STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155242	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED 09/30/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SIGNATURE HEALTHCARE OF MUNCIE	4301 N WALNUT ST MUNCIE, IN 47303

(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: 09/30/13 Facility Number: 000146 Provider Number: 155242 AIM Number: 100291200 Surveyor: Phillip Komsiski, Life Safety Code Specialist At this Life Safety Code survey, Signature Healthcare of Muncie was found in substantial 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 V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors and battery powered smoke detectors in all	K010000		

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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	resident sleeping rooms. The facility has a capacity of 185 and had a census of 132 at the time of this survey. All areas where the residents have customary access were sprinklered. All areas which provide facility services were sprinklered except for one garage and one shed which is used to store maintenance equipment and was not sprinklered. Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 10/03/13. The facility was found in substantial compliance with the aforementioned regulatory requirements as evidenced by the following:			

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K010039 SS=B	NFPA 101 LIFE SAFETY CODE STANDARD Width of aisles or corridors (clear and unobstructed) serving as exit access is at least 4 feet. 19.2.3.3 Based on observation and interview, the facility failed to ensure 1 of 9 exit access corridors was maintained to provide at least a 44 inch width clearance. LSC 19.2.3.3 exception No. 1 states, aisles, corridors and ramps in adjunct areas not intended for the housing, treatment, or use of inpatients, shall be not less than 44 inches in clear and unobstructed width. This deficient practice would not likely affect any resident, however, it could affect visitors and staff in the kitchen. Findings include: Based on observation on 09/30/13 at 2:36 p.m. with the Maintenance Supervisor, the exit service corridor for the Kitchen had five dish carts in the corridor which narrowed the exit corridor from six feet to thirty six inches. Based on interview on 09/30/13 at 2:37 p.m. with the Maintenance Supervisor, it was acknowledged the width of the exit access corridor was limited to three feet because of the dish carts being stored in the corridor. 3.1-19(b)	K010039	Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law. 1. No residents were affected or had the potential to be affected.2. The kitchen service corridor was immediately cleared of the obstructing dish carts.3. An audit of all other corridors was completed and no other corridors were found to be affected.4. Kitchen staff were in in serviced on keeping corridors unobstructed.5. The maintenance supervisor will audit all corridors weekly for four weeks and then monthly for four months and quarterly thereafter to ensure all corridors remain unobstructed.6. The maintenance supervisor will report the findings of the audits to the QAPI committee quarterly ongoing.	10/15/2013

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