

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155005	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/02/2015
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NAME OF PROVIDER OR SUPPLIER MANORCARE HEALTH SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 1345 N MADISON AVE ANDERSON, IN 46011
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F000000	<p>This visit was for the Investigation of Complaint IN00163165. This visit was in conjunction with the Recertification and State Licensure Survey.</p> <p>Complaint IN00163165 - Substantiated. Federal/State deficiencies related to the allegations are cited at F465.</p> <p>Survey dates: January 26, 27, 28, 29, 30 and February 2, 2015.</p> <p>Facility number: 000005 Provider number: 155005 AIM number: 100270840</p> <p>Survey team: Karen Lewis, RN TC Toni Maley, BSW Tina Smith-Staats, RN Ginger McNamee, RN</p> <p>Census bed type: SNF: 18 SNF/NF: 127 Total: 145</p> <p>Census payor type: Medicare: 15 Medicaid: 101 Other: 29 Total: 145</p>	F000000	<p>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.</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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F000465 SS=E	<p>Sample: N/A</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2-3.</p> <p>Quality review completed by Debora Barth, RN.</p> <p>483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRON The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. Based on observation and interview, the facility failed to ensure ceiling and ceiling vents were safe and in good repair for 1 of 4 dining rooms observed (Family Tree Dining Room) and 1 of 1 kitchen observed. This deficient practice had the potential to impact 124 Residents who attended activities or ate in the Family Tree dining room.</p> <p>Findings Included: During an observation on 1/26/15 at 12:25 p.m., two square sections of the ceiling in the Family Tree dining room was noted to be missing. The sections were approximately 3 feet by 2 feet and 2</p>	F000465	<p>F 465 SS=E Safe/Functional/Sanitary/Comfortable Environment</p> <p>It is the practice of this center to comply with F 465 SS=E Safe/Functional/Sanitary/Comfortable Environment</p> <p><u>What corrective actions(s) will be accomplished for those residents found to have been affected by the deficient practice?</u></p>	03/04/2015

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	<p>feet by 2 feet. Pipes and insulation were visible. The area was directly over a section of the room where residents ate and food was distributed.</p> <p>During a kitchen observation on 1/26/15 at 10:07 a.m., the ceiling vent next to the food preparation area was noted to be bent with a piece hanging down from the ceiling.</p> <p>During a lunch observation on 1/26/15 at 12:25 p.m., three residents were observed seated under the area in the Family Tree dining room with missing ceiling tile and exposed insulation while waiting for meals to be served. At 12:35 p.m., the Food Service Supervisor directed the staff to move the residents from under the open areas. This was prior to their meals being served.</p> <p>During an observation on 1/27/15 at 9:33 a.m., breakfast in the Family Tree dining room was ending. Some residents remained at their tables, insulation continued to be exposed through the open areas in the Family Tree Dining room ceiling. No residents were seated under the open areas.</p> <p>During a confidential interview on 1/26/15 at 10:15 a.m., Resident #B indicated the ceiling had fallen in about 3</p>		<p>The Ceiling in the Family Tree Dining Room has been fixed and/or replaced as of 2/2/2015.</p> <p>The Vent in the Kitchen has been fixed as of 1/27/2015.</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>-</p> <p>All residents that eat meals or attend activities in the family tree dining room have the potential to be affected by this deficient practice.</p> <p>An Audit was completed to identify and correct any other environmental concerns.</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>-</p>		

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	<p>months ago and that open area had been patched. Resident #B indicated the ceiling in the Family Tree dining room had fallen in 2 times and the current open area had been present for about a month.</p> <p>During an interview on 1/26/15 at 10:10 a.m., the Food Services Supervisor indicated the vent had been bent for awhile and believed the facility was waiting on a part. The food preparation machinery had been moved so it was no longer under the vent.</p> <p>During an interview on 1/27/15 at 12:52 p.m., the Maintenance Supervisor indicated the open areas would be repaired after lunch.</p> <p>During an interview on 1/27/15 at 3:30 p.m., the Administrator was informed of the concerns regarding the open areas in the Family Tree dining room ceiling. The Administrator indicated the open areas would be repaired by the end of the next day.</p> <p>During an confidential interview on 1/29/15 at 10:26 a.m., an employee indicated there had been concerns with open areas and exposed insulation "on and off all month."</p> <p>During an interview on 2/2/15 at</p>		<p>Maintenance Director & Staff has been re-educated on F-Tag 465 and the Environmental Observations Checklists.</p> <p>Maintenance Director will continue to follow Preventive Maintenance Program in relation to environmental observation and securing worksite areas.</p> <p>The IDT Team has been re-educated on Environmental Unit Round tools and securing worksite areas.</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 put in place?</u></p> <p>-</p> <p>Maintenance Director or designee will complete 3 Environmental Observation Tools a week x 4 weeks to ensure a Safe/Functional/Sanitary/Comfort able Environment is maintained. Any findings will be corrected.</p> <p>Audit findings will be presented to the QAA Committee weekly for 4</p>		

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	<p>12:56:49 p.m., the Administrator indicated, "on Monday one person was sitting under the hole but was moved before food was served. It sounds like we should have roped off the area. I don't know if anyone sat there for dinner."</p> <p>During an interview on 2/2/15 at 1:01 p.m., the Administrator indicated the vent in the kitchen had been in need of repair and hanging down at the time he had begun to work at the facility, 12/3/14. The Administrator also indicated the open areas in the ceiling were a concern for the residents who ate or attended activities in the Family Tree dining room.</p> <p>Review of Facility Census form indicated the total census for the facility was 145. The total census on the secured unit (21 residents) was subtracted from the total facility census. The residents from the secured unit do not normally attend activities in the Family Tree dining room.</p> <p>3.1-19(f)</p>		<p>weeks and monthly thereafter. Ongoing monitoring will continue for a minimum of 6 months. The QAA Committee will review findings and determine the need for further monitoring and/or education per the QAA process.</p> <p><u>By what date the systemic changes will be completed?</u></p> <p>-</p> <p>March 4th, 2015</p>	