

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155662	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 08/22/2012
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NAME OF PROVIDER OR SUPPLIER NURSING CARE AT HARTSFIELD VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 503 OTIS R BOWEN DR MUNSTER, IN 46321
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K0000	<p>A Quality Assurance Walk-thru Survey was conducted by the Indiana State Department of Health.</p> <p>Facility Number: 0010758 Provider Number: 155662 AIM number: 200229550</p> <p>Surveyor: W. Chris Greeney, Life Safety Code Specialist,</p> <p>At this Quality Assurance Walk-thru survey, Nursing Care at Hartsfield Village was found not in compliance with 410 IAC 16.2-3.1-19(ff).</p> <p>The facility is a two story building with a one story section and a partial basement. The one story section is Type II (000) construction and the two story building is of Type II (111) construction. Because the one story and two sections of the building are not separated by two hour rated construction, the building is considered one building of Type II (000) construction. The building is fully sprinklered except for three vertical shafts extended through ceilings to a roof access. The building also has hard wired smoke detectors in corridors, resident rooms, common areas on all levels. The facility has the capacity for 106 and had a</p>	K0000	Preparation and/or execution of the plan of correction in general, or this corrective action in particular, does not constitute an admission or agreement of Nursing Care at Hartsfield Village of the facts alleged or conclusion set forth in this statement of deficiencies. The plan of correction and specific corrective actions are prepared and/or executed in compliance with State and Federal laws. It is the intention of this facility that this plan of correction serves as the facility's credible allegation of compliance with all regulatory guidelines.	

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>census of 101 at the time of this survey.</p> <p>The facility was 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.</p> <p>All areas where the residents had customary access were sprinklered except for two roof accesses, one located in the special care unit and the other on the second floor unit of the two story addition. All areas providing facility services were sprinklered except for a roof access room located in the front office area.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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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: Based on observation and interview, the facility failed to ensure all areas providing services to the facility were sprinklered. This deficient practice could affect 101 residents in the facility as well as staff and visitors.</p> <p>Findings include:</p>	K9999	<p>1. Corrections of previous timeframes cannot be made. No residents were affected by this alleged deficient practice. 2. All residents, staff and visitors have the potential to be affected by this alleged deficient practice, however, no residents, staff or visitors have been affected. Sprinkler protection will be installed in the three (3) affected roof access areas (Front Office, 2nd Floor Janitor Closet, and the Housekeeping Office) by a licensed qualified vendor. 3. Once the sprinkler protection is installed in the three (3) affected roof access areas, the deficient practice will not recur. The sprinkler protection will be permanent and complete. 4. Once the sprinklers are install, it will become part of our overall sprinkler system, which continues to be serviced by a licensed qualified contractor. 5. Date of completion 9-21-12.</p>	09/21/2012			

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	<p>During a facility tour with the Maintenance Director from 11:08 a.m. to 12:20 p.m. on 8/22/12, a room was found behind a wooden door in the office area at the front of the building. The door was labeled "roof access" and opened into an approximate four foot by four foot room. A ladder extending to the top of the building was along the wall across from the door. There was no sprinkler protection in this room that extended all the way to the roof and the room had four walls on each side. Additionally, there were two other roof access points, one located in the special care unit and the other on the second floor of the two story addition. Each extended up through an approximate four foot by four foot opening in the ceilings. Each of these accesses had openings with no door or cover in the ceiling and continued to the roof. Above the opening in the ceilings each vertical shaft had four walls. There was no sprinkler protection at the top of the shaft at both locations. Interview with the Maintenance Director during the tour confirmed the three roof accesses were not sprinklered.</p> <p>3.1-19(ff)</p>				

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED

OMB NO. 0938-0391

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