

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155522	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  06/09/2015
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NAME OF PROVIDER OR SUPPLIER  COMMUNITY PARKVIEW CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2300 PARKVIEW LN ELWOOD, IN 46036
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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 Life Safety Code Recertification and State Licensure was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 06/09/15</p> <p>Facility Number: 000372 Provider Number: 155522 AIM Number: 100289060</p> <p>At this Life Safety Code survey, Community Parkview Care Center was found not 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 (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors and battery powered smoke detectors in all resident sleeping rooms. The facility has a capacity of 92 and had a census of</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 0147 SS=B Bldg. 01	<p>70 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered. The facility has one detached garage for facility storage and was not sprinklered.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p> <p>Based on observation and interview, the facility failed to ensure 2 of 6 surge protectors observed including extension cords, non-fused extension cords and/or multiplug adapters were not used as a substitute for fixed wiring. NFPA 70, National Electrical Code, 1999 Edition. NFPA 70, Article 400-8 requires that, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice could affect 8 residents on Center hall as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observations on 06/09/15 at 2:30 p.m. a surge protector was used to provide power to a mini refrigerator in the Housekeeping office and a surge protector was used to provide power to a mini refrigerator in the Nursing</p>	K 0147	<p>The two mini-refrigerators were removed from the surge protector strips and plugged directly into a wall outlet before the inspector left the building. The management staff with offices were informed on June 10, 2015 that if they keep a mini refrigerator in their office it must be plugged directly into the wall outlet and they cannot use any type of extension cord/surge protector strip. The Maintenance department will do monthly office inspections to ensure compliance with all refrigerators plugged into correct outlets and document monthly visits on their preventative maintenance log. The maintenance department will report any non-compliance to the administrator immediately for disciplinary action with appropriate staff person.</p>	06/22/2015

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	<p>Manager's office on Center hall. Based on interview on 06/09/15 concurrent with the observations it was acknowledged by the Maintenance Supervisor, surge protectors were used to power the aforementioned electrical appliances.</p> <p>3.1-19(b)</p>				