

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

PRINTED: 06/03/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>155728</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b>  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R</b>  <b>05/30/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>MANDERLEY HEALTH CARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE  <b>806 S BUCKEYE ST</b> <b>OSGOOD, IN 47037</b>		
(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
{E 000}	Initial Comments  A Post Survey Revisit (PSR) to the Emergency Preparedness Survey conducted on 04/15/2024 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.473  Survey Date: 05/30/2024  Facility Number: 000493 Provider Number: 155728 AIM Number: 100291300  At this Emergency Preparedness survey, Manderley Health Care Center was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73.  The facility has 71 certified beds. At the time of the survey, the census was 43.	{E 000}			
{K 000}	Quality Review completed on 05/31/24 INITIAL COMMENTS  A Post Survey Revisit (PSR) to the survey which exited on 04/15/2024 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a).  Survey Date: 05/30/2024  Facility Number: 000493 Provider Number: 155728 AIM Number: 100291300  At this Life Safety Code survey, Manderley Health Care Center was found in compliance with	{K 000}			

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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{K 000}	Continued From page 1  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.  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 smoke detection in the corridor, in all areas open to the corridor and has smoke detectors hard wired to the building electrical system in all resident sleeping rooms. The facility has a capacity of 71 and had a census of 50 at the time of this visit.  All areas where residents have customary access were sprinklered and all areas providing storage services were sprinklered. The facility has a detached building housing the facility's emergency generator which was fully sprinklered.	{K 000}			
{K 521} SS=F	Quality Review completed on 05/31/24 HVAC CFR(s): NFPA 101  HVAC Heating, ventilation, and air conditioning shall comply with 9.2 and shall be installed in accordance with the manufacturer's specifications. 18.5.2.1, 19.5.2.1, 9.2  This REQUIREMENT is not met as evidenced	{K 521}			

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{K 521}	Continued From page 2 by:	{K 521}	This tag has an annual waiver requested.		