

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155338	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 07/03/2012
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NAME OF PROVIDER OR SUPPLIER MANORCARE HEALTH SERVICES - PRESTWICK	STREET ADDRESS, CITY, STATE, ZIP CODE 445 S CR 525 E AVON, IN 46123
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K0000	<p>A Quality Assurance Walk-thru Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 07/03/12</p> <p>Facility Number: 000231 Provider Number: 155338 AIM Number: 100267900</p> <p>Surveyor: Dennis Austill, Life Safety Code Supervisor</p> <p>At this Quality Assurance Walk-thru survey, Manorcare Healthcare Services-Prestwick was found 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). Building 01 built prior to March 1, 2003 was surveyed with Chapter 19, Existing Health Care Occupancies.</p> <p>This one story facility was surveyed as two separate buildings due to the construction dates of two sections of the building. Building 02, a 20 bed addition built after March 1, 2003 and Building 01,</p>	K0000	The statements made in this Plan of Correction are not an admission to and do not constitute an agreement with the alleged deficiencies herein. To remain in compliance with all federal and state regulations, the center has taken or is planning to take the actions set forth in the following Plan of Correction. The Plan of Correction constitutes the center's allegation of compliance. All alleged deficiencies cited have been or are to be corrected by the date or dates indicated.	

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>built prior to March 1, 2003 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 and spaces open to the corridors. Fifteen resident rooms on the 800 wing have hard wired smoke detectors. Resident rooms on the 100, 200, 300, 600, and 700 wings have battery operated smoke detectors provided. The facility has a capacity of 140 and had a census of 108 at the time of this survey.</p> <p>The facility was found not in compliance with state law in regard to smoke detector coverage.</p> <p>There were no buildings outside the facility where residents have customary access or buildings providing facility services.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 07/09/12.</p>			

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K9999	<p>State Findings</p> <p>3.1-19 ENVIRONMENT AND PHYSICAL STANDARDS</p> <p>3.1-19(ff) A health facility licensed under 16-28 and this rule must do the following:</p> <p>(1) Have an automatic sprinkler system installed throughout the facility before July 1, 2012.</p> <p>(2) If an automatic sprinkler system is not installed throughout the health care facility before July 1, 2010, submit before July 1, 2010 a plan to the department for completing the installation of the automatic sprinkler system before July 1, 2012.</p> <p>(3) Have a battery operated or hard-wired smoke detector in each resident ' s room before July 1, 2012.</p> <p>This State Rule has not been met as evidenced by:</p> <p>Based on observation and interview, the facility failed to install smoke detectors in each resident ' s room before July 1, 2012. This deficient practice could affect at least 34 residents in the facility.</p> <p>Findings include:</p> <p>Based on observations with the Maintenance Director on 07/03/12 from 1:15 p.m. to 2:00 p.m., all of the resident rooms on the 100 , 200, 300, 600, and 700 wings were provided</p>	K9999	<p>K 999 State Findings 3.1-19 Environment and Physical Standards</p> <p>It is the practice of this center to comply with K 999 Environment and Physical Standards</p> <p><u>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</u></p> <p>No residents were affected. The resident room smoke detectors were all in place at time of survey and smoke detectors have been moved down to now be more than 4 inches but no more than 12 inches from ceiling.</p> <p><u>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken:</u></p> <p>No residents were affected. The resident room smoke detectors were all in place at time of survey and smoke detectors have been moved down to now be more than 4 inches but no more than 12 inches from ceiling.</p> <p>- <u>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</u></p> <p>- Maintenance Staff has been re-educated that the smoke detectors are to be more than 4 inches but no more than 12 inches from ceiling in all resident rooms.</p> <p><u>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be</u></p>	07/12/2012			

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	<p>with wall mounted, battery operated smoke detector, however, the wall mounted, battery operated smoke detectors were not installed according to manufacturer's recommendations. The manufacturer's recommendations indicate wall mounted, battery operated smoke detectors should be installed 4 to 6 inches from the ceiling. Based on interview during the time of observation, the Maintenance Director acknowledged the wall mounted, battery operated smoke detectors were mounted less than an inch from the ceiling.</p> <p>3.1-19(ff)</p>		<p><u>put into place:</u></p> <p>- Smoke Detectors will be monitored per the manufacturer's guidelines by Maintenance Director or Designee weekly x 4 weeks.</p> <p>The results of the audit will be submitted to the QA&A Committee for further review and recommendations.</p> <p><u>By what date the systemic changes will be completed:</u></p> <p>July 12, 2012</p>	

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