

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

PRINTED: 07/15/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155338	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01, 02 B. WING _____	(X3) DATE SURVEY COMPLETED R 07/14/2014
NAME OF PROVIDER OR SUPPLIER MANORCARE HEALTH SERVICES - PRESTWICK			STREET ADDRESS, CITY, STATE, ZIP CODE 445 S CR 525 E AVON, IN 46123	
(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
{K 000}	<p>INITIAL COMMENTS</p> <p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 05/21/14 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 07/14/14</p> <p>Facility Number: 000231 Provider Number: 155338 AIM Number: 100267900</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist</p> <p>At this PSR survey, Manorcare Health Services - Prestwick was found 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), and 410 IAC 16.2. Building 0101, the original building, was surveyed using Chapter 19, Existing Health Care Occupancies.</p> <p>This one story facility was surveyed as two separate buildings due to the construction dates of two sections of the building. Building 0101, built prior to March 1, 2003, was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and in all areas open to the corridor. The facility has battery operated smoke detectors installed in 64 of 79 resident sleeping rooms and has smoke detectors hard wired to the fire alarm system</p>	{K 000}		
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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{K 000}	Continued From page 1 installed in 15 of 79 resident sleeping rooms. The facility has a capacity of 140 and had a census of 86 at the time of this survey. All areas where the residents have customary access were sprinklered and all areas providing facility services were sprinklered. Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 07/14/14.	{K 000}			
{K 000}	INITIAL COMMENTS A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 05/21/14 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 07/14/14 Facility Number: 000231 Provider Number: 155338 AIM Number: 100267900 Surveyor: Mark Caraher, Life Safety Code Specialist At this PSR survey, Manorcare Health Services - Prestwick was found 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), and 410 IAC 16.2. Building 0202, which consisted of the Therapy Care Unit (TCU) wing, was surveyed using Chapter 18, New Health Care Occupancies.	{K 000}			

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{K 000}	Continued From page 2 This one story facility was surveyed as two separate buildings due to the construction dates of two sections of the building. Building 0202, built in 2007, was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and in all areas open to the corridor. The facility has battery operated smoke detectors installed in 64 of 79 resident sleeping rooms and has smoke detectors hard wired to the fire alarm system installed in 15 of 79 resident sleeping rooms. The facility has a capacity of 140 and had a census of 86 at the time of this survey. All areas where the residents have customary access were sprinklered and all areas providing facility services were sprinklered.	{K 000}			