

| | | | |
|--|---|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155143 | X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____ | X3) DATE SURVEY COMPLETED 03/27/2017 |
|--|---|---|---|

| | |
|---|---|
| NAME OF PROVIDER OR SUPPLIER MEADOWS MANOR NORTH | STREET ADDRESS, CITY, STATE, ZIP CODE 3150 N SEVENTH ST TERRE HAUTE, IN 47804 |
|---|---|

| (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 |
|--------------------|--|---------------|---|----------------------|
|--------------------|--|---------------|---|----------------------|

| | | | | |
|------------------------|--|--------|---|--|
| K 0000 Bldg. 01 | <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: 03/27/17</p> <p>Facility Number: 000067 Provider Number: 155143 AIM Number: 100267880</p> <p>At this Life Safety Code survey, Meadows Manor North was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2012 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC) and 410 IAC 16.2. The building was surveyed with Chapter 19, Existing Health Care Occupancies.</p> <p>This one story facility was determined to be of Type V (000) construction and was fully sprinklered. The facility has a fire alarm system with hard wired smoke detectors in the corridors, spaces open to the corridors, and all resident sleeping rooms. The facility has a capacity of 104 and had a census of 76 at the time of this</p> | K 0000 | <p>Please consider this Plan of Correction as our allegation of compliance. Disclaimer: Meadows Manor North does not believe and does not admit that any deficiencies existed before during or after the survey. Meadows Manor North Retirement reserves all rights to contest the survey finding through informal dispute resolution, formal appeal proceedings or any administrative or legal proceedings. Than of correction is not meant to establish any standard of care, contract obligation or position and Meadows Manor North reserves all rights to raise all possible contention and defenses in any type of civil or criminal claim, action or proceeding. Nothing contained in this plan of correction should be considered as a waiver of potentially applicable peer review, quality assurance or self critical examination privileges which Meadows Manor North doe not waive and reserves the right to assert in any administrative civil or criminal claim, action or proceeding. Meadows Manor North offers its responses credible allegation of compliance and plan of correction as part of its ongoing effort to provide quality of care to its residents.</p> | |
|------------------------|--|--------|---|--|

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.

| | | | | | | | |
|---|---|---|--|---|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155143 | | X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____ | | X3) DATE SURVEY COMPLETED 03/27/2017 | |
| NAME OF PROVIDER OR SUPPLIER MEADOWS MANOR NORTH | | | | STREET ADDRESS, CITY, STATE, ZIP CODE 3150 N SEVENTH ST TERRE HAUTE, IN 47804 | | | |
| (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 | | | |
| K 0353 SS=F Bldg. 01 | <p>survey.</p> <p>All areas where residents have customary access were sprinklered, and all areas providing facility services were sprinklered.</p> <p>Quality Review completed on 04/03/17 - DA</p> <p>NFPA 101 Sprinkler System - Maintenance and Testing Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available.</p> <p>a) Date sprinkler system last checked _____</p> <p>b) Who provided system test _____</p> <p>c) Water system supply source _____</p> <p>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25</p> <p>Based on record review, observation and interview; the facility failed to document sprinkler system inspections in accordance with NFPA 25. NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 2011 Edition,</p> | K 0353 | <p>It is the policy of the facility to Maintain and Test the automatic sprinkler and standpipe systems . It is our policy to perform routine inspections, maintenance and testing and to maintain records of such testing, inspections and maintenance. The facility has begun recording</p> | 03/28/2017 | | | |

| | | | | | | | |
|---|--|---|--|---|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155143 | | X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____ | | X3) DATE SURVEY COMPLETED 03/27/2017 | |
| NAME OF PROVIDER OR SUPPLIER MEADOWS MANOR NORTH | | | | STREET ADDRESS, CITY, STATE, ZIP CODE 3150 N SEVENTH ST TERRE HAUTE, IN 47804 | | | |
| (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 | | | |
| | <p>Section 5.2.4.1 states gauges on wet pipe sprinkler systems shall be inspected monthly to ensure that they are in good condition and that normal water supply pressure is being maintained. Section 5.1.2 states valves and fire department connections shall be inspected, tested, and maintained in accordance with Chapter 13. Section 13.3.2.1 states all valves shall be inspected weekly. Section 4.3.1 states records shall be made for all inspections, tests, and maintenance of the system and its components and shall be made available to the authority having jurisdiction upon request. This deficient practice could affect all clients and staff in the facility.</p> <p>Findings include:</p> <p>Based on review of Tri-State Fire Protection Inc.'s "Fire Sprinkler Inspection Report" documentation dated 03/20/17, 12/14/16, 09/15/2016, and 06/16/2016, there were no documented monthly sprinkler gauge inspections noted. In addition, weekly inspection documentation for all sprinkler system control valves was also not available for review. Based on interview at the time of record review, the Building and Grounds Manager acknowledged monthly sprinkler system gauge inspection documentation and weekly control valve</p> | | <p>weekly inspections to ensure that air and water pressures are being maintained. All valves shall be visually inspected weekly. Additionally the gauge will be replaced every 5 years. The head of maintenance and grounds will review the logs weekly to ensure the logs are filled out according to policy. The Head of Maintenance and Grounds will also readings are within proper range. The administrator will be notified of any discrepancies.</p> | | | | |

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/12/2017
FORM APPROVED
OMB NO. 0938-0391

| | | | | | |
|---|--|--|--|----------------------------|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155143 | X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____ | | X3) DATE SURVEY COMPLETED 03/27/2017 |
| NAME OF PROVIDER OR SUPPLIER MEADOWS MANOR NORTH | | | STREET ADDRESS, CITY, STATE, ZIP CODE 3150 N SEVENTH ST TERRE HAUTE, IN 47804 | | |
| (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 | |
| | inspection documentation, for the aforementioned periods was not available for review. 3.1-19(b) | | | | |