

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155570		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 08/15/2011	
NAME OF PROVIDER OR SUPPLIER PLEASANT VIEW LODGE				STREET ADDRESS, CITY, STATE, ZIP CODE 7476 W LANE RD MC CORDSVILLE, IN46055			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED 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 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: 08/15/11</p> <p>Facility Number: 000477 Provider Number: 155570 AIM Number: 100290860</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Pleasant View Lodge was found in substantial 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 and 410 IAC 16.2.</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 smoke detection in the corridors and spaces open to the corridors. The facility has a capacity of 48 and had a census of 39 at the time of this survey.</p>			K0000	August 26, 2011 Kim Rhoades, Director Long Term Care Dear Kim Rhoades, Please accept our Plan of Correction as our creditable allegation of compliance. If you have any questions please feel free to call me at 317-335-2159. Sincerely, Colleen McCreary-Warnick Administrator Pleasant View Lodge		

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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K0050 SS=C	<p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 08/16/11.</p> <p>The facility was found in substantial compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2</p> <p>Based on record review and interview, the facility failed to conduct quarterly fire drills at unexpected times under varying conditions on the third shift for 3 of 4 quarters. This deficient practice affects all occupants in the facility including residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of "Fire Drill Report" documentation with the Administrator and the Maintenance Supervisor from 9:45 a.m. to 11:15 a.m. on 08/15/11, third shift fire drills conducted on 11/23/10,</p>	K0050	Pleasant View Lodge-Life Safety Code SurveyPlan of Correction-Survey date August 15, 2011K050:1. Corrective Action:We did perform a fire drill on third shift on 8/25/2011 at 11:20 p.m.2. Identification of any residents affected by this event:All residents have the potential for being affected.3. Measures to prevent recurrence:We developed a new policy that all fire drill times are staggered during each shift. An in-service was completed on 8/25/2011 for the maintenance department.4. Continued monitoring:The quality assurance	08/25/2011	

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	04/23/11 and 07/13/11 were each conducted, respectively, at 3:50 a.m., 4:50 a.m. and 4:00 a.m. Based on interview at the time of record review, the Maintenance Supervisor acknowledged third shift fire drills were not conducted at unexpected times under varying conditions. 3.1-19(b)		program will monitor the fire drill times for all shifts quarterly. The Administrator, her designee, or the Maintenance department will monitor the fire drills quarterly.5. Corrective date:August 25, 2011		