

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155650	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 07/16/2012
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NAME OF PROVIDER OR SUPPLIER LINCOLNSHIRE HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 8380 VIRGINIA ST MERRILLVILLE, IN 46410
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K0000	<p>A Quality Assurance Walk-thru Survey was conducted by the Indiana State Department of Health.</p> <p>Survey Date: 07/16/12</p> <p>Facility Number: 000577 Provider Number: 155650 AIM Number: 100266950</p> <p>Surveyor: W. Chris Greeney, Life Safety Code Specialist</p> <p>At this Quality Assurance Walk-thru survey, Lincolnshire Health Care Center was found in compliance with 410 IAC 16.2-3.1-19(ff)</p> <p>This one story facility was determined to be of Type V (111) construction and was not fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and spaces open to the corridors and with hard wired smoke detectors in all resident rooms. The facility has a capacity of 100 and had a census of 89 at the time of this survey.</p> <p>The facility was found not in compliance with state law in regard to sprinkler coverage. The facility was in compliance with state law in regard to smoke detector</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>coverage.</p> <p>Areas where the residents have customary access were sprinklered except the Therapy Room. One area providing facility services, a maintenance electrical room, was not sprinklered.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 07/19/12.</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: (1) Have an automatic sprinkler system installed throughout the facility before July 1, 2012. (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. (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: Based on observation and interview, the facility failed to ensure all areas providing services to the facility were sprinklered. This deficient practice could affect 89 residents in the facility.</p> <p>Findings include:</p> <p>Based on observation with the Health Facility Administrator and Maintenance Supervisor during the facility tour from 10:20 a.m. until 11:10 a.m. on 07/16/12, an electrical room adjacent to the maintenance office was not sprinklered. According to interview with the maintenance supervisor at the time of observation, the walls were composed of one layer of 5/8" sheetrock. The electrical room also had a door entry leading to another room housing electrical boxes and panels. This adjacent room had no door attached to the door frame and its walls were made of the same material. In addition to both rooms containing electrical boxes and panels, each room contained a two drawer filing cabinet. On top of one cabinet was a cardboard box which the maintenance supervisor indicated contained an electric motor. There was also a five gallon bucket on top of the file cabinet which contained discarded paper, cloth items and tools. The door between the maintenance office and the electrical room was wood construction, however the tag on top of the door was unreadable.</p>			K9999	<p>The filing of this plan of correction does not constitute an admission that the alleged deficiency did in fact exist. This plan of correction is filed as evidence of the facility's desire to comply with regulatory requirements and to continue to provide quality care. The facility has obtained a bid to have the electrical rooms sprinklered by 8/3/12. The cardboard box containing an electric motor and the five gallon bucket containing various items have been removed from the electrical rooms. Maintenance will audit these rooms to maintain compliance. Administrator will make a monthly review of the TELS Program to ensure facility is staying compliant. Environmental Consultants will review TELS and monitor the facility for compliance during routine visits.</p>		08/03/2012

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	<p>There was no evidence presented during the tour that the construction materials of the wall containing the door met requirements for a 2 hour separation, or that the door to the room was a two hour rated fire door. The Maintenance Supervisor present during the observations confirmed the room was not sprinklered.</p> <p>3.1-19(ff)</p>			