

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155003	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  06/29/2016
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NAME OF PROVIDER OR SUPPLIER  MASON HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 900 PROVIDENT DRIVE WARSAW, IN 46580
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaint #IN00203293.</p> <p>This visit was in conjunction with the Recertification and State Licensure Survey.</p> <p>Complaint #IN00203293 - Substantiated. Federal/State deficiencies related to the allegations are cited at F465.</p> <p>Survey dates: June 22, 23, 24, 27, 28 and 29, 2016</p> <p>Facility number: 000003 Provider number: 155003 AIM number: 100290600</p> <p>Census bed type: SNF/NF: 68 Total: 68</p> <p>Census payor type: Medicare: 13 Medicaid: 48 Other 7 Total: 68</p> <p>Sample: 10</p> <p>This deficiency reflects State findings</p>	F 0000		
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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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F 0465 SS=D Bldg. 00	<p>cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality Review completed by 14454 on July 8. 2016.</p> <p>483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRON The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. Based on observations, interviews and record review, the facility failed to ensure 3 of 35 resident rooms were free of insects and/or cobwebs. (Resident G, F and E)</p> <p>Finding includes:</p> <p>On 6/23/16 at 9:12 A.M., in Resident G's room, with the Activity Director, a live beetle bug was observed crawling in the middle of the room. The Maintenance Director came into the room and he observed the beetle also. He destroyed the bug. Further observations of the resident's room with Maintenance Director was conducted. The Maintenance Director located a spider web with 2 small dead black bugs, in a corner of the resident's room. The maintenance man indicated the facility had an exterminator in the facility to</p>	F 0465	<p>This plan of correction has been prepared and executed because it is required by the provisions of state and federal law. Mason Health and Rehab maintains that the alleged deficiency does not individually or collectively jeopardize the health and safety of the residents, nor are they of such character so as to limit our capability to render adequate care. In lieu of survey results the facility respectfully requests paper review. Residents G's, F's, and E's rooms have been deep cleaned by housekeeping. Our monthly contracted pest control company has completed their monthly treatment. All residents have the potential to be affected by the alleged deficient practice. All housekeeping staff have been re-educated on their daily room cleaning sheets. Housekeeping/Designee will conduct weekly audits through TELS program for four weeks,</p>	07/22/2016

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	<p>spray for insects every month.</p> <p>An observation was made, on 6/23/16 at 9:30 A.M., of Resident F's room with the Housekeeping Manager. A dead bug with many legs was found near the heater/air conditioner unit. Behind the resident's door to his room, along the baseboard, was a large spider web with a live spider in the web and 3 dead bugs in it.</p> <p>During an interview, on 6/23/16 at 9:41 A.M., the Maintenance Director indicated the bug problem was more of a housekeeping issue since most of the bugs were dead. The Maintenance Director indicated an exterminator had been in the building spraying about 10 days ago and someone wasn't cleaning in the corners and behind the doors.</p> <p>During an observation, on 6/23/16 at 9:55 A.M., a dead ant was located in a spider web, lying along the baseboard near the restroom of Resident E's room. Another dead black bug was located inches away from the ant in a cobweb.</p> <p>On 6/23/16 at 10:15 A.M., the Maintenance Director provided local Pest Control Service/Invoice. The invoice indicated an exterminator had been in the building monthly and sprayed for ants, roaches and rodents on 4/20/16, 5/18/16</p>		then bi-weekly for eight weeks, and then monthly for three months. Administrator will review TELS audits. Audits will be reviewed by the Quality Assurance Meetings monthly.		

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	<p>and 6/16/16. The 6/16/16 invoice indicated the company had completed the following: powerspray to exterior foundation, surrounding soil, soffits, vents, overhangs and around doors. Under the technician comments was the word ants.</p> <p>On 6/27/16 at 11:45 A.M., the Nurse Consultant provided a blank, Resident Room Cleaning Schedule-Check off Sheet (Daily). This form indicated "...5 c. Remove cobwebs from corners and door frames...6. Dust Mop floor, giving attention to corners remove dust buildup...."</p> <p>On 6/27/16 at 11:45 A.M., the Nurse Consultant provided an undated Weekly Special Focus form. The form indicated on Thursdays housekeeping's focus would be the top of bed lights, cobwebs in corners and clean lifts in hallway.</p> <p>This Federal tag relates to Complaint IN00203293.</p> <p>3.1-19(f)</p>			