

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155682	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 11/06/2013
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NAME OF PROVIDER OR SUPPLIER WOODMONT HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 1325 ROCKPORT RD BOONVILLE, IN 47601
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K010000	<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: 11/06/13</p> <p>Facility Number: 002724 Provider Number: 155682 AIM Number: 200309330</p> <p>Surveyor: Lex Brashear, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Woodmont Health Campus was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 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, in spaces open to the corridors, and in all resident sleeping rooms. The facility has a</p>	K010000		

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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	<p>capacity of 60 and had a census of 57 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. All areas providing facility services were sprinklered, except a detached greenhouse used for facility storage.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 11/14/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K010056 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5</p> <p>1. Based on observation and interview, the facility failed to ensure 1 of 5 smoke compartments was equipped throughout with quick response sprinklers which operate in a timely manner and achieve effective fire control. NFPA 13, 1999 Edition, Standard for the Installation of Sprinkler Systems, 5-1.1 states the requirements for spacing, location, and position of sprinklers shall be based on the following principles: (3) Sprinklers positioned and located so as to provide satisfactory performance with respect to activation time and distribution. 5-3.1.5.2 states when existing light hazard systems are converted to use quick response or residential sprinklers, all sprinklers in a compartmented space shall be changed. This deficient practice could affect mostly staff while in the boiler/sprinkler riser</p>	K010056	<p>This Plan of Correction for Survey Event ID 11SF21 is submitted under Federal and State regulations and statues applicable to long term care providers. We request this 2567 Plan of Correction serve as our credible allegation of compliance.No residents were harmed by the deficient practice. Thorough corrective actions will ensure the safety of all residents and provide a safe environment that appropriate sprinkler heads are installed in the appropriate areas. Ohio Valley Sprinklers, of Henderson, LLC has been subcontracted to install appropriate quick response sprinkler heads in the boiler/sprinkler riser room and the laundry room. In addition Ohio Valley Sprinkler has been subcontracted to install a total of 4 additional sprinkler heads in the</p>	12/13/2013

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	<p>room and the laundry room.</p> <p>Findings include:</p> <p>Based on observations on 11/06/13 at 11:15 a.m. and again at 11:35 a.m. during a tour of the facility with the Plant Operations Director, there were two quick response (red) and two quick response (green) sprinkler heads in the boiler/sprinkler riser room, and three quick response (red) and one quick response (green) sprinkler heads in the laundry room. This was acknowledged by the Plant Operations Director at the time of each observation.</p> <p>3.1-19(b)</p> <p>2. Based on observation and interview, the facility failed to provide an automatic sprinkler system that provided complete coverage in 1 of 5 smoke compartments. This deficient practice could affect 1 resident and staff in the Skilled unit shower room and up to 20 residents, as well as staff and visitors in the 200 hall.</p> <p>Findings include:</p> <p>Based on observation on 11/06/13 at 12:00 p.m. during a tour of the facility with the Plant Operations Director, the Skilled unit shower room had three</p>		<p>Skilled unit shower room. One in each of the three shower stalls and one in the whirlpool tub room. Thorough corrective actions will ensure safety of all residents and provide a safe environment that appropriate sprinkler heads are installed in the appropriate areas.</p>				

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	<p>shower stalls and a whirlpool tub room surrounding an entrance room area. The entrance room area was the only area with sprinkler coverage. Two of the three shower stalls were being used as storage areas for wheel chairs and foam pads. The sprinkler head located in the entrance room area would not be able to provide complete coverage to all portions of each shower stall and the whirlpool tub room. Based on interview at the time of observation, this was acknowledged by the Plant Operations Director.</p> <p>3.1-19(b)</p>			