| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155766 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING | (X3) DATE SURVEY COMPLETED 07/19/2012 |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| MAPLE MANOR CHRISTIAN HOME INC | 643 W UTICA ST<br>SELLERSBURG, IN 47172 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED 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 | An investigation of Complaint Number IN00111594 and a Quality Assurance Walk-thru Survey were conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).<br><br>Complaint Number: IN00111594 Unsubstantiated, due to a lack of evidence.<br><br>Survey Date: 07/19/12<br><br>Facility Number: 000563<br>Provider Number: 155766<br>AIM Number: 100267610<br><br>Surveyor: Mark Bugni, Life Safety Code Specialist<br><br>Census: 51<br><br>Maple Manor Christian Home Inc. was found in compliance with 410 IAC 16.2 in regard to the investigation of Complaint Number IN00111594, but not in compliance with 410 IAC 16.2 in regard to sprinkler coverage.<br><br>This one story facility with a basement was determined to be Type V (000) construction and fully sprinklered excluding the open area above the | K0000 | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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| | bulkhead in the kitchenette and the main dining room electrical room. The facility has a fire alarm system with smoke detection on all levels including the corridors, spaces open to the corridors, and battery operated smoke detection in all resident sleeping rooms. The facility has a capacity of 57 and had a census of 51 at the time of this visit.<br><br>The facility was found not in compliance with state law in regard to sprinkler coverage, but it was in compliance with state law in regard to smoke detector coverage.<br><br>All areas where residents have customary access were sprinklered except the main dining room open kitchenette area above the bulkhead to the ceiling and the main dining room electrical room.<br><br>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 07/27/12.<br><br>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following: | | | |

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| K9999 | State Findings<br><br>3.1-19 ENVIRONMENT AND PHYSICAL STANDARDS<br><br>3.1-19(ff)(1) Have an automatic sprinkler system installed throughout the facility before July 1, 2012.<br><br>This State Rule has not been met as evidenced by:<br>Based on observation and interview, the facility failed to ensure 2 of 67 rooms were provided with complete automatic sprinkler system coverage. This deficient practice could affect any residents in the facility using the main dining room as well as visitors or staff.<br><br>Findings include:<br><br>Based on observation on 07/19/12 at 10:45 a.m. with the administrator, the main dining room electrical room was not provided with sprinkler coverage and the main dining room kitchenette had a bulkhead built from the ceiling down along the entrance to the open room with no sprinkler coverage from the nearest dining room sprinkler located five feet from the bulkhead to the area in the opening above the bulkhead to the ceiling. | K9999 | 3.1-19(ff)(l) The deficient practice of the sprinkler system not being installed could have affected all residents in the facility. Koorsen Fire and Security was in facility on Monday, August 6, 2012 to see what is needed to install sprinklers in the kitchenette and the storage room in the dining room. Equipment has been ordered for the repairs. Corrections will be completed by August 18, 2012. Administrator will remain in contact with Koorsen to ensure the work is completed by that date. | 08/18/2012 |

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| | This was verified by the administrator at the time of observation.<br><br>3.1-19(ff) | | | |