

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155358	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 09/23/2015
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NAME OF PROVIDER OR SUPPLIER MEADOWS MANOR EAST	STREET ADDRESS, CITY, STATE, ZIP CODE 3300 POPLAR ST TERRE HAUTE, IN 47803
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K 0000 Bldg. 01	<p>A Short form Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 09/23/15</p> <p>Facility Number: 000249 Provider Number: 155358 AIM Number: 100267640</p> <p>At this Life Safety Code survey, Meadows Manor East was found 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 with a basement was determined to be of Type II (000) 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 operated smoke detectors in all resident</p>	K 0000	<p>Please consider this Plan of Correction as our allegation of compliance. Disclaimer: Meadows Manor Convalescent and Rehab Center does not believe and does not admit that any deficiencies existed before, during or after the survey. Meadows Manor Convalescent and Rehab Center reserves all rights to contest the survey findings through informal dispute resolution, formal appeal proceedings or any administrative or legal proceedings. This plan of correction is not meant to establish any standard of care, contract obligation or position and Meadows Manor Convalescent and Rehab Center reserves all rights to raise all possible contentions and defenses in any type of civil or criminal claim, action or proceeding. Nothing contained in this plan of correction should be considered as a waiver of any potentially applicable peer review, quality assurance or self critical examination privileges which Meadows Manor Convalescent and Rehab Center does not waive, and reserves the right to assert in any administrative civil or criminal claim, action or proceeding. Meadows Manor Convalescent and Rehab Center offers its responses, credible allegations of compliance and</p>	
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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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K 0050 SS=C Bldg. 01	<p>rooms. The facility has a capacity of 86 and had a census of 62 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered and all areas providing facility services were sprinklered.</p> <p>Quality Review completed 09/24/15 - DA</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2</p> <p>1. Based on record review and interview, the facility failed to ensure each documented fire drill included complete documentation of the transmission of a fire alarm signal to the monitoring company/fire department for 12 of 12 fire drills. LSC 19.7.1.2 requires fire drills in health care occupancies shall include the transmission of the fire alarm signal and simulation of emergency conditions. This deficient practice could affect all residents in the facility.</p>	K 0050	<p>plan of correction as part of its ongoing effort to provide quality care to it's residents.</p> <p>Fire drill will include complete documentation of the transmission of the fire alarm signal to the monitoring company and include name of the person spoken to at the monitoring company and the time of transmission of the alarm was received. Fire drills will be held at unexpected times under varying conditions at least quarterly on each shift. This item could potentially affect all residents in this facility, as do all areas of fire safety. The facility Maintenance</p>	10/06/2015

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	<p>Findings include:</p> <p>Based on review of the facility's fire drills on 09/23/15 at 10:30 a.m. with the Maintenance Supervisor and the Buildings Manager present, the fire drill form the facility uses did not include information such as the name of the person spoken to at the monitoring company and the time the transmission of the fire alarm was received. Based on interview at the time of record review, the Maintenance Supervisor and the Buildings Manager both acknowledged documentation for the transmission of the fire alarm to the monitoring company was not complete information.</p> <p>3-1.19(b)</p> <p>2. Based on record review and interview, the facility failed to ensure fire drills were held at varied times for 1 of 3 employee shifts during 3 of 4 quarters. This deficient practice could affect all residents in the facility.</p> <p>Findings include:</p> <p>Based on review of the facility's fire drills on 09/23/15 at 10:30 a.m. with the Maintenance Supervisor and the Buildings Manager present, three of four</p>		<p>Supervisor will monitor monthly by the use fo the Fire Alarm Test Chart. The Maintenance Supervisor will be the responsible person and will monitor by visibly monitoring the Fire Drill Test chart to ensure that this finding does not reoccur.</p>		

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	<p>third shift (night) fire drills were performed at 2:00 a.m. During an interview at the time of record review, the Maintenance Supervisor and the Buildings Manager acknowledged the times the third shift fire drills were performed and agreed the times were not varied enough.</p> <p>3-1.19(b)</p>				