STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155600	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED 07/09/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MULBERRY HEALTH & REHABILITATION CENTER	502 W JACKSON ST MULBERRY, IN 46058

(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	A Quality Assurance Walk-thru Survey was conducted by the Indiana State Board of Health in accordance with 42 CFR 483.70(a). Survey Date: 07/09/12 Facility Number: 000470 Provider Number: 155600 AIM Number: 100289210 Surveyor: Dennis Austill, Life Safety Code Supervisor At this Quality Assurance Walk-thru survey, Mulberry Health & Rehabilitation Center was found 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). The original building was surveyed with Chapter 19, Existing Health Care Occupancies. This 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 and spaces open to the corridors. The resident rooms on the 200, 300 and	K0000	Test	

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 MULBERRY HEALTH & REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 502 W JACKSON ST MULBERRY, IN 46058	

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	the Alzheimer wings with the exception of room # 2, the original part of the building were not provided with smoke detectors. Resident room # 2 on the Alzheimer wing was provided with a hard wired smoke detector. The facility has the capacity for 159 and had a census of 125 at the time of this survey. The facility was found in compliance with state law in regard to sprinkler coverage. The facility was found not in compliance with state law in regard to smoke detector coverage. All areas where the residents have customary access were sprinklered. The facility has two detached wood storage sheds with wood floors which are not sprinklered and primarily used for wheelchair storage and one large wood frame non sprinklered garage with a brick exterior used for storage of facility equipment such as a vehicle, lawn mower, power equipment, etc. Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 07/13/12.			

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NAME OF PROVIDER OR SUPPLIER MULBERRY HEALTH & REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 502 W JACKSON ST MULBERRY, IN 46058	

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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 Record review and interview, the facility failed to install smoke detectors in each resident's room before July 1, 2012. This deficient practice could affect at least 60 residents in the facility. Findings include:	K9999	Mulberry Health & Retirement Community respectfully request a desk review in lieu of a Post Survey revisit on or after July 23, 2012. All residents residing in the three units identified in the survey have the potential to be affected. All resident rooms identified in the survey now have a battery operated smoke detector installed. The maintenance supervisor will monitor the proper functioning of all smoke detectors through periodic visual and audible testing on an ongoing basis.	07/27/2012

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	Based on observation with the Administrator on 07/09/12 from 10:30 a.m. to 11:45 a.m., the following resident rooms were not provided with smoke detectors: 1, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 201, 206, 207, 208, 209, 210, 211, 212, 213, 214, 216, 218, 219, 220, 221, 222, 223, 224, 225, 302, 304, 306, 307, 308, 309, 310, 311, 312, 313, 314, 317, 318, 319, 320, 321, 322, 323, 324 and 325. Based on interview during the time of observation, the Administrator acknowledged not all the resident rooms were provided with smoke detectors. 3.1-19(ff)			

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NAME OF PROVIDER OR SUPPLIER MULBERRY HEALTH & REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 502 W JACKSON ST MULBERRY, IN 46058	

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NAME OF PROVIDER OR SUPPLIER MULBERRY HEALTH & REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 502 W JACKSON ST MULBERRY, IN 46058	

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	detectors. The facility has a capacity of 159 and had a census of 125 at the time of this survey. The facility was found in compliance with state law in regard to sprinkler coverage. The facility was found not in compliance with state law in regard to smoke detector coverage. All areas where the residents have customary access were sprinklered. The facility has a two detached wood storage sheds with wood floors which were not sprinklered and primarily used for wheelchair storage and one large wood frame nonsprinklered garage with a brick exterior used for storage of facility equipment such as a vehicle, lawn mower, power equipment, etc.			