

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155697	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 07/15/2014
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NAME OF PROVIDER OR SUPPLIER CLARK REHABILITATION AND SKILLED NURSING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 517 N LITTLE LEAGUE BLVD CLARKSVILLE, IN 47129
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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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K010000	<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: 07/15/14</p> <p>Facility Number: 000059 Provider Number: 155697 AIM Number: 100266560</p> <p>Surveyor: Lex Brashear, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Clark Rehabilitation and Skilled Nursing Center 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 (000) construction and was fully sprinklered. The facility has a fire alarm system with hard wired smoke detectors in the corridors and in spaces open to the corridors, plus battery</p>	K010000		
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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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K010050 SS=F	<p>operated smoke detectors in all resident sleeping rooms. The facility has a capacity of 83 and had a census of 77 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered. All areas providing facility services were sprinklered, except two storage pods.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 07/21/14.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2 Based on record review and interview, the facility failed to provide quarterly fire</p>	K010050	K050 1-No facility occupants were harmed and residents did not have a negative outcome	07/17/2014

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	<p>drill documentation for 1 of 3 shifts during 1 of 4 quarters. This deficient practice could affect all residents in the facility.</p> <p>Findings include:</p> <p>Based on review of the facility's fire drills in the Life Safety book on 07/15/14 at 10:30 a.m. with the Maintenance Director present, the facility lacked written documentation a fire drill was conducted during the third shift (night) of the fourth quarter (October, November, and December) of 2013. This was acknowledged by the Maintenance Director at the time of record review.</p> <p>3.1-19(b)</p>		<p>related to the alleged deficient practice. The facility fire drill schedule which follows the guidelines of being held at unexpected times under varying conditions at least quarterly on each shift is implemented and all fire drills YTD have followed that schedule. 2-All facility occupants have the potential to be affected by the alleged deficient practice. Maintenance Director in-serviced by ED 7/17/14 on fire drill procedure which includes holding fire drills at unexpected times under varying conditions at least quarterly on each shift. 3-Maintenance Director/Designee will follow fire drill schedule to ensure that fire drills are held at unexpected times under varying conditions at least quarterly on each shift. ED/Designee will ensure fire drills are held per regulation. Maintenance Director in-serviced by ED 7/17/14 on fire drill procedure which includes holding fire drills at unexpected times under varying conditions at least quarterly on each shift. 4- ED/Designee will conduct monthly CQI to ensure fire drill schedule is being followed for compliance. If 100% accuracy is not obtained an action plan will be developed by ED. CQI tool will be done monthly on an ongoing basis. Attachments A,B,C,D,E July 17, 2012</p>		