

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155042	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 07/29/2015
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NAME OF PROVIDER OR SUPPLIER WILLOW MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 3801 OLD BRUCEVILLE RD BOX 136 VINCENNES, IN 47591
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(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
K 0000 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: 07/29/15</p> <p>Facility Number: 000016 Provider Number: 155042 AIM Number: 100291500</p> <p>At this Life Safety Code survey, Willow Manor 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 with a lower level was determined to be of Type V (000) construction and was fully sprinklered. The facility has a fire alarm system with hard wired smoke detectors in the corridors, spaces open to the corridors, and all resident sleeping rooms. The facility has a capacity of 170 and had a census of 138 at the time of this survey.</p>	K 0000	By submitting the enclosed material we are not admitting the truth or accuracy of any specific findings or allegations. We reserve the right to contest the findings or allegations as part of any proceedings and submit these responses pursuant to our regulatory obligations. The facility requests that the plan of correction be considered our record of compliance effective 8/28/2015 to the annual life safety survey conducted on 7/29/2015.	

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 0038 SS=E Bldg. 01	<p>All areas where the residents have customary access were sprinklered and all areas providing facility services were sprinklered, except, the elevator pit, an enclosed metal carport used for storage of landscaping equipment, and a wood minibarn used for storage of biohazardous waste.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1</p> <p>Based on observation and interview, the facility failed to ensure a way of exit was well maintained for 1 of 14 exits. This deficient practice could affect 4 residents in the I-Wing, plus any number of residents, as well as staff and outpatient visitors while exiting the Physical Therapy gym in the lower level.</p> <p>Findings include:</p> <p>Based on observation on 07/29/15 at 1:15 p.m. during a tour of the facility with the Maintenance Director, the I-Wing exit had a long ramp that wrapped around the corner of the building to the parking lot. A 40 foot section of the connecting wall had pulled away from the ramp two inches. There was a gas line and gas meter below the wall, along with a</p>	K 0038	<p>K 038</p> <p>What Correctiveaction(s) will be accomplished for those residents found to have been affectedby the deficient practice:</p> <p>The four residents assigned to this tag was not harmed bythis deficiency. There were four (4) other exits readily accessible to theresidents for emergency exit.</p> <p>How otherresidents having the potential to be affected by the same deficient practicewill be identified and what corrective action(s) will be taken:</p> <p>There were four residents that were affected by thisdeficient practice. Four other easily accessible exits were identified. Theexit identified</p>	08/28/2015

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K 0056	<p>sidewalk from the parking lot to the Physical Therapy gym which patients use for outpatient physical therapy. This was acknowledged by the Maintenance Director at the time of observation, furthermore, the Maintenance Director said the facility was aware of the separating wall and was looking into solutions to repair it.</p> <p>3.1-19(b)</p> <p>NFPA 101</p>		<p>could still be used as an exit in an emergency.</p> <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <p>Bids to repair the wall were received on 7/16/2015 and were approved. The wall runs along an exit ramp. The wall has started to separate from the ramp. The area surrounding the wall was yellow taped to prevent any traffic from passing close by the wall. The wall was shored up to prevent it from falling. Concrete has been poured and concrete pillars will be constructed to maintain the wall and make it safe and useable again.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place:</p> <p>All exits will be placed on a preventative maintenance review monthly. The "Exit Audits" tool will be used to monitor the exit ramps. The results will be reported to the Quality Assurance team monthly and will be ongoing.</p> <p>By what date the systemic changes will be completed: 8/28/2015</p>	

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SS=E Bldg. 01	<p>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>Based on observation and interview, the facility failed to provide an automatic sprinkler system that provided complete coverage in 1 of 1 elevator pits. This deficient practice could affect any number of residents, as well as staff and visitors while in the I-Wing and Physical Therapy area located in the lower level.</p> <p>Findings include:</p> <p>Based on observation on 07/29/15 at 1:15 p.m. during a tour of the facility with the Maintenance Director, there was no sprinkler head located in the elevator pit. This was acknowledged by the Maintenance Director at the time of observation.</p> <p>3.1-19(b)</p>	K 0056	<p>K 056 What Correctiveaction(s) will be accomplished for those residents found to have been affectedby the deficient practice: A bid was received and approved for the installation ofthe sprinkler in the elevator pit on 8.12.2015. The installation is scheduledon 8.19.2015 and will be done according to NFPA-13 standard. How otherresidents having the potential to be affected by the same deficient practicewill be identified and what corrective action(s) will be taken: Any resident using the elevator shaft has the potentialto be affected by this deficient practice. Sprinkler installation is scheduledfor 8.19.2015 What measures willbe put into place or what systemic changes will be made to ensure that thedeficient</p>	08/28/2015

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			<p>practice does not recur: According to the Life Safety Inspector, " all areas wherethe residents have customary access were sprinklered, except, the elevatorpit...". The added sprinkler will be monitored for pressure checks during thequarterly inspections. How the correctiveaction(s) will be monitored to ensure the deficient practice will not recur,i.e., what quality assurance program will be put into place: All sprinklers will be monitored quarterly by ourcontracted fire safety company. All system checks will be submitted to the QualityAssurance team quarterly and will be ongoing. By what date thesystemic changes will be completed: 8/28/2015</p>		