STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155484	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED 09/27/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KINDRED TRANSITIONAL CARE AND REHAB-SOUTHWOOD	2222 MARGARET AVE TERRE HAUTE, IN 47802

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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	A Quality Assurance Walk-thru Survey was conducted by the Indiana State Department of Health. Survey Date: 09/27/12 Facility Number: 000564 Provider Number: 155484 AIM Number: 100285610 Surveyor: Bridget Brown, Life Safety Code Specialist At this Quality Assurance Walk-thru survey, Kindred Transitional Care And Rehab-Southwood was found not in compliance with with 410 IAC 16.2-3.1-19(ff). This one story facility consisting of the original construction and a later addition identified as Reflections and the southwest section of 2B were constructed prior to March 2003. Both areas were determined to be of Type V (000) construction and were fully sprinklered except as noted. The facility has a fire alarm system	K0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency 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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NAME OF PROVIDER OR SUPPLIER KINDRED TRANSITIONAL CARE AND REHAB-SOUTHWOOD		STREET ADDRESS, CITY, STATE, ZIP CODE 2222 MARGARET AVE TERRE HAUTE, IN 47802	

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	with smoke detection in the corridors and spaces open to the corridors. The Reflections and southwest section of 2B have hardwired smoke detectors in resident rooms. All other resident rooms are provided with battery powered smoke detectors. The facility has a capacity of 149 and had a census of 135 at the time of this survey. The facility was found not in compliance with state law in regard to sprinkler coverage, and in compliance with state law in regard to smoke detector coverage. All areas where residents have customary access were not sprinklered. All areas providing facility services were sprinklered. The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:			

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K9999	State Findings 3.1-19 ENVIRONMENT AND PHYSICAL STANDARDS 3.1-19(ff) A health facility licensed under 16-28 and this rule must do the following: (1) Have an automatic sprinkler system installed throughout the facility before July 1, 2012. (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. (3) Have a battery operated or hard-wired smoke detector in each resident's room before July 1, 2012. This State Rule has not been met as evidenced by: Based on observation and interview, the facility failed to provide complete sprinkler coverage in 2 of 8 smoke compartments. This deficient	K9999	Outside Contractor Service has installed sprinkler protection for the three by three foot corridor access space between the kitchen and dining room.Outside contractor Service has installed sprinkler protection for the third shower stall in the 600 shower room.	10/22/2012

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	practice affects visitors, staff and 88 residents in the dining room and 600 hall smoke compartments. Findings include: a. Based on observation with the maintenance director on 09/27/12 at 2:30 p.m., sprinkler protection was not provided for the three by three foot corridor access space between the kitchen and dining room. The maintenance director acknowledged at the time of observations, other sprinklers provided no coverage for this area. b. Based on observation with the maintenance director on 09/27/12 at 2:50 p.m., sprinkler coverage was not provided for the third shower stall in the 600 hall shower room where the nearest sprinkler head was located two inches from the partition separating it from the second shower stall. The maintenance director acknowledged at the time of observation, the sprinkler could not cover the third shower stall.			

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	3.1-19(ff)			