

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155077	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/27/2015
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NAME OF PROVIDER OR SUPPLIER LAKEVIEW MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 45 BEACHWAY DR INDIANAPOLIS, IN 46224
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00177596.</p> <p>Complaint IN00177596 - Substantiated. Federal/State deficiency related to the allegations is cited at F 465.</p> <p>Survey date: July 27, 2015</p> <p>Facility number: 000032 Provider number: 155077 AIM number: 100273330</p> <p>Census bed type: SNF: 13 SNF/NF: 98 Total: 111</p> <p>Census payor type: Medicare: 11 Medicaid: 74 Other: 26 Total: 111</p> <p>Sample: 0</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2-3.1.</p>	F 0000	<p>Submission of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or correction set forth on the statement of deficiencies. This plan of correction is prepared and submitted as a requirement under state and federal law. Please accept this plan of correction as our credible allegation of compliance. Respectfully, Steve Kassen Administrator</p>	
F 0465 SS=B	483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFOR			

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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Bldg. 00	<p>TABLE ENVIRON</p> <p>The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.</p> <p>Based on observation and interview, the facility failed to ensure water stains, water leaks, and peeling drywall were repaired promptly for resident rooms, hallways, therapy, laundry, and a medication room noted during 2 observation tours of the facility.</p> <p>Findings include:</p> <p>During the first tour of the facility on 7/27/15 at 9:00 a.m., the following was observed:</p> <p>"C" Hall, room 20, a dark stained spot on the ceiling, 6 inches around.</p> <p>"C" Hall to "D" Hall ceiling, in front of fire doors, a 6 inch dark stain was noted.</p> <p>During the second tour of the facility at 10:00 a.m., the following was observed:</p> <p>"B" Hall, enclosed patio area outside future TV lounge had a rock outside wall. The right side of the wall had a 3 foot long, 12 inch wide, wet area with a green growth visible. The ceiling above this area had peeling dry wall present. The left side of the rock wall had a 2 foot wet-looking streak present.</p>	F 0465	<p>The outside roof is in the process of being estimated for repairs of all deficient areas. Lakeview Manor has contacted three roofing companies, Superior, Coomer Roofing, and Contractor Plus for outside roofing estimates. All water stains, waterleaks, and peeling drywall, unpainted and textured drywall will be repaired inside the facility, and outside entry stone walls will be cleaned and free of green growth. All residents and staff have the potential to be affected. As a measure of ongoing compliance the Maintenance Director or Designee will complete a weekly building audit (outside and inside) for signs of water stains, water leaks, peeling and unpainted drywall and any green growth (see Attachment A). In addition the Administrator will receive all work orders for the facility and delegate in a prioritized and timely manner to assure completion as appropriate. As a measure of quality assurance the Maintenance Director or Designee will review any findings and subsequent corrective actions in the facility's quarterly quality assurance meeting.</p>	08/18/2015

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	<p>Room 15 had a 1 foot area on the ceiling that had a freshly plastered appearance, with a 12 inch darker area around it. The plastered area was left unpainted.</p> <p>"A" Hall, room 2, a 1 foot by 4 foot long replastered unpainted area on the ceiling.</p> <p>The assist dining room had 4 long dark streaks on the ceiling, two 8 feet long, one 4 feet long, and one 6 feet long.</p> <p>The ceiling across the hall from the oxygen storage room had a 9 inch circular dark spot present.</p> <p>The Physical Therapy room had, above a cabinet, a 12 inch circular dark stain with another 3 inch stain, older looking surrounding it.</p> <p>The ceiling across from the Nurses Station had a dark stain 6 inches around.</p> <p>In the Activity Room, in front of the back wall cabinets had a dark area 3 feet long, and the center had the appearance of new drywall.</p> <p>"A" Hall medication room, most of ceiling was stained with 3 pieces of ceiling dry wall hanging down 6 inches, surrounding the fluorescent light fixture.</p>			

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	<p>During an interview with the ADON (Assistant Director of Nursing) on 7/27/15 at 10:05 a.m., she indicated the green growth on the rock wall appeared to be "moss."</p> <p>At 1:10 p.m., on 7/27/15, the Laundry Room was observed. A dark 2 1/2 foot stain was noted on the ceiling above the clothes folding table.</p> <p>During an interview with Maintenance Assistant #1 on 7/27/15 at 1:00 p.m., he indicated the stains were old, were not currently wet, and they (maintenance) just had not gotten to painting over them yet. He also indicated there was a roof leak above the "A" Hall medication room, they (maintenance) had tried patching it, the patch was not successful. He indicated the repair had been contracted out, and as soon as the repair was made, they (maintenance) would drywall the ceiling and paint it.</p> <p>This federal tag relates to Complaint IN00177596.</p> <p>3.1-19(f)(5)</p>			