

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

PRINTED: 07/07/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155319		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING		X3) DATE SURVEY COMPLETED 06/20/2023	
NAME OF PROVIDER OR SUPPLIER  CLINTON GARDENS				STREET ADDRESS, CITY, STATE, ZIP COD 375 S 11TH ST CLINTON, IN 47842			
(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: 06/20/23</p> <p>Facility Number: 000212 Provider Number: 155319 AIM Number: 100285040</p> <p>At this Emergency Preparedness survey, Clinton Gardens 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 a capacity of 100 certified beds and had a census 66 at the time of this visit.</p> <p>Quality Review completed on 06/21/23</p>			E 0000	<p>The filing of this plan of correction does not constitute an admission that the deficiencies did in fact exist. The plan of correction is filed as evidence of the community's desire to comply with the requirements and to continue to provide a safe and functional environment for our residents. Clinton Gardens would like to respectfully request a desk review of the following plan of correction.</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: 06/20/23</p> <p>Facility Number: 000212 Provider Number: 155319 AIM Number: 100285040</p> <p>At this Life Safety Code survey, Clinton Gardens was found not in compliance with Requirements</p>			K 0000	<p>The filing of this plan of correction does not constitute an admission that the deficiencies did in fact exist. The plan of correction is filed as evidence of the community's desire to comply with the requirements and to continue to provide a safe and functional environment for our residents. Clinton Gardens would like to respectfully request a desk review of the following plan of correction.</p>		

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

TITLE

(X6) DATE

Angela Brewer

Executive Director

07/06/2023

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 0522 SS=E Bldg. 01	<p>for Participation in Medicare, 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 V (111) construction and was fully sprinklered. The facility has a fire alarm system with hard wired smoke detectors in the corridors and spaces open to the corridors, plus battery powered smoke alarms in all resident sleeping rooms. The facility is fully protected by a 400kw diesel powered emergency generator. The facility has a capacity of 100 and had a census of 66 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 06/21/23</p> <p>NFPA 101 HVAC - Any Heating Device HVAC - Any Heating Device Any heating device, other than a central heating plant, is designed and installed so combustible materials cannot be ignited by device, and has a safety feature to stop fuel and shut down equipment if there is excessive temperature or ignition failure. If fuel fired, the device also: * is chimney or vent connected. * takes air for combustion from outside. * provides for a combustion system separate from occupied area atmosphere. 19.5.2.2 Based on observation and interview, the facility</p>			K 0522	1.No residents were affected by		07/07/2023

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	<p>failed to ensure 1 of 1 laundry rooms was provided with intake combustion air from the outside for rooms containing fuel fired equipment. NFPA 101, Section 19.5.2.2(2) requires any fuel-fired heating device, other than a central heating plant, shall be designed and installed so they shall take air for combustion directly from the outside. This deficient practice could create an atmosphere rich with carbon monoxide which could cause physical problems for all staff in the laundry room.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Director on 06/20/23 at 12:54 p.m., the laundry room had fuel-fired dryers with a fresh air intake that was almost fully covered with plywood. The uncovered area at the top of the fresh air intake was covered with lint. This condition does not allow for fresh air to enter the room. Based on an interview at the time of observation, the Maintenance Director agreed the air intake was covered.</p> <p>This finding was reviewed with the Executive Director and Maintenance Director at the exit conference.</p> <p>3.1-19(b)</p>				<p>the practice. Board and lint removed immediately.</p> <p>2.All residents have the potential to be affected by the practice. There are no other vented dryer areas.</p> <p>3.The board was removed from the vented area. Education completed with Maintenance Director regarding obstruction of vented areas.</p> <p>4.Daily Building Rounds will be conducted by the Maintenance Director or Designee daily x2 weeks and monthly thereafter.</p>		