

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155283	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  05/18/2015
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NAME OF PROVIDER OR SUPPLIER  WINTERSONG VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 1005 S EDGEWOOD DR KNOX, IN 46534
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K 000  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 483.70(a).</p> <p>Survey Date: 05/18/15</p> <p>Facility Number: 000181 Provider Number: 155283 AIM Number: 100266860</p> <p>At this Life Safety Code survey, Wintersong Village 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 smoke detection in the corridors, spaces open to the corridors and battery powered smoke detectors in all resident rooms. The facility has a capacity of 48 and had a census of 36 at the time of this survey.</p>	K 000	<p>Submission of this Plan of Correction does not constitute an admission to or an agreement with facts alleged on the survey report. Submission of this Plan of Correction does not constitute an admission to or an agreement by the provider of the truth of facts alleged or corrections set forth on the statement of deficiencies. The Plan of Correction is prepared and submitted because of requirements under State and Federal law. Please accept this Plan of Correction as our credible allegation of compliance.</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 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 062 SS=C Bldg. 01	<p>All areas where residents have customary access were sprinklered. All areas providing facility services.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>Based on observation and interview, the facility failed to provide a complete supply of spare sprinklers in 1 of 1 riser rooms in accordance with NFPA 25, 1998 Edition, the Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, Section 2-4.1.4 which requires supply of at least six spare sprinklers shall be stored in a cabinet on the premises for replacement purposes. The stock of spare sprinklers shall be proportionally representative of the types and temperature ratings of the system sprinklers. A minimum of two sprinklers of each type and temperature rating installed shall be provided. This deficient practice could affect all residents throughout the facility as well as staff and visitors if the sprinkler system had to be shut down because a proper sprinkler head wasn't available as</p>	K 062	<p><b>K 062 What Correctiveactions will be accomplished for those residents found to have been affected by the deficient practice?</b> No residents were affected by this deficient practice. Elwood Fire Company was contacted and missing sprinkler heads were replaced making six sprinkler heads available as required. <b>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken.</b> No residents were affected by this deficient practice. Elwood Fire Company was contacted and missing sprinkler heads were replaced making six sprinkler heads available as required. <b>What measures will beput into place or what systemic changes will be made to ensure that the deficient practice does not recur</b></p>	06/17/2015

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K 076 SS=F Bldg. 01	<p>a replacement.</p> <p>Findings include:</p> <p>Based on observation on 05/18/15 at 1:55 p.m. with the Maintenance Supervisor, the Riser room located in the Mechanical room on Service hall contained only three pendant type sprinkler heads in the sprinkler box. Based on interview on 05/18/15 at 1:56 p.m. with the Maintenance Supervisor, it was acknowledged the spare sprinkler cabinet located in the Riser room did not have at least six spare sprinkler heads available in the sprinkler box.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities.</p> <p>(a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation.</p>		<p>Maintenance Director was re-educated on the need to maintain six sprinkler heads at all times. Sprinkler heads will be replaced immediately when used. Maintenance Director will complete monthly monitoring to ensure required sprinkler heads are available. <b>How the correctiveactions will be monitored to ensure the deficient practice will not recur,i.e., what quality assurance program will be put into place.</b> Maintenance Director was re-educated on the need to maintain six sprinkler heads at all times. Sprinkler heads will be replaced immediately when used. Maintenance Director will complete monthly monitoring to ensure required sprinkler heads are available. Maintenance Director will bring this monitoring and any concerns forward at the monthly Quality Assurance meetings. This monitoring will be ongoing for continued compliance. <b>What date the Systematic changes will be completed.</b> June 17th, 2015</p>				

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	<p>(b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 19.3.2.4</p> <p>Based on observation and interview, the facility failed to provide storage locations for 4 of 4 liquid oxygen supply tanks containing over 4000 cubic feet per container each in locations which would protect them from the weather. NFPA 99, 4-3.5.2.2 requires cylinders stored in the open shall be protected against extremes of weather. During winter, cylinders stored in the open shall be protected from an accumulation of ice or snow. In summer, cylinders stored in the open shall be screened against continuous exposure to direct rays of the sun in those localities where extreme temperatures prevail. This deficient practice could affect 9 residents observed in the adjacent dining room as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observation on 05/18/15 at 2:05 p.m., with the Maintenance Supervisor, four liquid oxygen cylinder tanks were located against the outside wall immediately outside 300 hall exit was exposed and unprotected from the elements. No enclosures were provided for protection from sun, snow, or rain. Based on interview on 05/18/15 at 2:07 p.m. with the Maintenance Supervisor it</p>	K 076	<p><b>K 076 What Corrective actions will be accomplished for those residents found to have been affected by the deficient practice?</b> No residents were affected by this deficient practice. Enclosure was constructed for the medical gas storage area protecting tanks from the elements. <b>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken.</b> No residents were affected by this deficient practice. Enclosure was constructed for the medical gas storage area protecting tanks from the elements. <b>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur</b> Maintenance Director was re-educated on the need for an enclosure for the medical gas tanks. An enclosure was constructed for the medical gas storage area protecting tanks from the elements. <b>How the corrective actions will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.</b> Maintenance Director</p>	06/17/2015			

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K 144 SS=F Bldg. 01	<p>was agreed the equipment was exposed to all types of weather.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.</p> <p>Based on record review and interview, the facility failed to document the generator was capable of automatically restoring electrical power within 10 seconds during load testing for the last 12 of 12 months. NFPA 99, the Standard for Health Care Facilities, Nursing Home requirements requires essential electrical distribution systems to conform to Type 2 systems as described in Chapter 3 of NFPA 99. NFPA 99, 3-5.3.1 requires the emergency system shall be installed and connected to the alternate power source so all functions specified herein for the</p>	K 144	<p>was re-educated on the need for an enclosure for the medical gas tanks. An enclosure was constructed for the medical gas storage area protecting tanks from the elements. Maintenance Director will monitor area to ensure constructed enclosure protects the medical gas tanks from the elements. Maintenance Director will bring this monitoring and any concerns forward at the monthly Quality Assurance meetings. This monitoring will be ongoing for continued compliance. <b>What date theSystematic changes will be completed.</b>June 17th, 2015</p> <p><b>K 144 What Corrective actions will be accomplished for those residents found to have been affected by the deficient practice?</b> No residents were affected by this deficient practice. The Maintenance Director is now documenting the number of seconds for the generator to transfer load in the Generator Log monthly as required. <b>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken.</b> No residents were affected by this</p>	06/17/2015	

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	<p>emergency system will be automatically restored to operation within 10 seconds after the interruption of the normal power source. This deficient practice could affect all residents in the facility as well as visitors and staff if the generator could not supply electricity within 10 seconds of a power failure.</p> <p>Findings include:</p> <p>Based on review of Generator Log records on 05/18/15 at 3:46 p.m. with the Maintenance Supervisor, the number of seconds for the generator to transfer load was not documented. Based on interview on 05/18/15 at 3:47 p.m. with the Maintenance Supervisor it was acknowledged the information on time of load transfer had not been recorded for the past twelve months and was unaware load transfer must occur within ten seconds.</p> <p>3.1-19(b)</p>		<p>deficient practice. The Maintenance Director is now documenting the number of seconds for the generator to transfer load in the Generator Log monthly as required. <b>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur</b> The Maintenance Director was re-educated on the need to document the number of seconds for the generator to transfer load in the Generator Log monthly as required. The Maintenance Director is now documenting the number of seconds for the generator to transfer load in the Generator Log monthly as required. <b>How the corrective actions will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.</b> The Maintenance Director was re-educated on the need to document the number of seconds for the generator to transfer load in the Generator Log monthly as required. The Maintenance Director is now documenting the number of seconds for the generator to transfer load in the Generator Log monthly as required. The Maintenance Director will bring these logs and any concerns forward at the monthly Quality Assurance meetings. This monitoring will be ongoing for continued compliance. <b>What date</b></p>		

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

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			<b>theSystematic changes will be completed. June 17th, 2015</b>		