STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED
	155477		09/15/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LANE HOUSE	1000 LANE AVE CRAWFORDSVILLE, IN 47933

(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
F 0000 Bldg. 00	This visit was for a Recertification and State Licensure Survey. Survey dates: September 9, 10, 11, 14 and 15, 2015 Facility Number: 000462 Provider Number: 155477 AIM Number: 100275380 Census bed type: SNF/NF: 48 Total: 48 Census payor type: Medicare: 3 Medicaid: 39 Other: 6 Total: 48 This deficiency reflects state findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed 09/17/2015 by 29479.	F 0000	This Plan of Correction is submitted under Federal and State regulations and status applicable to long term care providers.This Plan of Correction does not constitute an admission of liability on the part of the facility and such liability is hereby denied.The submission of this plan does not constitute agreement by the facility that the survey's finding or conclusion is accurate, that the finding constitutes a deficiency, or that the scope and severity regarding the deficiency is cited correctly.Please accept this plan as our credible allegation of compliance for the citation listed. We do ask at this time for consideration for paper compliance for the corrected citation.	
F 0465 SS=D Bldg. 00	483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRON The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.			

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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	Based on observation, interview, and record review, the facility failed to ensure residents' bedroom walls were maintained in good repair for 4 of 23 rooms observed for comfortable living environment. (Residents #44, #15, #60, and #4) Findings include: Resident #15's room was observed on 9/10/15 at 10:57 a.m. The wall next to the resident's bed was heavily marred and had plastered areas without paint. Resident #60's room was observed on 9/10/15 at 11:35 a.m. The wall next to the resident's bed was heavily marred and patched with unpainted plaster. Resident #4's room was observed on 9/9/15 at 11:34 a.m. The wall next to the resident's bed was heavily marred and patched with unpainted plaster. Resident #44's room was observed on 9/9/15 at 12:23 p.m. The wall behind the head of the resident's bed had large areas of patched, unpainted plaster. During an environmental tour on 9/15/15 at 2:00 p.m. with the Maintenance Supervisor, Residents #15, #60, #4, and #44 rooms were observed without paint on the plastered areas near the residents'	F 0465	I. Immediate Corrective Action Rooms identified on the 2567 were patched and painted. These rooms were completed by September 25, 2015. II. Identification of others potentially affected An inspection of all resident rooms was performed on 9/18/15 by Executive Director and Director of Plant Services. Each resident room was assessed for wall damage. All areas found were patched and or painted. These rooms were completed on 9-25-15. The damage caused to the walls was determined to be primarily related to beds that were positioned against a wall and the bed scraping the wall when raised, lowered, and/ or when the bed was moved away and pushed back in order to provide care. Therefore, the systemic change put into place is all beds that are routinely raised and lowered were relocated to be more in the center of the space allotted to each side of the room to prevent ongoing damage to the walls (all rooms are dual occupancy). The facility will, however, honor individual resident requests to keep beds against the wall in instances where the bed is not routinely moved or has not shown a pattern of causing damage. III. Systemic Changes A revised process was initiated to provide for ongoing discovery and repair of future damage to resident room walls. The Director of Plant	09/28/2015

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	beds. The supervisor indicated the walls were partially repaired, and indicated they had "probably" been unrepaired for "about a week." He indicated the walls frequently required repairs in rooms where residents' beds were against the walls. The supervisor indicated options had been discussed on how to prevent the repeated damages, but nothing had been done. A policy titled "Work Request System, dated September 1978, provided by the Administrator on 9/15/15 at 2:18 p.m., included, but was not limited to: "Procedure Corrective maintenance can be defined as those actions required to restore equipment, buildings, and grounds to normal condition and to operate as designed..." 3.1-19(f)(5)		Services or designee will assess each resident room on a monthly basis for the need of wall repair and will patch/paint any area noted within 5 working days of discovery. A work order will be generated if wall damage is noted during this inspection to track repairs. In addition, facility staff will utilize the work order system in place to report any noted damage that may occur before the monthly assessment. Reported damage will be repaired within 5 working days of receipt of work order. In the very rare case were the damage cannot be repaired within 5 working days, the Director of Plant Services or designee will generate a written plan for the repair with the reason the repair was delayed, and the resident will be given the choice, when available, to relocate to another room within the facility until the repair is completed. Finally, the facility will also continue its current practice of repairing/painting the room as needed upon discharge to prepare the room for the next occupant. Education of these processes was provided to facility staff. IV. Quality Assurance The monthly inspection will be tracked through an existing system on a form titled "Resident Room Inspection". All needed repairs will be noted on work orders either through monthly inspection or by other associates reporting. All work orders and the monthly	

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			"Resident Room Inspection" report will be reviewed by the P.I. committee for a minimum of seven months to evaluate the compliance. Continued review of the system will be determined by the P.I. committee thereafter. V. Systemic Change Completion Date: September 28, 2015	