

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155324	X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		X3) DATE SURVEY COMPLETED  03/14/2011
NAME OF PROVIDER OR SUPPLIER  MITCHELL MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE HIGHWAY 37 AT HIGHWAY 60 MITCHELL, IN47446		
(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	
K0000	<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: 03/14/11</p> <p>Facility Number: 000217 Provider Number: 155324 AIM Number: 100289590</p> <p>Surveyor: Phillip Komsiski, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Mitchell Manor 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 and spaces open to the corridors. The facility has a capacity of 171 and had a census of 93 at the time of this survey.</p>	K0000	This plan of correction is prepared and excuted because of the provisions of State and Federal law requires it and not because Mitchell Manor agrees with the allegations and citations listed. Mitchell Manor maintains that the alleged deficiencies do not jeopardize the health and safety of the residents, nor is it of such character so as to limit our capabilities to render adequate care. Please accept this plan of correction as our credible allegation of compliance, that the alleged deficiencies cited have been or will be corrected by the date(s) indicated. To remain in compliance with all State and Federal regulations, the facility has taken or will take the following actions set forth in the following Plan of Correction.		

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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K0051 SS=E	<p>Quality Review by Robert Booher, REHS, Life Safety Code Specialist-Medical Surveyor on 03/21/11.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>Based on observation and interview, the facility failed to ensure 2 of 4 smoke detectors in the main dining room and 2 of 2 smoke detectors in the laundry room were installed in a location which would allow the smoke detectors to function to its fullest capability. NFPA 72, 2-3.5.1 requires in spaces served by air handling systems, detectors shall not be located where air flow prevents operation of the detectors. This deficient practice could affect 8 residents observed in the main dining room, at least 8 residents from the main dining room using the exit corridor which runs past the laundry room including visitors or staff.</p> <p>Findings include:</p> <p>Based on observations on 03/14/11 during the tour between 1:28 p.m. and 1:49 p.m. with the Maintenance Supervisor, there were two smoke detectors installed within</p>	K0051	<p>1. All smoke detectors in identified resident areas where moved away from the air supply duct.2. All smoke detectors in the facility were assessed to ensure that they were not installed to close to an air supply duct and were moved as needed.3. Any installation of new or replacement of exsisting will be installed per Life Safety Gidelines.4. Plant supervisor will round facility on weekly basis for 3 months and monthly for 6 months to ensure that all smoke detectors are installed per Life Safety Guidelines.</p>	03/21/2011	

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	<p>eighteen inches of an air supply duct in the dining room and two smoke detectors within two feet of an air supply duct in the laundry room. Based on interview on 03/14/11 concurrent with the observations, it was acknowledged by the Maintenance Supervisor the aforementioned smoke detectors were all installed within two feet of air supply ducts in the ceiling which would interfere with the smoke detector's ability to detect smoke to its fullest capability.</p> <p>3.1-19(b)</p>				