

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155103	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  09/17/2012
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NAME OF PROVIDER OR SUPPLIER  IRONWOOD HEALTH AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1950 RIDGEDALE RD SOUTH BEND, IN 46614
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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
K0000	<p>A Quality Assurance Walk-thru Survey was conducted by the Indiana State Department of Health.</p> <p>Facility Number: 000042 Provider Number: 155103 AIM Number: 100291540</p> <p>Survey Date: 09/17/12</p> <p>Surveyor: W. Chris Greeney , Life Safety Code Specialist,</p> <p>At this Quality Assurance Walk-thru survey, Ironwood Health and Rehabilitation Center 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 V (111) construction and was fully sprinklered except for 2 of 3 canopies attached to the building. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors and battery operated smoke detectors in resident sleeping rooms. The facility has a capacity of 198 and had a census of 136 at the time of this survey.</p> <p>The facility was found not in compliance with state law in regard to sprinkler</p>	K0000	The creation and submission of this plan of correction does not constitute and admission by this provider of any conclusions set forth in the statement of deficiencies or any violation of regulations. The provider respectfully requests that the 2567 plan of correction be considered the Letter of Credible Allegation.	

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>coverage but was in compliance with regard to smoke detector coverage.</p> <p>All areas where the residents have customary access were sprinklered, except the canopy at the therapy entrance and the canopy between the 400 wing and the laundry. All areas providing facility services were sprinklered, except for a detached laundry building, maintenance shed and a storage shed.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 09/24/12.</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 2 of 3 canopies over 4 feet in width and attached to the building were sprinklered. This deficient practice could affect all residents, staff and visitors of the building.</p> <p>Findings include:</p>			K9999	<p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>The canopy at the therapy entrance and the canopy between the 400 wing and the laundry will be equipped with sprinklers. How other resident having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken:</p> <p>All residents have the potential to be affected by this practice. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur: SafeCare will be notified of the additional areas to be added to their routine inspections. 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: The two additional areas will be added to the routine preventative maintenance program. The Maintenance Supervisor will be responsible for sustained compliance and will report findings to the Quality Assurance Committee on a quarterly basis. By what date the systemic change will be completed: October 31, 2012</p>		10/31/2012

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	<p>Based on observation with the Administrator and Maintenance Director during a facility tour from 11:10 a.m. to 12:25 p.m. on 09/17/12, two of three canopies extended more than four feet in length, were attached to the building and were not sprinklered. A fabric covered canopy extended five feet from the entrance/exit door to the therapy section. Additionally a canopy consisting of a fabric over an aluminum frame extended from the entrance/exit door of the 400 wing over the entire length of a sidewalk that ended at the entrance/exit of a detached building housing the facility's laundry services. Interview with the Maintenance Director during the observation confirmed the two attached canopies were not sprinklered and no documentation was available to determine the canopies' construction material was noncombustible.</p> <p>3.1-19(ff)</p>			