| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING | X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 155432 | | 05/19/2015 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| ALBANY HEALTH CARE & REHABILITATION CENTER | 910 W WALNUT ST<br>ALBANY, IN 47320 |

| (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 |
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| K 0000<br><br>Bldg. 01 | A Preoccupancy Survey for the addition of resident rooms 312 and 500 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).<br><br>Survey Date: 05/19/15<br><br>Facility Number: 000309<br>Provider Number: 155432<br>AIM Number: 100288960<br><br>At this Life Safety Code Certification and Preoccupancy survey, resident rooms 312 and 500 were found not in compliance with 410 IAC 16.2-3.1-19, Environment and Physical Standards of the Indiana Health Facilities Rules for Comprehensive Care Facilities.<br><br>This one story facility was determined to be of Type V (000) construction and fully sprinkled. The facility has a fire alarm system with smoke detection in the corridors, in spaces open to the corridors and hard wired smoke detectors in all resident sleeping rooms. The facility has a capacity of 101 and had a census of 67 at the time of this visit. | K 0000 | This plan of correction is prepared and executed because it is required by the provisions of State & Federal law and not because Albany Health Care & Rehabilitation Center agrees with the allegations and citations listed. Albany Health Care & Rehabilitation Center maintains that the alleged deficiencies do 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. Please accept the last date noted on this plan of correction as the facility's written credible allegation of compliance. | |
| K 9999 | | | | |

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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| Bldg. 01 | STATE FINDINGS:<br><br>1) 3.1-2 LICENSES<br><br>The applicant shall prior to the start of construction, submit detailed architectural and operational plans to the division for consideration and approval. The plans shall state the licensure classification sought. Plans for projects involving less than thirty thousand (30,000) cubic feet require suitable detailed plans and sketches. A plan of operation, in sufficient detail to facilitate the review of functional areas, that is, nursing unit, laundry, and kitchen, shall accompany the submitted plan. Additionally, (r) The facility must operate and provide services in compliance with: (1) all applicable federal, state, and local laws, regulations, and codes.<br><br>This State Rule was not met as evidenced by:<br>Based on observation and interview, the Facility Management failed to comply with 16.2-3-2(c)(3) which requires suitable detailed plans and sketches and 16.2-3.1-13(r)(1)operate in compliance with all applicable federal, state and local laws for 2 of 2 resident rooms being added to the facility be submitted for | K 9999 | Addendum to plan of correctionCorrection for state findings 1 & 2The plan to utilize room 500 as a resident room are being abandoned. No resident has been assigned or resided in this room. The walls are being removed by our corporate construction crew and the area will be restored to it previous function as a dining room/activity area (See attached letter from Jesse Ott, TLC Management). Work is scheduled to begin on Sept 23, 2015.Systemic changes: The walls are being removed and the area will be restored back as it was prior to the changes.Monitoring: The administrator will monitor the construction work to ensure that the area is completely restored to it previous state. Results of monitoring will be reviewed by the Quality Assurance Committee.Completion date: October 5, 2015State finding 1 Corrective action for the affected and potentially affected residents: All residents on the 300 hall have the potential to be affected by the alleged deficient practice. Detailed architectural and operational plans will be submitted to the division for approval by June 19, 2015. Systemic changes: Detailed architectural and operation plans will be submitted to the division for approval by June 19, 2015 | 10/05/2015 |

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| | review.<br><br>Findings include:<br><br>Based on observation and interview with the Administrator and Maintenance Supervisor on 05/19/15 from 10:45 a.m. and 11:15 a.m., resident rooms 312 and 500 were newly created and/or constructed and no rudimentary plans had been submitted to the division for review.<br><br>410 IAC 16.2-3-2(c)(3)<br>410 16.2-3.1-13(r)(1)<br><br>2) ENVIRONMENT AND PHYSICAL STANDARDS<br><br>Resident rooms are required to have direct access to an exit corridor.<br><br>This State Rule has not been met as evidenced by:<br><br>Based on observation and interview, the facility failed to ensure 1 of 2 newly created and/or constructed resident rooms had direct access to an exit corridor.<br><br>Findings include:<br><br>Based on observation and interview with the Administrator and Maintenance Supervisor on 05/19/15 from 10:45 a.m. | | Monitoring: The administrator and corporate director of property maintenance will monitor the submission of the architectural and operational plans. Results of monitoring will be reviewed by the Quality Assurance Committee. State Finding 2 Corrective action for the affected and potentially affected residents: Any resident occupying room 500 would have the potential to be affected. No residents have occupied room 500 and no residents will occupy this room until approval is received from the division. Systemic changes: Detailed architectural and operational plans will be submitted to the division for approval by June 19, 2015. No residents will be assigned to room 500 until approval is received to occupy the room. Monitoring: The administrator will ensure that no residents are assigned to room 500 and the results of the monitoring will be sent to the Quality Assurance Committee for review. Completion date: June 19, 2015 | |

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| | and 11:15 a.m., resident room 500 was created and/or constructed by adding two walls and a door to enclose the previous feeder room. The newly created and/or constructed resident room 500 had direct access to the TV lounge but not to the exit corridor.<br><br>410 IAC 16.2-3.1-19(k)(5) | | | |