

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155236	X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____	X3) DATE SURVEY COMPLETED 01/06/2015
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NAME OF PROVIDER OR SUPPLIER AVON HEALTH & REHABILITATION CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 4171 FOREST POINTE CIR AVON, IN 46123
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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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K020000	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 01/06/15</p> <p>Facility Number: 000141 Provider Number: 155236 AIM Number: 100283860</p> <p>Surveyor: Dennis Austill, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Avon Health & Rehabilitation Center was found in substantial 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 18, New Health Care Occupancies and 410 IAC 16.2.</p> <p>This one story facility was determined to be of Type V (111) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and in all areas open to the corridor. The facility has smoke</p>	K020000	<p>The Plan of correction is prepared and executed because it is required by the Provisions of State and Federal Regulations. Avon Health and Rehab. maintains that each deficiency does not jeopardize the health and safety of our residents, neither of a such nature as to limit our capability to provide adequate care.</p>	
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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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K020018 SS=B	<p>detectors hard wired to the fire alarm system in all resident sleeping rooms. The facility has a capacity of 137 and had a census of 117 at the time of this visit.</p> <p>All areas where residents have customary access were sprinklered. The facility has one detached wood shed providing storage which was not sprinklered.</p> <p>Quality Review by Lex Brashear, Life Safety Code Specialist-Medical Surveyor on 01/06/15.</p> <p>The facility was found in substantial compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings are constructed to resist the passage of smoke. Doors are provided with positive latching hardware. Dutch doors meeting 18.3.6.3.6 are permitted. Roller latches are prohibited. 18.3.6.3</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 sets of double corridor doors closed and latched automatically into the door frame. This deficient practice could affect at least 10 residents, staff and visitors using the physical therapy room.</p> <p>Findings includes:</p>	K020018	Corrective actions will be accomplished for those residents found to have been affected by the deficient practice: The deficient will be corrected by replacing the current latching system with an automatic system. How other residents having the potential to be affected by this practice: All residents utilizing the Therapy room have a potential to	02/05/2015

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	<p>Based on observation with the Maintenance Director on 01/06/15 at 1:50 p.m., the entrance to the physical therapy room was provided with a set of double corridor doors equipped with a slide bolt latch on one door which had to be manually latched to allow the other door to latch into the first door. The Maintenance Director at the time of observation acknowledged the doors would not automatically latch.</p> <p>3.1-19(b)</p>				<p>be affected. What measures will be put into the place to ensure that the deficient does not occur: On 1/6/15 the maintenance director inspected all doors with latching mechanics with corridor opening to ensure that the latching is properly functioning. The deficient with Therapy doors will be corrected by replacing it with automatic latching system. The new latching system will permanently correct the deficient. How the corrective actions will be monitored to ensure the deficient practice will not recur: The replacement of latching system will permanently correct the deficient practice. Due to the low severity of the deficient we request paper compliance from agency.</p>		