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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>155522 | X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 01<br>B. WING _____ | X3) DATE SURVEY COMPLETED<br><br>01/14/2014 |
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| NAME OF PROVIDER OR SUPPLIER<br><br>COMMUNITY PARKVIEW CARE CENTER | STREET ADDRESS, CITY, STATE, ZIP CODE<br>2300 PARKVIEW LN<br>ELWOOD, IN 46036 |
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| (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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| K010000 | <p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 11/21/13 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 01/14/14</p> <p>Facility Number: 000372<br/>Provider Number: 155522<br/>AIM Number: 100289060</p> <p>Surveyor: Phillip Komsiski, Life Safety Code Specialist</p> <p>At this PSR survey, Community Parkview Care Center was found not in 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 was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the</p> | K010000 | Submission of this plan of correction shall not constitute or be construed as an admission by Community Parkview Care Center. The allegations contained in this survey report are accurate or reflect accurately the provision of care and service to the residents at Community Parkview Care Center. The facility requests the following plan of correction be considered its allegation of compliance. The facility also respectfully requests paper compliance with the tag written. |  |
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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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|                    | <p>corridors and battery powered smoke detectors in all resident sleeping rooms. The facility has a capacity of 92 and had a census of 75 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered. All areas providing facility services were sprinklered except for the one detached garage used for facility storage which was not sprinklered.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 01/16/14.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> |               |   |                      |

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| K010018<br>SS=E    | <p>NFPA 101<br/>LIFE SAFETY CODE STANDARD<br/>Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¼ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities. Based on observation and interview, the facility failed to ensure 1 of 1 sets of double leaf corridor doors could latch independently into the door frame. This deficient practice could affect 28 residents on 300 long hall as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observation on 01/14/14 at 12:30 p.m. with the Maintenance Supervisor, the single set of double leaf corridor doors leading into the Therapy room were secured to the door frame by the use of roller latches installed on top of each door which would not keep the doors securely latched into the door frame. Based on interview on 01/14/14</p> | K010018       | The corrective action for those residents found to be affected by this deficient practice will be to replace the current hardware on the therapy room doors to ensure the doors will latch into the door frame. Since the doors are used on a daily basis by our Therapy department if for some reason they have been advised to report any problems with the doors to the Administrator or Maintenance department immediately. In addition to daily checks by the Therapy department for any concerns with the doors, they will be checked along with our fire doors during quarterly fire drills for proper functioning. The results from any malfunctions reported or concerns during fire drills will be added to our quarterly QA for review and changes as | 01/20/2014           |

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|  | <p>concurrent with the observation, it was acknowledged by the Maintenance Supervisor the aforementioned set of corridor doors would not latch independently into the door frame.</p> <p>This deficiency was cited on 11/21/13. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>3.1-19(b)</p> |   | <p>necessary. The Administrator will be responsible for overall monitoring, and properly functioning doors. The deficiency was corrected on January 20th 2014.</p> |                      |   |