

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>000442</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/11/2012</b>
NAME OF PROVIDER OR SUPPLIER  <b>PINE HAVEN HEALTH AND REHABILITATION CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3400 STOCKER DR EVANSVILLE, IN 47720</b>		
(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) COMPLETE DATE
K 000	<p><b>INITIAL COMMENTS</b></p> <p>A Quality Assurance Walk-thru Survey was conducted by the Indiana State Department of Health.</p> <p>Survey Date: 09/11/12</p> <p>Facility Number: 000442 Provider Number: 155621 AIM Number: 100266510</p> <p>Surveyor: Lex Brashear, Life Safety Code Specialist</p> <p>At this Quality Assurance Walk thru survey, Pine Haven Health and Rehabilitation Center was found in compliance with 410 IAC 16.2-3.1-19(ff).</p> <p>This building consists of two sections: the original portion of the building, a two story, fully sprinklered building determined to be Type I (332) construction, and the newer portions of the facility (Stocker Additions I and II), were both one story, fully sprinklered buildings determined to be Type V (111) construction. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors, and hard wired smoke detectors in all resident sleeping rooms in the Stocker I and Stocker II Additions, and battery operated smoke detectors in all resident sleeping rooms in the original two story portion of the facility. The facility has a capacity of 120 and had a census of 89 at the time of this survey.</p> <p>The facility was found in compliance with state law in regard to sprinkler coverage and smoke detector coverage.</p> <p>All areas where the residents have customary access were sprinklered and all areas providing</p>	K 000		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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K 000	Continued From page 1  facility services were sprinklered, except two detached buildings used for facility storage.  Quality Review by Robert Booher, REHS, Life Safety Code Specialist-Medical Surveyor on 09/18/12.	K 000		