

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155188	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 08/06/2012
NAME OF PROVIDER OR SUPPLIER KINDRED TRANSITIONAL CARE AND REHAB-GREENFIELD			STREET ADDRESS, CITY, STATE, ZIP CODE 200 GREEN MEADOWS DR GREENFIELD, IN 46140		
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K0000	<p>A Quality Assurance Walk-thru Survey was conducted by the Indiana State Department of Health.</p> <p>Survey Date: 08/06/12</p> <p>Facility Number: 000099 Provider Number: 155188 AIM Number: 100291140</p> <p>Surveyor: Dennis Austill, Life Safety Code Supervisor</p> <p>At this Quality Assurance Walk-thru survey, Kindred Transitional Care and Rehab-Greenfield was found not in compliance with 410 IAC 16.2-3.1-19(ff)</p> <p>This one story facility was determined to be of Type V (111) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, areas open to the corridors and battery operated smoke detectors in 104 resident rooms. The facility has a capacity of 197 and had a census of 145 at the time of this visit.</p> <p>The facility was found not in compliance with state law in regard to sprinkler coverage and in compliance with state law in regard to smoke detector coverage.</p>	K0000	<p>August 22, 2012 Indiana State Department of Health 2 N. Meridian Indianapolis, IN 46204</p> <p>RE: Kindred Transitional Care and Rehabilitation-Greenfield Plan of Correction Credible Allegation of Compliance, and</p> <p>Dear Kim Rhodes,</p> <p>On August 6, 2012 a Life Safety Code Survey was completed at the above facility by the Division of Long Term Care, Indiana State Department of Health. As a result of the inspection, the surveyor alleged that the Center was not in substantial compliance with certain Medicare and Medicaid certification requirements. Enclosed you will find the HCFA-2567L with the Center's Plan of Correction for the alleged deficiencies. Preparation of the Plan of Correction does not constitute an admission by the Center of the validity of the cited deficiencies or of the facts alleged to support the citation of the deficiencies.</p> <p>Please also consider this letter and the Plan of Correction to be the Center's credible allegation of compliance. The center will achieve substantial compliance with the applicable certification requirements on Sept 3 rd , 2012. Please notify me immediately if you do not find the Plan of Correction to be written credible evidence of the Center's substantial compliance with the applicable requirements as of this date. In that event, I will be happy to provide you with additional evidence of compliance so you may certify that the center is in substantial compliance with the</p>		

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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	<p>All areas where residents have customary access were sprinklered except the TCU main entrance canopy and a portion of the maintenance office. The facility has two wood sheds housing Christmas decorations, wheelchairs, walkers, etc. and a wood frame garage housing bed frames, a snowblower, and other building equipment providing facility services which were not sprinklered.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 08/15/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>		<p>applicable requirements.</p> <p>Thank you for your assistance with this matter. Please call me if you have any questions.</p> <p>Sincerely,</p> <p>Monica J Pearson, HFA Administrator (317) 462-3311</p>		

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K9999	<p>State Findings</p> <p>3.1-19 ENVIRONMENT AND PHYSICAL STANDARDS</p> <p>3.1-19(ff) A health facility licensed under 16-28 and this rule must do the following:</p> <p>(1) Have an automatic sprinkler system installed throughout the facility before July 1, 2012.</p> <p>(2) If an automatic sprinkler system is not installed throughout the health care facility before July 1, 2010, submit before July 1, 2010 a plan to the department for completing the installation of the automatic sprinkler system before July 1, 2012.</p> <p>(3) Have a battery operated or hard-wired smoke detector in each resident's room before July 1, 2012.</p> <p>This State Rule has not been met as evidenced by: Based on observation and interview, the facility failed to provide sprinkler coverage throughout the facility before July 1, 2012. This deficient practice could affect any resident, staff or visitor using the TCU entrance or near the maintenance office.</p> <p>Findings include:</p>	K9999	<p>K9999 What corrective action will be accomplished for those residents found to have been affected by the deficient practice; Sprinklers will be installed to the outside TCU canopy. Sprinklers will be installed to the bulkhead ceiling located in the Maintenance office. How other residents having he potential to be affected by the same deficient practice will be identified and what corrective actions will be taken; All other outside canopy's have sprinklers installed currently. Only one maintenance office is located in facility What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur; Maintenance Director and/or designee will monitor Outside TCU canopy and Maintenance office sprinklers weekly x 2 weeks, then monitor monthly x 3 months, then quarterly How the corrective actions will be monitored to ensure the deficient practice will not recur; Maintenance Director and/or designee will monitor Outside TCU canopy and Maintenance office sprinklers weekly x 2 weeks, then monitor monthly x 3 months, then quarterlyBy what date the systemic changes will be completed; Compliance date: September 3 th , 2012</p>	09/03/2012			

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	<p>Based on observation with the Maintenance Director on 08/06/12 between 11:15 a.m. to 1:00 p.m., the following was noted:</p> <p>a. The maintenance office had a bulkhead built within the ceiling below the sprinkler heads which blocked sprinkler coverage to the west wall of the office which was lined with combustible maintenance supplies and equipment.</p> <p>b. The Transitional Care Unit (TCU) entrance was covered by a canvas/rubber awning attached to the building and extended over a sidewalk to the parking lot. The portion extending over the sidewalk lacked sprinkler coverage. Based on interview during the time of observation, the Maintenance Director acknowledged the facility lacked documentation indicating the canvas material was inherently flame retardant.</p> <p>3.1-19(ff)</p>						