

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155751	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  11/12/2013
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NAME OF PROVIDER OR SUPPLIER  MEADOW LAKES	STREET ADDRESS, CITY, STATE, ZIP CODE 200 MEADOW LAKE DR MOORESVILLE, IN 46158
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K010000	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 11/12/13</p> <p>Facility Number: 004831 Provider Number: 155751 AIM Number: 200809750</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Meadow Lakes was found in substantial compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 18, New Health Care Occupancies and 410 IAC 16.2.</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 and in all areas open to the corridor. The facility has smoke detectors hard wired to the fire alarm system in all</p>	K010000	We respectfully request this document serve as allegation of compliance regarding this annual life safety survey. This provider submits the corrective action identified in this document be considered an allegation of compliance and paper/ desk review by representatives of the division be conducted.	

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>resident sleeping rooms. The facility has a capacity of 137 and had a census of 119 at the time of this visit.</p> <p>All areas where the residents have customary access were sprinklered and all areas providing facility services were sprinklered.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 11/14/13.</p> <p>The facility was found in substantial compliance with the aforementioned regulatory requirements as evidenced by the following:</p>				

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K010038 SS=B	<p>NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 18.2.1</p> <p>Based on observation and interview, the facility failed to ensure the means of egress through 1 of 9 exits was readily accessible for residents without a clinical diagnosis requiring specialized security measures. LSC 18.2.2.2.4 requires doors within a required means of egress shall not be equipped with a latch or lock that requires the use of a tool or key from the egress side. Exception No. 1 requires door locking arrangements without delayed egress shall be permitted in health care occupancies, or portions of health care occupancies, where the clinical needs of the residents require specialized security measures for their safety, provided that staff can readily unlock such doors at all times. This deficient practice could affect 30 residents, staff and visitors in the 200 Hall Dining Room.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Director during a tour of the facility from 12:40 p.m. to 2:40 p.m. on 11/12/13, the set of exit doors in the 200 Hall Dining Room exit into the service corridor was magnetically locked and could be opened by entering a four digit</p>	K010038	<p>It is the intent of the Meadow Lakes Mooresville to ensure the exits are readily accessible at all times in accordance with section 7.1. What corrective action will be accomplished for those residents found to have been affected by this deficient practice. Each resident on the 200 hall had the potential to be affected by this deficiency. The exit code is posted above the keypad to ensure immediate egress in case of emergency. This particular area has three external exits functional within the unit dining area and codes are appropriately available to the public and resident population. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken. The preventative maintenance program identifies ongoing visual checks of the posted code weekly; to be reviewed during maintenance rounds. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur. The preventative maintenance program identifies ongoing visual checks of the posted code weekly; to be reviewed during maintenance</p>	11/21/2013			

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	code, but the code was not posted. The aforementioned exit door is marked with signage as a room exit. Based on interview at the time of observation, the Maintenance Director acknowledged the set of exit doors in the 200 Hall Dining Room exit into the service corridor was magnetically locked and could be opened by entering a four digit code, but the code was not posted.  3.1-19(b)		rounds. The Maintenance Director or designee will be assigned to this duty. The safety committee reviews these results at the regularly scheduled monthly meeting. How the corrective action will be monitored to ensure the deficient practice will not recur. IE what Quality assurance program will be put into place. The preventative maintenance program identifies ongoing visual checks of the posted code weekly; to be reviewed during maintenance rounds. The Maintenance Director or designee will be assigned to this duty. The safety committee reviews the results at the regularly scheduled monthly meeting. The Administrator will review the results of these actions at this monthly meeting.		