

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155005	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 01/21/2014
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NAME OF PROVIDER OR SUPPLIER MANORCARE HEALTH SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 1345 N MADISON AVE ANDERSON, IN 46011
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K010000	<p>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).</p> <p>Survey Date: 01/21/14</p> <p>Facility Number: 000005 Provider Number: 155005 AIM Number: 100270840</p> <p>Surveyor: Phillip Komsiski, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Manorcare Health Services 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.</p> <p>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, in spaces open to the corridors with battery powered smoke</p>	K010000	<p>February 7, 2014 Long Term Care Division, 4th Floor 2 North Meridian Street Indianapolis, IN 46204 RE: ManorCare Health Services of Anderson 1345 N. Madison Ave. Anderson, IN 46011 Dear Kim Rhoades: Please note our Plan of Correction for the Life Safety Survey completed on January 21, 2014. Our date of alleged compliance is February 20, 2014. We respectfully request a desk review. Should you have questions or need additional information, please contact me at 765.644.2888. You may also contact me via email at 421admin@hcr-manorcare.com. Sincerely, Nicole Fields, HFAdministrator</p>	
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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>detectors in resident rooms. The facility has a capacity of 216 and had a census of 154 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered and all areas providing facility services were sprinklered.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 01/27/14.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K010056 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5</p> <p>Based on observation and interview, the facility failed to ensure sprinkler heads were spaced a minimum of 6 feet apart for 1 of 1 automatic sprinkler systems. NFPA 13, Section 5-6.3.4, "Minimum Distance between Sprinklers", states sprinklers shall be spaced not less than 6 feet on center. This deficient practice could affect 3 residents observed in Physical Therapy on Medicare Front hall eastl as well as staff or visitors.</p> <p>Findings include:</p> <p>Based on observation on 01/21/14 at 12:15 p.m. with the Administrator, the Physical Therapy room closet had two sprinkler heads which were less than three feet apart.</p> <p>Based on interview on 01/21/14</p>	K010056	What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? Sprinkler heads in the physical therapy closet will be adjusted to the proper distance. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken; Residents having the potential to be affected by the deficient practice have been identified and facility sweep has been conducted to ensure no other sprinkler heads are within 6 feet of one another. What measures will be put into place or what systemic changes will be made to ensure that the same deficient practice does not recur; Conduct facility sweep and monitor future renovations to ensure sprinkler heads are	02/20/2014			

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K010070 SS=E	<p>concurrent with the observation with the Administrator, it was acknowledged the aforementioned sprinkler heads observed were less than six feet apart.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Portable space heating devices are prohibited in all health care occupancies, except in non-sleeping staff and employee areas where the heating elements of such devices do not exceed 212 degrees F. (100 degrees C) 19.7.8</p> <p>Based on observation, interview and record review; the facility failed to regulate the use of 1 of 1 portable space heaters in nonresident rooms. This deficient practice could affect 14 residents on Medicare Front hall east as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observation on 01/21/14 at 11:45 a.m. with the Administrator, a portable space heater which was plugged in for use was located in the Speech Therapy office on Medicare Front hall</p>	K010070	<p>spaced in accordance with the Life Safety Guidelines. How the corrective action(s) will be monitored to ensure the deficient practice will not recur; i.e., what quality assurance program will be put into place; Audit findings will be presented to the QA&A Committee weekly for 4 weeks and monthly thereafter. Ongoing monitoring will continue for a minimum of 6 months. The QA&A Committee will review findings and determine the need for further monitoring and/or education per the QA&A process.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? Portable heater was removed from Speech Therapy office. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken; Residents having the potential to be affected by the deficient practice have been identified and facility sweep has been conducted to ensure no other portable heaters are in use. Please see attachment A. What measures will be put into place or</p>	02/20/2014			

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K010147 SS=E	<p>east. Based on interview on 01/21/14 concurrent with the observation, it was acknowledged by the Maintenance Supervisor space heaters were not allowed in the facility. During an attempt to review of the portable space heater policy on 01/21/14 at 3:30 p.m. with the Maintenance Supervisor, it was stated the facility had not written a space heater policy, however, it was understood by all staff the use of portable space heaters was prohibited anywhere in the facility.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 extension cords was not used as a substitute for fixed wiring. NFPA 70, National Electrical Code, 1999 Edition. NFPA 70, Article 400-8 requires, unless specifically permitted, flexible cords and</p>	K010147	<p>what systemic changes will be made to ensure that the same deficient practice does not recur; Therapy staff and all department heads have been educated on the policy of no portable heaters. Please see attachment B. The Maintenance Director or Designee will conduct a sweep of facility offices twice a week for 4 weeks to ensure compliance. Any deficiencies identified will be addressed immediately. How the corrective action(s) will be monitored to ensure the deficient practice will not recur; i.e., what quality assurance program will be put into place; Audit findings will be presented to the QA&A Committee weekly for 4 weeks and monthly thereafter. Ongoing monitoring will continue for a minimum of 6 months. The QA&A Committee will review findings and determine the need for further monitoring and/or education per the QA&A process.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? Extension cord was removed from Speech Therapy office. How other residents having the potential to be affected by the same deficient practice will be identified and</p>	02/20/2014

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	<p>cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice could affect 12 residents on Medicare Front hall east as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observation on 01/21/14 at 12:11 p.m. with the Administrator, an extension cord was used to power a space heater in the Speech Therapy office on Medicare Front hall east.</p> <p>Based on interview on 01/21/14 at 12:12 p.m. it was acknowledged by the Administrator, an extension cord was used to provide power to the aforementioned appliance even though extension cords were not allowed in the facility.</p> <p>3.1-19(b)</p>		<p>what corrective actions will be taken; Residents having the potential to be affected by the deficient practice have been identified and facility sweep has been conducted to ensure no other extension cords are in use.</p> <p>Please see attachment A.</p> <p>What measures will be put into place or what systemic changes will be made to ensure that the same deficient practice does not recur; All staff will be educated on the non-use of extension cords. A letter will be sent to all families informing them of the non-use of extension cords and power strips in resident care areas. The Maintenance Director or Designee will conduct a sweep of facility offices once per week for 4 weeks to ensure compliance. Any deficiencies identified will be addressed immediately. Please see attachment C. How the corrective action(s) will be monitored to ensure the deficient practice will not recur; i.e., what quality assurance program will be put into place; Audit findings will be presented to the QA&A Committee weekly for 4 weeks and monthly thereafter. Ongoing monitoring will continue for a minimum of 6 months. The QA&A Committee will review findings and determine the need for further monitoring and/or education per the QA&A process.</p>		