

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155005	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 01/14/2013
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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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K0000	<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: 01/14/13</p> <p>Facility Number: 000005 Provider Number: 155005 AIM Number: 100270840</p> <p>Surveyor: Phillip Komsiski, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Manorcare Health Services was found not 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), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This one story facility 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, spaces open to the corridors and battery powered smoke detectors in resident rooms. The facility has a</p>	K0000	<p>January 28, 2013</p> <p>Long Term Care Division, 4 th Floor 2 North Meridian Street Indianapolis, IN 46204</p> <p>RE: ManorCare Health Services of Anderson 1345 N. Madison Ave. Anderson, IN 46011</p> <p>Dear Kim Rhoades:</p> <p>Please note our Plan of Correction and allegation of compliance for the Life Safety Code Survey completed on January 14, 2013. We respectfully request a desk review.</p> <p>Should you have any other questions or need additional information, please contact me at the above address or phone number. You may also contact me via email at 421admin@hcr-manorcare.com.</p> <p>Sincerely,</p> <p>Nicole Fields, HFA Administrator</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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	<p>capacity of 216 and had a census of 153 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered and all areas providing facility services were sprinklered.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 01/16/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K0066 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Smoking regulations are adopted and include no less than the following provisions:</p> <p>(1) Smoking is prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area is posted with signs that read NO SMOKING or with the international symbol for no smoking.</p> <p>(2) Smoking by patients classified as not responsible is prohibited, except when under direct supervision.</p> <p>(3) Ashtrays of noncombustible material and safe design are provided in all areas where smoking is permitted.</p> <p>(4) Metal containers with self-closing cover devices into which ashtrays can be emptied are readily available to all areas where smoking is permitted. 19.7.4</p> <p>Based on observation, record review and interview; the facility failed to ensure cigarette butts were deposited into noncombustible containers provided for 2 of 2 areas where smoking was permitted. This deficient practice could affect 23 residents on 100 hall and 10 residents in the Main dining room as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observation on 01/14/13 during the tour between 1:15 p.m. and 3:05 p.m.</p>	K0066	<p>Tag K 066</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;</p> <p>The plastic trash containers were removed from the courtyard and replaced with metal containers with self-closing cover devices and locking smoking oasis.</p> <p>How other residents having the potential to be affected by the same deficient practice will be</p>	02/13/2013	

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	<p>with the Maintenance Supervisor, plastic thirty gallon trash containers used for paper goods in the two designated smoking areas just outside 100 hall and just outside the Main dining room were used for the disposal of fifty and twenty cigarette butts respectively. Based on review of the smoking policy on 01/14/13 at 3:32 p.m. with the Maintenance Supervisor, the smoking policy did address the proper disposal of extinguished cigarette butts. Based on interview on 01/14/13 at 3:38 p.m. with the Maintenance Supervisor, it was acknowledged the facility's employees disposed of cigarette butts into an unapproved plastic container with paper goods.</p> <p>3.1-19(b)</p>		<p>identified and what corrective actions will be taken;</p> <p>Resident(s), visitor(s) and staff in the vicinity of the area where smoking is permitted have the potential to be affected by the deficient practice.</p> <p>What measures will be put into place or what systemic changes will be made to ensure that the same deficient practice does not recur;</p> <p>Staff and residents will be educated on the proper disposal of trash and smoking materials in the designated smoking area. Signage will be posted in the smoking area to ensure awareness of safe disposal practices of cigarette butts. Please see attachment A.</p> <p>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 into place;</p> <p>Maintenance Director or designee will monitor compliance with proper disposal of cigarette butts a minimum of 5 days per week to ensure compliance. Please see attachment B. Audit findings will be presented to QA&A committee weekly for 4 weeks and monthly thereafter for a minimum of six</p>		

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			months. QA&A committee will review findings and determine need for further monitoring and/or education per the QA&A process.		