

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

PRINTED: 10/29/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155295		X2) MULTIPLE CONSTRUCTION A. BUILDING      -- B. WING            _____		X3) DATE SURVEY COMPLETED 10/17/2024	
NAME OF PROVIDER OR SUPPLIER  CLINTON HOUSE REHABILITATION AND HEALTHCARE CENTE				STREET ADDRESS, CITY, STATE, ZIP CODE 809 W FREEMAN ST FRANKFORT, IN 46041			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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
E 0000  Bldg. --	<p>An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73.</p> <p>Survey Date: 10/17/24</p> <p>Facility Number: 000192 Provider Number: 155295 AIM Number: 100291120</p> <p>At this Emergency Preparedness survey, Clinton House Rehabilitation and Healthcare Center 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 88 certified beds. At the time of the survey, the census was 74.</p> <p>Quality Review completed on 10/21/24</p>			E 0000	<p>The facility requests paper compliance for this citation. This Plan of Correction is the center's credible allegation of compliance.</p> <p>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</p>		
K 0000  Bldg. 01	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a).</p> <p>Survey Date: 10/17/24</p> <p>Facility Number: 000192 Provider Number: 155295 AIM Number: 100291120</p> <p>At this Life Safety Code survey, Clinton House</p>			K 0000	<p>The facility requests paper compliance for this citation. This Plan of Correction is the center's credible allegation of compliance.</p> <p>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Goran Prentoski

Executive Director

10/24/2024

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 disclosable 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 0200 SS=E Bldg. 01	<p>Rehabilitation and Healthcare Center was found not in 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), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This one-story facility was determined to be of Type III (200) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, resident sleeping rooms and spaces open to the corridors. The facility has a capacity of 88 and had a census of 74 at the time of this visit.</p> <p>All areas where residents have customary access were sprinklered. All areas which provided facility services were sprinklered except for one detached garage used for storage which was not sprinklered.</p> <p>Quality Review completed on 10/21/24</p> <p>NFPA 101 Means of Egress Requirements - Other</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 housekeeping office door was provided with door latches that required only one operation to open. LSC 19.2.2.1 states doors complying with LSC 7.2.1 shall be permitted. LSC 7.2.1.5.10.2 requires the releasing mechanism shall open the door leaf with not more than one releasing operation. This deficient practice could affect as many as 2 residents, 2 staff, and 1 visitor.</p> <p>Findings include:</p>		K 0200	<p>is prepared and/or executed solely because it is required by the provisions of federal and state law.</p> <p>K200 E The facility requests paper compliance for this citation. This Plan of Correction is the center's credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of</p>		10/25/2024	

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	<p>Based on observation during a tour of the facility with Maintenance Director on 10/27/24 at 12:37 p.m., the corridor door to the housekeeping office was equipped with an independent dead bolt in addition to the locking doorknob. Based on interview at the time of observation, the Maintenance Director confirmed the housekeeping office door had both an independent dead bolt, as well as a locking doorknob and that both functions would need to be used in the event of the need to exit the office in the event of a fire or emergency.</p> <p>This finding was reviewed with the Director of Nursing and the Maintenance Director at the exit conference.</p> <p>3.1-19(b)</p>				<p>deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</p> <p>1.) Immediate actions taken for those residents identified:</p> <ul style="list-style-type: none"> <li>Identified housekeeping door was corrected.</li> <li>No residents were identified as being affected.</li> </ul> <p>2.) How the facility identified other residents:</p> <ul style="list-style-type: none"> <li>No residents were identified as being affected</li> <li>A facility wide audit was completed to identify any doors that require only one latch to operate.</li> <li>Identified doors were corrected.</li> </ul> <p>3.) Measures put into place/ System changes:</p> <ul style="list-style-type: none"> <li>The maintenance Director was educated on requirements of K tag 200.</li> </ul> <p>4.) How the corrective actions will be monitored:</p> <ul style="list-style-type: none"> <li>Maintenance Supervisor/designee will monitor through facility preventative maintenance manual monthly any identified issues will be immediately corrected to ensure compliance.</li> </ul> <p>The results of these audits will be reviewed in the Quality Assurance Meeting monthly for 6 months or until 100% compliance is achieved.</p> <ul style="list-style-type: none"> <li>The QA Committee will identify any trends or patterns and make</li> </ul>		

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					recommendations to revise the plan of correction as indicated. 5.) Date of compliance: 10-25-2024		