

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155029	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  01/20/2016
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NAME OF PROVIDER OR SUPPLIER  COMMUNITY NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 5600 E 16TH ST INDIANAPOLIS, IN 46218
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F 0000  Bldg. 00	<p>This visit was for a Post Survey Revisit (PSR) to the Recertification and State Licensure Survey completed on 12/21/15.</p> <p>This visit was in conjunction with the Investigation of Complaints IN00189842, IN00190341, and IN00190747.</p> <p>Survey dates: January 19 and 20, 2016.</p> <p>Facility number: 000012 Provider number: 155029 AIM number: 100274900</p> <p>Census and bed type: SNF/NF: 97 Total: 97</p> <p>Census and Payor type: Medicare: 16 Medicaid: 58 Other: 23 Total:97</p> <p>This deficiency reflects State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed by 30576 on January 25, 2016.</p>	F 0000	<p><b>F000</b></p> <p>The creation and submission of this Plan of Correction doesnot constitute an admission by this provider of any conclusion set forth in thestatement of deficiencies, or of any violation regulation. This providerrespectfully requests that this Plan of Correction be considered the Letter ofCredible Allegation of Compliance and requests a desk review in lieu of a postsurvey on or after 2/13/16.</p>	

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>483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFOR TABLE ENVIRON</p> <p>The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.</p> <p>Based on observation, interview and record review, the facility failed to maintain a homelike environment with repairs on interior walls and a leaky faucet for 4 of 35 residents' rooms observed during environmental observations. (Residents #39, #108, #114, and #150)</p> <p>Findings include:</p> <p>A random observation was made on 12/14/15 at 2:11 p.m., of Resident #39's room. The bathroom wall had paint missing the size of a fist and white splotches along the opposite wall. Resident #39's internal wall in his room had a scrape the length of an arm.</p> <p>A random observation was made on 12/14/15 at 2:29 p.m., of Resident #150's room. The wall near the sink had scrapes. At this time, an interview was conducted with Resident #150. She indicated the wall had been scraped, since she moved into the facility. She indicated she would like for the wall to be painted. Resident #150's admission date was 9/29/15.</p>	F 0465	<p><b>F465</b></p> <p>The facility failed to maintain a homelike environment with repairs on interior walls and a leaky faucet for 4 of 35 residents' rooms observed during environmental observations.</p> <p><b>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</b></p> <ul style="list-style-type: none"> <li>·Maintenance Director or Designee to assess interior walls and leaking faucets in Resident #39, #108, #114 and #150's room and will complete any necessary repairs by 2/13/16.</li> </ul> <p><b>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</b></p> <ul style="list-style-type: none"> <li>·All residents have the potential to be affected by the alleged deficient practice.</li> <li>·A whole house audit will be conducted to assist with identifying leaky faucets, needed repairs on interior walls and other items that may not be perceived as "a Home like environment". This audit will be conducted by the Maintenance Director or</li> </ul>	02/13/2016

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	<p>A random observation was made on 12/14/15 at 2:33 p.m., of Resident #114's room. The back wall had gouges.</p> <p>A random observation was made on 12/15/15 at 9:44 a.m., of Resident #108's room. There was a green substance around the faucet handle, and it had run down the sink. At this time, Resident #108 indicated the faucet had a drip. He had notified maintenance quite a few times, but the faucet still dripped which was loud. During the observation, the faucet was dripping.</p> <p>An environmental tour was conducted on 12/21/15 at 11:45 a.m., with the Maintenance Supervisor and the Administrator. The Maintenance Supervisor indicated it was hard to keep up with the repairs. He did the best he could. The Maintenance Supervisor provided his maintenance logs he used to keep track of repairs and tasks needing to be done in the facility. These logs consisted of white pieces of paper that had written repairs and tasks that needed to be done with a square written in front of it. If the repairs or tasks were completed, the square had a written "x" in it. There were no dates or times written on the pieces of paper indicating how long the repairs or tasks needed to be done. The Maintenance Supervisor</p>		<p>Designee by 2/13/16</p> <p><b>What measures will be put into place or what systematic changes you will make to ensure that the deficient practice does not recur?</b></p> <ul style="list-style-type: none"> <li>All staff will be in-serviced by the Maintenance Director/Designee on notifying the Maintenance Director of any Maintenance needs including but not limited to leaking or non-functioning faucets, needed interior wall repairs and other items that would be deemed not a "Home like environment".</li> <li>All staff will be in serviced by the Maintenance Director/Designee regarding new policy on notifying the Maintenance Director of maintenance need via the Maintenance requests Clip boards that will be kept at the First and Second Floor Nursing Stations.</li> </ul> <p><b>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?</b></p> <ul style="list-style-type: none"> <li>The Maintenance director or designee will complete a weekly facility walk times four weeks then on a monthly basis times five months to determine what work needs to be accomplished. A list will be developed and the Maintenance Director will work from this monthly list</li> </ul>	

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	<p>indicated the most current was on the top.</p> <p>During the environmental tour, the Maintenance Supervisor indicated he was unaware of walls needing to be repaired in the rooms of Resident #114, Resident #39, and Resident #150. He indicated he was aware of the faucet dripping in Resident #108's room. The seal was old, and the faucet needed to be replaced. At this time, he provided his maintenance log indicating a new faucet was needed for Resident #108. There was no date written on the paper indicating how long he needed this repair. He indicated he did not order the faucet at that time. The Maintenance Supervisor indicated the green substance around the faucet handle could be scrubbed. The maintenance log did not include the removal of the green substance.</p> <p>The Maintenance Supervisor provided on 12/21/15 at 12:30 p.m., a document indicating a schedule of room inspections, which included painting and stained surfaces. This document indicated maintenance was to check for painted and stained surfaces monthly. This included, "scuffing, deterioration, and peeling". The Maintenance Supervisor indicated there were times he could not get to the inspections of all the residents' rooms monthly. He did as many as he could, but</p>		<p>to accomplish tasks.</p> <p><b>By what date will systematic changes be completed?</b> ·All systematic changes will be completed by 2/13/16</p>				

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	<p>missed some.</p> <p>This deficiency was cited on December 21, 2015 . The facility failed to implement a systemic plan of correction to prevent reoccurrence.</p> <p>3.1-19 (f)</p>				