

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155143	X2) MULTIPLE CONSTRUCTION A. BUILDING -- _____ B. WING _____	X3) DATE SURVEY COMPLETED  03/08/2018
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NAME OF PROVIDER OR SUPPLIER  MEADOWS MANOR NORTH	STREET ADDRESS, CITY, STATE, ZIP COD 3150 N SEVENTH ST TERRE HAUTE, IN 47804
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E 0000  Bldg. --	<p>An Emergency Preparedness Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.73.</p> <p>Survey Date: 03/08/18</p> <p>Facility Number: 000067 Provider Number: 155143 AIM Number: 100267880</p> <p>At this Emergency Preparedness survey Meadows Manor North was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73</p> <p>The facility has 104 certified beds. At the time of the survey, the census was 65.</p> <p>Quality Review completed on 03/16/18 - DA</p>	E 0000	<p>Please consider this Plan of Correction as our allegation of compliance.</p> <p>Disclaimer: Meadows Manor North Retirement and Convalescent Center, Inc. (Meadows) does not believe and does not admit that any deficiencies existed before, during or after survey. Meadows reserve all rights to contest proceeding or any administrative or legal proceedings. This plan of correction is not meant to establish any standard of care, contract obligation or position and Meadows reserves all rights to raise all possible contentions and defenses is any type of civil or criminal claim, action or proceeding. Nothing contained in this plan of correcting should be considered as a waiver or any potential applicable peer review, quality assurance or self critical examination privileges which Meadows does not waive and reserve the right to assert in any administrative civil or criminal claim, action or proceeding. Meadows offer its response, credible allegations of compliance and plan of correction as part of its ongoing effort to provide quality care to its residents.</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 other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed 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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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 483.90(a).</p> <p>Survey Date: 03/08/18</p> <p>Facility Number: 000067 Provider Number: 155143 AIM Number: 100267880</p> <p>At this Life Safety Code survey, Meadows Manor North was found in substantial compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.90(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 65 at the time of this 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 03/16/18 - DA</p>	K 0000	<p>Please consider this Plan of Correction as our allegation of compliance.</p> <p>Disclaimer: Meadows Manor North Retirement and Convalescent Center, Inc. (Meadows) does not believe and does not admit that any deficiencies existed before, during or after survey. Meadows reserve all rights to contest proceeding or any administrative or legal proceedings. This plan of correction is not meant to establish any standard of care, contract obligation or position and Meadows reserves all rights to raise all possible contentions and defenses is any type of civil or criminal claim, action or proceeding. Nothing contained in this plan of correcting should be considered as a waiver or any potential applicable peer review, quality assurance or self critical examination privileges which Meadows does not waive and reserve the right to assert in any administrative civil or criminal claim, action or proceeding. Meadows offer its response, credible allegations of compliance and plan of correction as part of its ongoing effort to provide quality care to its residents.</p>		

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K 0741 SS=B Bldg. 01	<p>NFPA 101 Smoking Regulations Smoking Regulations Smoking regulations shall be adopted and shall include not less than the following provisions:</p> <p>(1) Smoking shall be prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area shall be posted with signs that read NO SMOKING or shall be posted with the international symbol for no smoking.</p> <p>(2) In health care occupancies where smoking is prohibited and signs are prominently placed at all major entrances, secondary signs with language that prohibits smoking shall not be required.</p> <p>(3) Smoking by patients classified as not responsible shall be prohibited.</p> <p>(4) The requirement of 18.7.4(3) shall not apply where the patient is under direct supervision.</p> <p>(5) Ashtrays of noncombustible material and safe design shall be provided in all areas where smoking is permitted.</p> <p>(6) Metal containers with self-closing cover devices into which ashtrays can be emptied shall be readily available to all areas where smoking is permitted.</p> <p>18.7.4, 19.7.4 Based on observation and interview, the facility failed to ensure 1 of 1 area where smoking was permitted for staff was maintained in accordance with 19.7.4. LSC 19.7.4 requires ashtrays of noncombustible material and safe design shall be provided in all areas where smoking is permitted. Metal containers with a self-closing cover devices</p>	K 0741	<p>It is the policy of the facility for the staff and visitors to empty cigarette butts in a metal container with self closing device.</p> <p>A red metal self closing container</p>	03/28/2018
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K 0920 SS=B Bldg. 01	<p>into which ashtrays can be emptied shall be readily available to all areas where smoking is permitted. This deficient practice could affect staff only.</p> <p>Findings include:</p> <p>Based on observations with the Building Manager and Administrator on 03/08/18 at 12:10 p.m., there were over 100 cigarette butts mixed in with the normal trash in a trash can immediately adjacent to the smoking area. Based on interview at the time of observation, the Building Manager and Administrator acknowledged the over 100 cigarette butts mixed in with the normal trash in the can immediately adjacent to the smoking area.</p> <p>3.1-19(b)</p> <p>NFPA 101 Electrical Equipment - Power Cords and Extens Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assemblies that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension</p>		<p>was available in the smoking area.</p> <p>All staff was in serviced regarding emptying the ashtrays in the proper container.</p> <p>Additionally, a sign was placed above the trash can in the designated smoking area stating no to discard cigarette butts in the proper container.</p>		

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	<p>cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4. 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5</p> <p>Based on observation and interview, the facility failed to ensure in 1 of 1 Nursing Supervisors office flexible cords were not used as a substitute for fixed wiring. LSC 9.1.2 requires electrical wiring and equipment shall be in accordance with NFPA 70, National Electrical Code. NFPA 70, 2011 Edition, Article 400.8 requires that, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice affects up to 2 staff.</p> <p>Findings include:</p> <p>Based on observation with the Building Manager and Administrator on 03/08/18 at 11:36 a.m., the Nursing Supervisors office had a power strip with a coffee pot plugged into it. Based on interview at the time of the observation, the Building Manager and Administrator acknowledged the use of a power strip with a coffee pot plugged into it in the Nursing Supervisors office.</p> <p>3.1-19(b)</p>	K 0920	<p>It is the policy to utilized power strips solely for the computers.</p> <p>The power strip was removed from the office on 3/8/18 at 1:40pm. All managers were in serviced on 3/9/18 regarding the policy of the facility that power strips are only to be used for computers. All managers voiced understanding.</p> <p>The administrator will make monthly office inspections for the next 6 months to ensure all computers are pulled into power strips.</p>	03/28/2018			