

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 05/16/2012
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NAME OF PROVIDER OR SUPPLIER  WHITLOCK HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 1719 S ELM ST CRAWFORDSVILLE, IN 47933
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R0000	<p>This visit is for the State Licensure Survey. This visit included the Investigation of Complaint IN00108252.</p> <p>Complaint IN00108252 -Unsubstantiated due to lack of evidence.</p> <p>Survey dates: May 15 and 16, 2012</p> <p>Facility number: 004419 Provider number: 004419 AIM number: N/A</p> <p>Survey team: Michelle Hosteter, RN-TC Rita Mullen, RN</p> <p>Census bed type: Residential : 31 Total: 31</p> <p>Census payor type: Other : 31 Total: 31</p> <p>Sample: 7</p> <p>This state rule is cited in accordance with 410 IAC 16.2</p> <p>Quality review completed on May 17,</p>	R0000		

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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	2012 by Bev Faulkner, RN				

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R0144	<p>410 IAC 16.2-5-1.5(a) Sanitation and Safety Standards - Deficiency (a) The facility shall be clean, orderly, and in a state of good repair, both inside and out, and shall provide reasonable comfort for all residents.</p> <p>Based on observation and interview, the facility failed to have furniture that was free of scratches, stains and in visibly good condition. This had the potential to affect 31 of 31 residents residing in the facility.</p> <p>Findings include:</p> <p>During the environmental tour with the Maintenance Manager on 5/16/12 at 1:15 P.M. , 35 chairs were noted to be in need of repair or cleaning. The front legs of 35 chairs located throughout the hallways outside of the residents rooms and in the dining room area were noted to have multiple scratches. The seat cushions on 22 of the 35 chairs were either worn and/or had numerous stains.</p> <p>In an interview with the Maintenance Manager on 5/16/12 at 1: 45 P.M., he indicated they were told by corporate office they cannot replace the chairs until they finish the new addition onto the building. He also indicated the chairs have likely been there since the building opened in November of 2005.</p>	R0144	<p>Submission of this response and Plan of Correction is NOT a legal admission that a deficiency exists or, that this Statement of Deficiencies was correctly cited, and is also NOT to be construed as an admission against interest by the residence, or any employees, agents, or other individuals who drafted or may be discussed in the response or Plan of Correction. In addition, preparation and submission of this Plan of Correction does NOT constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency.</p> <p><b>Citation #1 R 144 410 IAC 16.2-5-1.5(a) Sanitation and Safety Standards-Deficiency What corrective action(s) will be accomplished for those residents found to have been affected by this deficient practice? No residents were found to be affected. How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? No other residents were found to</b></p>	07/05/2012			

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	In an interview with the Residential Director on 5/16/12 at the daily conference at 3:15 P.M., she indicated she was aware the chairs were in poor condition and that she was waiting to get new chairs when the new addition opened.		be affected. <b>What measures will be put into place or what systemic changes will the facility make to ensure that the deficient practice does not recur?</b> A purchase order was completed by the corporate office to replace 35 chairs located throughout the residence hallways, outside the resident rooms, and within the dining area. Existing furniture was examined and removed if found not to be in compliance with Indiana state ruling R 144 410 IAC 16.2-5-1.5(a) Sanitation and Safety Standards. <b>How will the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</b> The Residence Director and/or Designee will perform random weekly walking rounds of the residence to ensure the community is clean, orderly, and in a state of good repair, both inside and out, and shall provide reasonable comfort for our residents for a period of six months. Findings will be reviewed through our Whitlock House QA process after six months in order to determine the need for an ongoing monitoring plan. Findings suggestive of compliance will result in cessation of the monitoring plan. <b>By what date will the systemic changes be completed?</b> July 5, 2012				