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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155521 | X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____ | X3) DATE SURVEY COMPLETED 02/11/2014 |
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| NAME OF PROVIDER OR SUPPLIER ALEXANDRIA CARE CENTER | STREET ADDRESS, CITY, STATE, ZIP CODE 1912 S PARK AVE ALEXANDRIA, IN 46001 |
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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
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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: 02/11/14</p> <p>Facility Number: 000518 Provider Number: 155521 AIM Number: 100266670</p> <p>Surveyor: Phillip Komsiski, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Alexandria Care Center 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 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <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, in spaces open to the</p> | K010000 | | |
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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>corridors with battery powered smoke detectors in all resident rooms. The facility has a capacity of 70 and had a census of 50 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered. All areas providing facility services were sprinklered except for one detached garage and one shed for facility storage.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 02/17/14.</p> <p>The facility was found in substantial compliance with the aforementioned regulatory requirements as evidenced by the following:</p> | | | |

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| K010018 SS=B | <p>NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¼ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities. Based on observation and interview, the facility failed to ensure 1 of 1 sets of double leaf corridor doors could latch independently into their door frame. This deficient practice could affect any residents in the Dining room or in the adjacent Front lounge as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observations on 02/11/14 at 2:00 p.m. with the Maintenance Supervisor, the set of double leaf corridor doors leading into the Main Dining room adjacent to the front lounge required one door to be latched manually into the door frame before the second door would latch into the first door and</p> | K010018 | <p>Submission of this Plan of correction does not constitute an admission or agreement by the provider of the truth of facts alleged or corrections set forth on the statement of deficiencies.K 0018 Plan of correction effects up to 32 of 50 residents as well as visitors and staff.1. Maintenance Supervisor placed a Chain Bolt with spring action to the set of double leaf corridor doors thus allowing them to latch independently.2. Administrator educated the maintenance staff on the importance of assuring there is no impediment to the closing of the doors.3.Maintenance Supervisor will monitor the double doors to assure that they latch independently. (SEE ATTACHED MONITOR)4. The administrator will monitor the work progress</p> | 02/21/2014 | | | |

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| | secure them both tightly into the door frame. Based on interview on 02/11/14 concurrent with the observation, it was acknowledged by the Maintenance Supervisor the aforementioned set of corridor doors would not latch independently into their door frame. 3.1-19(b) | | and completion during the environmental rounds and review through Quality Assurance. | | |