

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155328	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 07/15/2016
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NAME OF PROVIDER OR SUPPLIER PARK TERRACE VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 25 S BOEHNE CAMP RD EVANSVILLE, IN 47712
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00204927.</p> <p>Complaint IN00204927 - Substantiated. Federal/State deficiencies related to the allegations are cited at F465.</p> <p>Facility number: 000221 Provider number: 155328 AIM number: 100267620</p> <p>Survey dates: July 14 and 15, 2016</p> <p>Census bed type: SNF/NF: 74 Total: 74</p> <p>Census payor type: Medicare: 14 Medicaid: 48 Other: 12 Total: 74</p> <p>Sample: 6</p> <p>This deficiency reflects State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed by #02748 on</p>	F 0000	<p>The creation and submission of this <i>Plan of Correction (POC)</i> does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation.</p> <p>This provider respectfully requests that this 2567 <i>Plan of Correction (POC)</i> be considered the Letter of Credible Allegation of Compliance and requests a desk review in lieu of a post survey review.</p> <p>It is the practice of this provider to provide care, programs and services for the highest well-being of our residents in accordance with State and Federal law.</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>July 18, 2016.</p> <p>483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRONMENT 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 ensure residents' rooms were kept free of rainwater flooding floors and closets, for 4 residents rooms on the B Hall, in a sample of 13 rooms on the B hall. Rooms 232, 234, 236, and 238. Residents A, D, and F</p> <p>Findings include:</p> <p>On 7/14/16 at 9:25 A.M., during the initial tour, the Director of Nursing (DON) indicated she thought there had been water in some of the residents'</p>	F 0465	<p>It is the practice of this provider to provide care, programs and services for the highest well-being of our residents in accordance with State and Federal law. 1) What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? Residents found to be directly affected were in 12 rooms in the facility. Those residents affected by the deficient practice have been moved to other rooms within the facility. Any items residents have reported as being damaged due to the overflow of water into their rooms (caused by a significant amount of rain) have been replaced. 2) How other residents having the potential to be affected by the</p>	08/01/2016

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	<p>rooms "during the last big rain." She indicated she didn't think there had been any flooding lately.</p> <p>On 7/14/16 at 10:35 A.M., the DON provided a list of residents, highlighting those who were considered interviewable. Residents A, D, and F were considered interviewable.</p> <p>On 7/14/16 at 11:00 A.M., during an interview with the Maintenance Manager, he indicated during the "last big rain," on July 4, 2016, there was rainwater which came in under the door on the B hall. He indicated the water went into 4 resident rooms: Rooms 232, 234, 236, and 238. He indicated the rooms had been repainted since then, and no mold had been observed. The Maintenance Manager indicated this had happened more than once, and that the facility had been talking about putting in a new drainage system.</p> <p>On 7/14/16 at 11:10 A.M., Resident F was interviewed. Resident F indicated, "During the last big rain, the rain came in. It came in down the hall, and into the room." Resident F indicated it ruined the dresser, and that his wife had bought 2 plastic dressers to keep his clothes in. Resident F indicated his wife had also brought in a plastic crate to keep his TV</p>		<p>same deficient practice will be identified and whatcorrective action(s) will be taken:</p> <p>Additional residents found to be affected by the deficient practice will be removed to other rooms within the facility. Any items these additional residents report(or we discover to be) damaged due to the overflow of water into their rooms (causedby a significant amount of rain) will be replaced.</p> <p>3) What measures will be put into place orwhat systemic changes will be made to ensure that the deficient practice doesnot recur? A new drainage system is due to beinstalled to prevent this from happening again. Scope of work is as follows: Furnish labor and material to improve stormwater drainage: - Excavate trenches and remove excess debris andconcrete; - Furnish and install 12" & 15" piping alongwith all necessary fittings and catch basins; - Furnish and install one 24" custom drainagestructure; - Bed all drainage piping with #8 stone andbackfill as needed; - Replace concrete walks as necessary; - Install riprap chute where drain pipe dumps intowoods; and - Hand rake, seed and spread straw after excavatedtrench settles out. Moreover, all residents affected bythe deficient practice were moved into different rooms on, or before July 21,2016. 4) How the corrective action(s) will</p>				

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	<p>off of the floor. He indicated, "We don't want to get that TV wet." The resident's TV was observed sitting on a plastic crate. 2 plastic drawer units were also observed in the resident's room.</p> <p>On 7/14/16 at 11:30 A.M., Resident A's room was observed. Resident A had his guitars lying on his bed. During an interview at that time, Resident A indicated, "The last couple of months, the rain has seeped in the room. It's been kind of bad. I put my guitars on the bed just in case." Resident A indicated the rain had come in his room "a few times."</p> <p>On 7/14/16 at 1:30 P.M., during an interview with a family member, the family member indicated the resident's room had flooded 3 times in less than 1 year. She indicated the water had gotten into the resident's closet, and "warped" the resident's guitar case and shrunk the resident's boots. The family member indicated she had observed the resident's roommates' clothes "soaking wet" in the bottom of the closet. The family member indicated the staff told the resident, "Don't get up, stay in bed" while the water was on the floor. The family member indicated she thought "there was about 2 inches of water on the floor." The family member indicated she was not informed that the resident's room could</p>		<p>bemonitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place? After the new drainage system is installed and when we have rain, every resident room will be checked for an overflow of water for 12 months (post-fix). If water is discovered, resident will be moved to another room until repaired (in accordance with #1 above). Findings will be presented to the QA Committee for one year. 5) By what date the systemic changes will be implemented: July 21, 2016 for room moves. The new drainage system will be installed as quickly as our contractor can order materials and schedule the work. They should break ground in August 2016 and be completed in approximately 3 weeks.</p>		

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	<p>flood during heavy rains.</p> <p>On 7/14/16 at 2:30 P.M., during an interview with Resident D, she indicated, "I think it was last week when the rain came in." She indicated she heard "some people got wet," but was unsure where the rain came from. She indicated she was instructed not to get up out of bed. Resident D indicated she knew the rain was in the hallway.</p> <p>On 7/15/16 at 9:40 A.M., the Administrator was interviewed. The Administrator indicated he had only been at the facility for approximately 1 month. The Administrator indicated he had spoken to the Maintenance Director on 7/14/16, and the Maintenance Director informed him it had flooded periodically for at least 9 years. The Administrator indicated he had obtained an estimate to have a new drainage system put in, and also developed a plan to remove the residents from their rooms if flooding occurred. The Administrator indicated the facility planned to reimburse the residents for any damaged items.</p> <p>This Federal tag relates to Complaint IN00204927.</p> <p>3.1-19(f)</p>			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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