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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155404 | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | X3) DATE SURVEY COMPLETED 02/03/2015 |
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| NAME OF PROVIDER OR SUPPLIER ESSEX NURSING AND REHABILITATION CENTER | STREET ADDRESS, CITY, STATE, ZIP CODE 301 W ESSEX ST LEBANON, IN 46052 |
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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 |
|--------------------|---|---------------|---|----------------------|
| F000000 | <p>An investigation of Complaint Number IN00164542 was conducted by the Indiana State Department of Health.</p> <p>Complaint Number IN00164542 Substantiated, Federal/State deficiency related to the allegation is cited at F465</p> <p>Date of Survey: 02/03/15</p> <p>Facility Number: 000291 Provider Number: 155404 AIM Number: 100286710</p> <p>Surveyor: Dennis Austill, Life Safety Code Specialist</p> <p>Census: 30</p> <p>Essex Nursing and Rehabilitation Center was found in substantial compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2 in regard to the Investigation of Complaint IN00164542.</p> <p>This deficiency also reflects state findings in accordance with 410 IAC 16.2.</p> <p>Quality Review by Lex Brashear, Life Safety Code Specialist-Medical Surveyor on 02/09/15.</p> | F000000 | | |

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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| F000465 SS=B | <p>The facility was found in substantial compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRON The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. Based on observation and interview, the facility failed to ensure a safe, functional, sanitary and comfortable environment related to damaged ceilings due to water leakage for 3 of 20 rooms and 3 of 5 corridors. This deficient practice could affect at least 10 residents, staff and visitors throughout the facility.</p> <p>Findings include:</p> <p>Based on observation on 02/03/15 from 12:15 p.m. through 1:15 p.m., with the Maintenance Supervisor, damaged ceilings were noted in resident rooms 10, 11 and 12 and in the corridor near the north rear exit. Bowed, sagging ceilings were observed in the east and west corridors. Based on interview at the time of observation, the Maintenance Supervisor indicated the damage was due to water leaks in the ceiling from a recent roof repair. The Maintenance Supervisor</p> | F000465 | <p>Neither signing nor submission of this plan of correction is admission of any deficient practice. It is the intent of the facility to provide safe, functional, sanitary comfortable environment.</p> <p>A Corrective action: Inspection of the rooms and hallways were conducted by the facility Maintenance Director and Housekeeping Supervisor. Regional Director of Buildings and grounds has visited and inspected the facility.</p> <p>Roof repairs were completed on 1/24/2015. Residents in rooms that had water damage to the ceilings were moved to other rooms that did not sustain water damage. Bids have been received and approved for repair to the rooms and halls that were affected by the water damage. Contractors have given us a start date of March 6, 2015 to begin the work and approximate completion</p> | 03/05/2015 |

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| | <p>further explained minor water leaks in the ceiling were first noted in the south section of the facility in rooms 1 and 2 late November of 2014. Additionally, due to weather conditions, the repair was not complete until 1/24/15 which in the process, caused further ceiling water damage in portions of the facility at the opposite end. Finally, the Maintenance Supervisor indicated the facility has filed an insurance claim; was in the process of obtaining bids for repairs and did not know the timeline for completion of repairs to the water damaged ceilings.</p> <p>3.1-19(f)</p> | | <p>date of April 3, 2015.</p> <p>B Identify residents affected: Residents in affected rooms were moved to alternate beds in non-affected rooms. No injury to any affected residents was noted. No other residents in the facility were affected by the water damage.</p> <p>C Systemic changes to insure that this will not reoccur: Weekly inspections of the roof and daily inspections of the interior to insure that that any water damage is identified and corrected timely.</p> <p>D How will we monitor: Maintenance director or designee will do daily rounds to inspect the interior as well as the weekly inspections of the roof; for 1 month, any signs of leakage will be addressed immediately. Inspections will continue then weekly for 2 months and the results of the inspections will be forwarded to the QA committee on a monthly basis.</p> <p>E Date Certain: March 5, 2015</p> | | |