

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155469	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/28/2013
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NAME OF PROVIDER OR SUPPLIER SEBO'S NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 4410 W 49TH AVE HOBART, IN 46342
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F000000	<p>This visit was for Investigation of Complaint IN00131636.</p> <p>This visit was in conjunction with the Recertification and State Licensure Survey and the Investigation of Complaints IN00127894 and IN00126416.</p> <p>Complaint IN00131636-Substantiated. Federal/state deficiencies related to the allegation are cited at F253.</p> <p>Survey dates: June 24, 25, 26, 27 and 28, 2013</p> <p>Facility number: 000366 Provider number: 155469 AIM number: 100288900</p> <p>Survey team: Lara Richards, RN-TC Heather Tuttle, RN Cynthia "Cyndy" Stramel, RN Yolanda Love, RN Kathleen "Kitty" Vargas, RN (6/24-6/26/13)</p> <p>Census bed type: SNF/NF: 125 Total: 125</p>	F000000	Please accept the following as the facility's credible allegation of compliance. This plan of correction does not constitute an admission of guilt or liability by the facility and is submitted only in response to the regulatory requirement.	

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>Census payor type: Medicare: 16 Medicaid: 101 Other: 8 Total: 125</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on July 7, 2013, by Janelyn Kulik, RN.</p>				

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F000253 SS=D	<p>483.15(h)(2) HOUSEKEEPING & MAINTENANCE SERVICES</p> <p>The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior. Based on observation and interview, the facility failed to ensure a sanitary and comfortable environment was maintained related to urine odors in resident bathrooms as well as in the common bathrooms for 1 of 3 units throughout the facility. This had the potential to affect the 26 residents residing on Daisy Lane. (Daisy Lane)</p> <p>Findings include:</p> <p>1. On 6/25/13 at 9:08 a.m., a strong urine odor was observed in the bathroom of Room 45. Two residents resided in this room.</p> <p>On 6/26/13 at 8:30 a.m., a strong urine odor was again observed in the bathroom.</p> <p>On 6/27/13 at 7:45 a.m., the strong urine odor remained in the bathroom. Further, the floor was damp where it had just been mopped by housekeeping.</p> <p>2. On 6/24/13 at 3:18 p.m., a strong urine odor was observed in the bathroom of Room 54. Two residents</p>	F000253	<p>1. What corrective Action will be accomplished for those residents found to have been affected by the deficient practice:</p> <p>Bathrooms identified were deep cleaned and are being monitored for increased deep cleaning as needed.</p> <p>1.How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken:</p> <p>All residents have the potential to be affected by the alleged deficient practice.</p> <p>1.What measures will be put into place or what systematic changes will be made to ensure that the deficient practice does not recur:</p>	07/28/2013
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	<p>resided in this room.</p> <p>3. On 6/24/13 at 3:58 p.m., a strong urine odor was observed in the bathroom of Room 55. Two residents resided in this room.</p> <p>4. During the Environmental tour on 6/27/13 at 1:45 p.m., with the Maintenance and Housekeeping Supervisors, the following was observed on Daisy Lane:</p> <p>a. The common bathroom located in the hall by the dining room was observed with a strong urine odor.</p> <p>b. The bathroom in Room 54 was observed with a strong urine odor.</p> <p>c. The bathroom in Room 45 was observed with a strong urine odor.</p> <p>Interview with the Housekeeping Supervisor at the time, indicated all of the above listed bathrooms had a urine odor. He indicated the bathrooms were to be cleaned daily and that Room 45 needed to be a priority.</p> <p>Confidential family interviews conducted on 6/24/13 at 6:00 p.m. and 6/27/13 at 7:20 p.m., indicated the unit had a urine odor as well as</p>		<p>Housekeeping will follow an enhanced deep cleaning schedule to ensure that bathroom odors are kept under control.</p> <p>1.How the corrective action will be monitored to ensure the deficient practice will not recur; ie QA program put into place:</p> <p>Executive Director/Designee will make weekly rounds of all scheduled cleanings and repair projects to validate completion as scheduled.</p> <p>The Housekeeping Director/Designee will present a monthly summary of the progress towards odor control and cleaning projects to the Quality Assurance Committee. This will be on going</p>		

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	<p>the bathrooms.</p> <p>This Federal tag relates to Complaint IN00131636.</p> <p>3.1-19(f)</p>			
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