

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 09/27/2013	
NAME OF PROVIDER OR SUPPLIER SANDERS GLEN				STREET ADDRESS, CITY, STATE, ZIP CODE 334 S CHERRY ST WESTFIELD, IN 46074			
(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			
R000000	<p>This visit was for a State Residential Licensure Survey</p> <p>Survey dates: September 25, 26, and 27, 2013.</p> <p>Facility number : 005657 Provider number : 005657 AIM number : N/A</p> <p>Survey team : Gloria Bond RN TC</p> <p>Census bed type : Residential : 110 Total : 110</p> <p>Census payor type : Other : 110 Total : 110</p> <p>Sample : 7</p> <p>These state findings are cited in accordance with 410 IAC 16.2</p> <p>Quality Review was completed by Tammy Alley RN on September 30, 2013.</p>	R000000					

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.

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 09/27/2013	
NAME OF PROVIDER OR SUPPLIER SANDERS GLEN				STREET ADDRESS, CITY, STATE, ZIP CODE 334 S CHERRY ST WESTFIELD, IN 46074			
(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			
R000092	<p>410 IAC 16.2-5-1.3(i)(1-2) Administration and Management - Noncompliance</p> <p>(i) The facility must maintain a written fire and disaster preparedness plan to assure continuity of care of residents in cases of emergency as follows:</p> <p>(1) Fire exit drills in facilities shall include the transmission of a fire alarm signal and simulation of emergency fire conditions, except that the movement of nonambulatory residents to safe areas or to the exterior of the building is not required. Drills shall be conducted quarterly on each shift to familiarize all facility personnel with signals and emergency action required under varied conditions. At least twelve (12) drills shall be held every year. When drills are conducted between 9 p.m. and 6 a.m., a coded announcement may be used instead of audible alarms.</p> <p>(2) At least every six (6) months, a facility shall attempt to hold the fire and disaster drill in conjunction with the local fire department. A record of all training and drills shall be documented with the names and signatures of the personnel present.</p> <p>Based on record review and interview the facility failed to attempt to conduct a fire and disaster drill in conjunction with the fire department at least every six (6) months. This had the potential to affect 110 of the 110 residents residing in the facility.</p> <p>Findings include:</p> <p>Review of the facility's fire drill logbook with the Director of</p>	R000092	<p>This Plan of Correction constitutes my written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This plan is submitted to meet requirements established by state and federal law.R</p> <p>092Immediately upon identification of oversight, Director of Plant and Grounds coordinated a fire drill in conjunction with the local fire department. A fire drill is</p>	10/10/2013			

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 09/27/2013
NAME OF PROVIDER OR SUPPLIER SANDERS GLEN			STREET ADDRESS, CITY, STATE, ZIP CODE 334 S CHERRY ST WESTFIELD, IN 46074		
(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	
	<p>Maintenance was completed on 9/25/2013 at 12:15 P.M. The record indicated regular fire drills were being done but the last fire drill in conjunction with the fire department was done on 4/30/2012.</p> <p>During an interview, the Director of Maintenance indicated he was not aware of having to attempt to conduct a fire and disaster drill at least every 6 months in conjunction with the local fire department.</p>		<p>scheduled for October 10, 2013. All residents have the potential to be affected. To ensure future compliance, bi-annual fire drills, coordinated with the local fire department have been entered into facility's preventative maintenance program, TELS. Program will alert facility bi-annually of the necessity to schedule the drills in coordination with the local fire department. Director of Plant and Grounds and Administrator will monitor TELS program for compliance. In addition, coordinated fire drills will be included on a bi-annual basis in facility's Quality Assurance Program, which will be overseen by the Administrator and the Quality Assurance Team. Completion Date: October 10, 2013</p>		