

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155247	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 08/23/2012
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NAME OF PROVIDER OR SUPPLIER MANORCARE HEALTH SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 8549 S MADISON AVE INDIANAPOLIS, IN 46227
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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
K0000	<p>A Quality Assurance Walk-thru Survey was conducted by the Indiana State Department of Health.</p> <p>Survey Date: 08/23/12</p> <p>Facility Number: 000151 Provider Number: 155247 AIM Number: 100284060</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist,</p> <p>At this Quality Assurance Walk-thru survey, Manorcare Health Services was found not in compliance with 410 IAC 16.2-3.1-19(ff).</p> <p>This one story facility consists of two sections with different construction dates for the two sections. Building 0102 consists of the 1986 original building. Building 0202 consists of the 2007 addition. Building 0102 was determined to be of Type V (000) construction and was fully sprinklered. Building 0202 was determined of Type V (111) construction and was fully sprinklered.</p> <p>The facility has a fire alarm system with smoke detection in the corridors and in all areas open to the corridor. The facility</p>	K0000		

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>has smoke detectors hard wired to the fire alarm system in resident sleeping rooms # 166 through # 182 and has battery operated smoke detectors in all other resident sleeping rooms. The facility has a capacity of 140 and had a census of 114 at the time of this visit.</p> <p>The facility was found in compliance with state law in regard to sprinkler coverage. The facility was found not in compliance with the state law in regard to smoke detector coverage.</p> <p>All areas where residents have customary access were sprinklered. The facility has two detached buildings providing facility services, two wooden storage sheds, which were not sprinklered.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 08/29/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K9999	<p>State Findings</p> <p>3.1-19 ENVIRONMENT AND PHYSICAL STANDARDS</p> <p>3.1-19(a) The facility must be designed, constructed, equipped and maintained to protect the health and safety of residents, personnel, and the public.</p> <p>This State Rule has not been met as evidenced by: Based on observation and interview, the facility failed to implement a preventive maintenance program for battery operated smoke detectors installed in 62 of 77 resident sleeping rooms. This deficient practice could affect 124 residents in the facility.</p> <p>Findings include:</p> <p>Based on observations with the Administrator and the Maintenance Supervisor during a tour of the facility from 1:20 p.m. to 2:55 p.m. on 08/23/12, battery operated smoke detectors were installed in 62 of 77 resident sleeping rooms. Based on interview at the time of observation, the Administrator and the Maintenance Supervisor stated documentation of periodic testing and</p>	K9999	<p>It is the practice of Manor Care Indy South to test and maintain smoke detectors.</p> <p>What corrective action will be accomplished for those residents found to have been affected by the deficient practice? All battery operated smoke detectors were tested on August 29, 2012.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken? All smoke detectors were functioning properly.</p> <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not reoccur? The maintenance director or his designee will test all battery operated smoke detectors monthly. The maintenance director or his designee will clean all battery operated smoke detectors annually. The preventative maintenance plan was updated to include monthly testing and annual cleaning.</p> <p>How will the corrective actions be monitored to ensure that they do not reoccur? The log of monthly test will be completed. The results will be reviewed by safety committee monthly.</p>	09/05/2012			

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	<p>cleaning of battery operated smoke detectors in resident sleeping rooms was not available for review. The Administrator stated battery operated smoke detectors were installed in each of the 62 resident sleeping rooms July 1, 2012 and acknowledged a written preventive maintenance program for battery operated smoke detectors has not been implemented.</p> <p>3.1-19(a)</p>		<p>By what date will the changes occur? 9/5/2012</p>		