

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155368	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 09/22/2015
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NAME OF PROVIDER OR SUPPLIER TODD-DICKEY NURSING AND REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE 712 W 2ND ST LEAVENWORTH, IN 47137
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(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
K 0000 Bldg. 01	<p>A Short form 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: 09/22/15</p> <p>Facility Number: 000490 Provider Number: 155368 AIM Number: 100291320</p> <p>At this Life Safety Code survey, Todd Dickey Nursing and Rehabilitation 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.</p> <p>This one story facility was determined to be of Type V (000) construction and was fully sprinklered. The facility has a fire alarm system with hard wired smoke detectors in the corridors and spaces open to the corridors, plus battery operated smoke detectors in all resident sleeping rooms. The facility has a capacity of 62</p>	K 0000		

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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K 0038 SS=E Bldg. 01	<p>and had a census of 45 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered. There was a twenty four foot by twenty four foot wood framed garage approximately two hundred feet away from the building used for the storage of maintenance supplies which was not sprinklered.</p> <p>Quality Review completed 09/23/15 - DA</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1</p> <p>1. Based on observation and interview, the facility failed to ensure exit egress for 1 of 6 exits was arranged to minimize tripping hazards in accordance with LSC Section 7.1. LSC Section 7.1 requires that means of egress for existing buildings shall comply with Chapter 7. LSC Section 7.1.6 requires that walking surfaces in the means of egress shall comply with 7.1.6.2 through 7.1.6.4. LSC Section 7.1.6.2 requires abrupt changes in elevation shall not exceed 1/4 inch. LSC Section 7.1.6.3 requires walking surfaces to be nominally level. This deficient practice could affect up to</p>	K 0038	<p>What corrective actions(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>No residents were found to have been affected by the finding. The handrails and concrete grade changes will be repaired and completed by 10/22/15.</p> <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>	10/22/2015

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	<p>10 residents, as well as staff and visitor in the D hall.</p> <p>Findings include:</p> <p>Based on observation on 09/22/15 at 10:55 a.m. during a tour of the facility with Maintenance Supervisor, the side walk (ramp) outside the D hall exit had a five foot wide crack with a one inch to one and a half inch grade change over a three foot section of the crack. The grade change could create a tripping hazard. Based on interview at the time of observation, the Maintenance Supervisor acknowledged the one inch to one and a half inch grade change in the sidewalk (ramp) that could be a tripping hazard.</p> <p>3.1-19(b)</p> <p>2. Based on observation and interview, the facility failed to ensure a handrail was provided for 2 of 3 exits with ramps. LSC 19.2.1 refers to Chapter 7. LSC 7.2.5.4 states handrails shall be provided along both sides of a ramp run with a rise greater than six inches. LSC 7.2.2.4.2 states ramps shall have handrails on both sides. Exception No. 3 says existing ramps shall be permitted to have a handrail on one side only. This deficient practice could affect any number of residents, as well as staff and visitors</p>		<p>All residents have the potential to be affected by this deficiency. However, we found no residents, staff, or visitors to have been affected by this deficiency and the facility has obtained quotes to have the concrete grade change repaired and handrails installed. The handrails and concrete grade changes will be completed by 10/22/15.</p> <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> <p>Maintenance director will monitor exits to ensure means of egress are in good repair. Any changes made to any exit in the future will be assessed to ensure the exits meet the accessibility criteria.</p> <p>How 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?</p> <p>Maintenance Director will routinely audit all exits to ensure the integrity of the sidewalks and handrails. These inspections will be recorded weekly for 4 weeks and reported to the CQI committee for the next 11 months.</p>	

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	<p>while exiting the B hall and the East Dining Room.</p> <p>Findings include:</p> <p>Based on observations on 09/22/15 between 10:45 a.m. and 11:45 a.m. during a tour of the facility with the Maintenance Supervisor, there was a 36 foot long ramp with a more than two foot level change from top to bottom outside the east dining room. There was no hand rail provided on either side of the ramp. Furthermore, there was a 60 foot long ramp with a more than two foot level change from top to bottom outside the B hall. There was a four foot high metal fence provided along the left side of the ramp, however, the fence did not provide a proper hand rail to be used in the event of an evacuation from this area. This was acknowledged by the Maintenance Supervisor at the time of each observation.</p> <p>3.1-19(b)</p>			