

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155455	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 08/08/2012
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NAME OF PROVIDER OR SUPPLIER WESLEYAN HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 729 W 35TH ST MARION, IN 46953
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K0000	<p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 06/13/12 and a Quality Assurance Walk-thur Survey were conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 08/08/12</p> <p>Facility Number: 000557 Provider Number: 155455 AIM Number: 100291240</p> <p>Surveyor: Amy Kelley, Life Safety Code Specialist</p> <p>At this PSR survey, Wesleyan Health Care Center was found in 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 19, Existing Health Care Occupancies.</p>	K0000	<p>This Plan of Correction is prepared and executed because it is required by the provisions of State and Federal laws and regulations and not because Wesleyan Health Care Center agrees with the allegations and citations listed. Wesleyan Health Care Center maintains that the alleged deficiencies do not individually or collectively jeopardize the health and safety of the residents, nor are they of such a character so as to limit our capabilities to render adequate care.</p>	
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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>This one story facility was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and areas open to the corridors. The resident rooms in Fireside and Willow Court resident rooms 44A, 44 B&C, 50 A&B and 50C had hard wired smoke detectors. The remaining resident rooms in Willow Court and all resident rooms in Harbor Lane and Memory Lane were without smoke detectors at this time. The facility has a capacity of 169 and had a census of 128 at the time of this survey.</p> <p>The facility was found in compliance with state law in regard to sprinkler coverage and not in compliance in regard to smoke detector coverage.</p> <p>All areas where residents have customary access were sprinklered. The facility had two detached garages providing facility services including the storage of maintenance supplies, lawn care equipment and paint</p>			

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	<p>which were not sprinklered.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 08/13/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</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 install smoke detectors in each resident's room before July 1, 2012. This deficient practice</p>	K9999	<p>Corrective actions taken for those residents affected by the alleged deficient practice: All resident rooms on Harbor Lane, Memory Lane, and Willow Court now have battery operated smoke detectors as of August 20, 2012.</p> <p>Identification of and corrective actions taken for other residents having the potential to be affected by the alleged deficient practice: All residents residing on Harbor Lane, Memory Lane, and Willow Court have the potential to be affected by the alleged deficient practice in the event of a fire. Smoke detectors have been placed in all residents rooms on Harbor Lane, Memory Lane, and Willow Court as of August 20, 2012.</p> <p>Measures taken and systemic changes made to ensure the alleged deficient practice does not recur: Maintenance Director/ Designee will inspect all resident rooms smoke detectors monthly and report all findings to the administrator.</p> <p>How the corrective actions will be monitored and the Quality Assurance system implemented to ensure the alleged deficient practice does not recur: Maintenance Director/Designee will inspect smoke detectors monthly and advise administrator of audit findings. The results will be forwarded to the QA Quarterly meetings for review and any concerns addressed. Date of Completion: 8/20/2012</p>	08/20/2012	

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	<p>could affect any residents in Harbor Lane, Memory Lane and Willow Court.</p> <p>Findings include:</p> <p>Based on observations with the Maintenance Supervisor and the Administrator in Training on 08/08/12 from 2:56 p.m. to 4:15 p.m., the resident rooms in Harbor Lane, Memory Lane and Willow Court, with the exception of resident rooms 44A, 44 B&C, 50 A&B and 50C, were not provided with smoke detectors. Based on interview during the time of observations, the Maintenance Supervisor acknowledged all the resident rooms were not provided with smoke detectors.</p> <p>3.1-19(ff)</p>				