

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15E667		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 08/15/2012	
NAME OF PROVIDER OR SUPPLIER LYNHURST HEALTHCARE				STREET ADDRESS, CITY, STATE, ZIP CODE 5225 W MORRIS ST INDIANAPOLIS, IN 46241			
(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
K0000	<p>A Quality Assurance Walk-thru Survey was conducted by the Indiana State Department of Health.</p> <p>Survey Date: 08/15/12</p> <p>Facility Number: 000385 Provider Number: 15E667 AIM Number: 100291340</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist</p> <p>At this Quality Assurance Walk-thru survey, Lynhurst Healthcare was found not in compliance with with 410 IAC 16.2-3.1-19(ff).</p> <p>This facility constructed in two sections is fully sprinklered. The oldest section, a former two story private residence with a basement and the newer section, a one story addition were both determined to be of Type V (000) construction. The facility has a fire alarm system with smoke detection in the corridors and in all areas open to the corridor. The facility does not have smoke detectors in resident sleeping rooms. The facility has a capacity of 50 and had a census of 38 at the time of this visit.</p>			K0000	<p>K0000Preparation and execution of this plan of correction does not constitute an admission to or an agreement by the provider with the truth of the facts alleged or the conclusions set forth in the Statement of Deficiencies rendered by the reviewing agency. The plan of correction is prepared and executed soley because it is required by the provisions of federal and state law. Lynhurst Healthcare maintains that the alleged deficiencies do not individually or collectively jeopardize the health and/or safety of its residents nor are they of such character as to limit the provider's capacity to renderadequate resident care. Furthermore, Lynhurst Healthcare asserts that it is and was in substantial compliance with the regulations governing the operation of long term care facilities; that this Plan of Correction in its entirety, constitutes this provider's allegation of compliance. Completion dates are provided for procedural processing purposes to comply with federal and state regulations and to correlate with the most recent contemplated or accomplished corrective action. These do not necessarily chronologically correspond to the date that Lynhurst Healthcare is under the opinion that it was in participation or that corrective</p>		

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>The facility was found in compliance with state law in regard to sprinkler coverage. The facility was found not in compliance with state law in regard to smoke detector coverage.</p> <p>All areas where residents have customary access were sprinklered. The facility has two detached buildings providing facility services including the laundry building and a metal storage shed which were not sprinklered.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 08/20/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>		action was necessary.		

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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:</p> <p>(1) Have an automatic sprinkler system installed throughout the facility before July 1, 2012.</p> <p>(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.</p> <p>(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:</p> <p>Based on observation and interview, the facility failed to install smoke detectors in 16 of 16 resident sleeping rooms before July 1, 2012. This deficient practice could affect 38 residents in the facility.</p> <p>Findings include:</p> <p>Based on observations with the</p>	K9999	<p>K9999 1) What action(s) will be accomplished for those residents found to have been affected? Any resident has the potential to be affected by this deficiency. Smoke detectors were placed in 16 of 16 resident rooms and this correction was completed on the evening of 8-15-2012. The facility strives to meet all Life Safety Code and Fire Regulations. The facility has a fire alarm system with smoke detection in all corridors. The facility also restricts residents who smoke and no resident may have or keep or otherwise hold any smoking materials on their person or in their rooms. 2) How the facility will identify other residents having the potential to be affected and what corrective action will be taken? Any resident has the potential to be affected by this deficiency. Smoke detectors were placed in 16 of 16 resident rooms and this correction was completed on the evening of 8-15-2012. Maintenance will add to the maintenance check log, the correct procedures to maintain all smoke detectors: which will include but is not limited to, monthly and annual cleanings and scheduled battery checks. The facility policy and procedures will be amended to include instructions to staff should a smoke detector alert. 3) What</p>	09/14/2012	

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	<p>Maintenance Director during a tour of the facility from 11:20 a.m. to 12:10 p.m. on 08/15/12, a smoke detector was not installed in each of the 16 resident sleeping rooms in the facility. Based on interview at the time of the observations, the Maintenance Director acknowledged a smoke detector was not installed in each resident sleeping room in the facility.</p> <p>3.1-19(ff)</p>		<p>measures will be put into place or what systemic changes will be made ? Smoke detectors were placed in 16 of 16 resident rooms and this correction was completed on the evening of 8-15-2012. Maintenance will add to the maintenance check log, the correct procedures to maintain all smoke detectors: which will include but is not limited to, monthly and annual cleanings and scheduled battery checks. (Quality Assurance Documentation) This documentation is shared, monthly, with the Administrator The facility policy and procedures will be amended to include instructions to staff should a smoke detector alert. 4) How the corrective actions will be monitored and what quality assurance program will be put into place; who will monitor? Maintenance will add to the maintenance check log, the correct procedures to maintain all smoke detectors: which will include but is not limited to, monthly and annual cleanings and scheduled battery checks. (Quality Assurance Documentation) Smoke detectors that were placed have been marked with the date of installment. These smoke detectors will be scheudled for replacement as per code requirements which is at this time ten years. Maintenance will be responsible to put the</p>				

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			<p>aforementioned changes into effect beginning immediately and all documentation that is required. The facility policy and procedures will be amended to include instructions to staff should a smoke detector alert and the Administrator of the facility will see that this is accomplished.5) By what date will the corrections be completed?Sept. 14th, 2012</p>	