Inventory forms at the time of admission for 3 of 3 residents reviewed for completion of medical records upon admission in the sample of 6. (Residents #B, #F, and #G)</p> <p>Findings include:</p> <p>1. The record for Resident #B was reviewed on 6/2/15 at 9:40 a.m. The resident was admitted to the facility on 9/17/14. No Inventory of Personal Effects form was completed for the resident..</p> <p>2. The record for Resident #F was reviewed on 6/2/15 at 11:52 a.m. The resident was admitted to the facility on 4/30/15. No Inventory of Personal Effects form was completed for the resident..</p> <p>3. The record for Resident #G was reviewed on 6/2/15 at 11:40 a.m. The resident was admitted to the facility on</p>	R 0349	<p>1.What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice. The inventory of personal effects form was completed on Resident #B, and Resident #G were completed. The Inventory Form of personal effects on Resident #F was not completed due to resident being in hospital. 2. How will the facility identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken. All residents have the potential to be affected by the potential alleged deficient practice. 3. What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur. All inventory forms of personal effects on all current residents will be reviewed, updated and completed if needed. Residents have and will continued to be informed that the inventory form of personal effects must be updated if new clothing is received or if present clothing on form has been discarded. It will be the</p>	07/21/2015

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	<p>5/13/15. No Inventory of Personal Effects form was completed for the resident.</p> <p>When interviewed on 6/2/15 at 11:58 a.m., the facility Administrator indicated Inventory of Personal Effects form should have been completed on each resident at the time of admission.</p> <p>The facility policy titled "Policy and Procedure for Lost, Stolen, or Misplaced Items" was reviewed on 6/2/15 at 11:50 a.m. There was no date on the policy. The facility Administrator provided the policy and indicated the policy was current.</p> <p>The policy indicated Nursing staff were required to inventory the possession and mark the clothing with the resident's initial or name and then place the item on the Inventory Sheet.</p> <p>This State Residential tag relates to Complaint IN00174596.</p>		<p>responsibility of the resident to inform the facility of any changes of clothing. Nursing staff and department Managers will be inserviced that upon admission all residents must have an inventory form of personal effects completed. 4. How will the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place. Quarterly, resident clinical records will be audited by the Director of Nursing and/or designee to ensure inventory forms of personal effects have been completed and are part of the clinical record. 5. By what date the systemic changes will be put into place. July 21, 2015</p>				