STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155428	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED 01/30/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MERIDIAN NURSING AND REHABILITATION CENTER	2102 S MERIDIAN ST INDIANAPOLIS, IN 46225

(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
K010000	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). Survey Date: 01/30/14 Facility Number: 000386 Provider Number: 155428 AIM Number: 100286820 Surveyor: Mark Caraher, Life Safety Code Specialist At this Life Safety Code survey, Meridian Nursing and Rehabilitation 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. This one story facility was determined to be of Type II (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridor and in all areas open to the	K010000	This plan of correction is to serve as Meridian Nursing and Rehabilitation Centers' credible allegation of compliance Submission of this plan of correction does not constitute an admission by Meridian Nursing and Rehabilitation Center or its' management company that the allegations contained in the survey report are a true and accurate portrayal of the provision of nursing care and other services in this facility. Nor does this submission constitute an agreement or admission of the survey allegations. THE FACILITY IS IN COMPLIANCE (3-1-14) AND RESPECTFULLY REQUEST PAPER REVIEW.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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NAME OF PROVIDER OR SUPPLIER MERIDIAN NURSING AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 2102 S MERIDIAN ST INDIANAPOLIS, IN 46225	

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	corridor. The facility has battery operated smoke detectors in all resident sleeping rooms. The facility has a capacity of 44 and had a census of 37 at the time of this survey. All areas where residents have customary access were sprinklered. All areas providing facility services were sprinklered except for two detached buildings constructed of wood which were each not sprinklered. Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 02/06/14. The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:			
K010038 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1 Based on observation and interview, the facility failed to ensure the means of egress through 3 of 3 exits were readily accessible for residents without a clinical diagnosis requiring specialized security measures. LSC 19.2.2.2.4 requires doors within a required means	K010038	This plan of correction is to serve as Meridian Nursing and Rehabilitation Centers' credible allegation of compliance. Submission of this plan of correction does not constitute an admission by Meridian Nursing and Rehabilitation Center or its' management company that the	03/01/2014

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	155428		01/30/2014

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	of egress shall not be equipped with a latch or lock that requires the use of a tool or key from the egress side. Exception No. 1 states door locking arrangements without delayed egress shall be permitted in health care occupancies, or portions of health care occupancies, where the clinical needs of the patients require specialized security measures for their safety, provided staff can readily unlock such doors at all times. This deficient practice could affect all residents, staff and visitors. Findings include: Based on observations with the visiting Maintenance Director during a tour of the facility from 11:40 a.m. to 1:00 p.m. on 01/30/13, each of three exit doors were marked as a facility exit and each exit door was magnetically locked and could be opened by entering a four digit code, but the code was not posted. Based on interview at the time of the observations, the visiting Maintenance Director acknowledged the four digit code was not posted at each of the three facility exits. Based on interview during the exit conference at 1:15 p.m. on 01/30/13, the Administrator stated less than five residents have a clinical diagnosis to be in a secure building and acknowledged the exit access code was		allegations contained in the survey report are a true and accurate portrayal of the provision of nursing care and other services in this facility. Nor does this submission constitute an agreement or admission of the survey allegations. THE FACILITY IS IN COMPLIANCE (date here) AND RESPECTFULLY REQUEST PAPER REVIEW. K 038 Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1.19.2.1 A Instructions on how to enter a code independently was placed at each exit door. B At the time of survey 37 residents were in house; of those 16 have a diagnosis of dementia. The remaining 11 residents had the potential to be affected. C The instructions on how to enter a code independently were posted at each exit door. Fire Marshall was at the facility on 2-4-14 due to complaint regarding facility exit doors, no findings from this inspection. D Environment Director or designee will ensure directions for opening the doors independently are posted at each exit and codes are changed monthly and as needed. This process will be ongoing and will be monitored for 1 quarter. Date of completion March 1, 2014	

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	not posted at each of three facility exit doors. A resident without the clinical diagnosis requiring specialized security measures would have to ask a staff member to let them out if they did not know the code. 3.1-19(b)			
K010062 SS=C	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 Based on observation and interview, the facility failed to ensure 1 of 1 operating wrenches for the Post Indicator Valve (PIV) was secured to prevent tampering. NFPA 25, 9-3.3.2 says the control valve inspection shall verify the valves are in the following condition: (a) in the normal open or closed position (b) properly sealed, locked or supervised (c) Accessible (d) Provided with appropriate wenches (e) Free from external leaks (f) Provided with appropriate identification. This deficient practice could affect all residents, staff and visitors. Findings include:	K010062	This plan of correction is to serve as Meridian Nursing and Rehabilitation Centers' credible allegation of compliance. Submission of this plan of correction does not constitute an admission by Meridian Nursing and Rehabilitation Center or its' management company that the allegations contained in the survey report are a true and accurate portrayal of the provision of nursing care and other services in this facility. Nor does this submission constitute an agreement or admission of the survey allegations. THE FACILITY IS IN COMPLIANCE (3-1-14) AND RESPECTFULLY REQUEST PAPER REVIEW. K 062 Required automatic sprinkler	03/01/2014

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	Based on observation with the visiting Maintenance Director during a tour of the facility from 11:40 a.m. to 1:00 p.m. on 01/30/13, the operating wrench for the Post Indicator Valve (PIV) was not secured to the PIV to prevent the loss of the wrench or additional tampering. The PIV was located outside of the building at the front entrance. Based on interview at the time of observation, the visiting Maintenance Director acknowledged the operating wrench for the PIV was not secured to prevent the loss of the wrench or additional tampering. 3.1-19(b)		system is continuously maintained in reliable operating condition and are inspected and tested periodically. A Lock was placed on the PIV on 2-4-14 B. No residents were affected. C. Environmental Director was educated on the importance of keeping the PIV locked. D. The Environmental Director or Designee will audit to ensure locking device is in place on the PIV weekly times 4 weeks and monthly thereafter. Date if Completion March 1, 2014	