

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155363	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 09/30/2015
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NAME OF PROVIDER OR SUPPLIER WILLOWDALE VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 404 W WILLOW RD DALE, IN 47523
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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: 09/30/15</p> <p>Facility Number: 000254 Provider Number: 155363 AIM Number: 100266270</p> <p>At this Life Safety Code survey, Willowdale 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 (000) 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 operated smoke detectors in all resident sleeping rooms. The facility has a capacity of 50 and had a census of 40 at the time of this</p>	K 0000	The creation and submission of this Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. This provider respectfully requests that the Plan of Correction be considered the Letter of Credible Allegation and requests a Post Certification Desk Review in lieu of the Post Survey Revisit on October 30th, 2015.	
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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 0038 SS=E Bldg. 01	<p>survey.</p> <p>All areas where the residents have customary access were sprinklered and all areas providing facility services were sprinklered except one detached wood framed garage and one detached wood framed shed, both used for facility storage.</p> <p>Quality Review completed 10/01/15 - DA</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 2 of 7 exit access doors which were equipped with delayed egress locks and were provided with signs stating PUSH UNTIL ALARM SOUNDS DOOR CAN BE OPENED IN 15 SECONDS did open when pushing on the door for 15 seconds. 7.2.1.6.1, requires approved, listed, delayed-egress locks shall be permitted to be installed on doors serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system in accordance with Section 9.6, or an approved, supervised automatic sprinkler system in accordance with Section 9.7,</p>	K 0038	<p>K 0038 During LSC survey Vanguard Company was immediately notified of the need to service and ensure all exit access doors with delayed egress locks opened when pushed for 15 seconds. This deficiency of the two doors cited was corrected the same day.</p> <p>All residents, staff and visitors have the potential to be affected by this alleged deficient practice -</p> <p>In order to ensure that the deficient practice does not recur, the doors will be tested daily by the Maintenance Director or designee for function of the delayed egress feature. If found to not be functioning as per regulation, Vanguard services will be immediately notified of the</p>	10/26/2015

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	and where permitted in Chapters 12 through 42, provided the following criteria are met. (a) The doors shall unlock upon actuation of an approved, supervised automatic sprinkler system in accordance with Section 9.7 or upon the actuation of any heat detector or activation of not more than two smoke detectors of an approved, supervised automatic fire detection system in accordance with Section 9.6. (b) The doors shall unlock upon loss of power controlling the lock or locking mechanism. (c) An irreversible process shall release the lock within 15 seconds upon application of a force to the release device required in 7.2.1.5.4 that shall not be required to exceed 15 lbf nor be required to be continuously applied for more than 3 seconds. The initiation of the release process shall activate an audible signal in the vicinity of the door. Once the door lock has been released by the application of force to the releasing device, relocking shall be by manual means only. Exception: Where approved by the authority having jurisdiction, a delay not exceeding 30 seconds shall be permitted. (d) On the door adjacent to the releasing device, there shall be a readily visible, durable sign in letters not less than 1 inch high and not less than 1/8 inch in stroke width on a contrasting background that reads as follows: PUSH		need to service. A CQI tool for exit doors will be completed weekly x 4 weeks then every 2 weeks x 2 months, then monthly x 3 months to ensure 100% compliance with regulation. This systemic change will be in effect 10/26/15	

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K 0062 SS=B Bldg. 01	<p>UNTIL ALARM SOUNDS DOOR CAN BE OPENED IN 15 SECONDS. This deficient practice could affect up to 20 residents in the west wing of the facility.</p> <p>Findings include:</p> <p>Based on observation on 09/30/15 at 12:15 a.m. during a tour of the facility with the Maintenance Supervisor, both doors of the southwest exit were equipped with delayed egress locks and were provided with signs stating PUSH UNTIL ALARM SOUNDS DOOR CAN BE OPENED IN 15 SECONDS, however, when both doors were pushed several times for more than 15 seconds they did not release. They did however release when the five digit code was pushed as well as when the fire alarm system was tested. This was acknowledged by Maintenance Supervisor at the time of observation.</p> <p>3.1-19(b)</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 ensure only one type of</p>	K 0062	K 0062 Vanguard services was immediately notified of the need to replace the affected sprinkler	10/26/2015

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K 0147 SS=E Bldg. 01	<p>sprinkler head, i.e., quick response or standard sprinklers was installed in a compartmented space in 1 of 4 smoke compartments. NFPA 13, 1999 Edition, Installation of Sprinkler Systems, 5-3.1.5.2 states when existing light hazard systems are converted to use quick response or residential sprinklers, all sprinklers in a smoke compartment shall be changed. This deficient practice could affect any number of residents as well as staff and visitors while in the Sun porch.</p> <p>Findings include:</p> <p>Based on observation on 09/30/15 at 1:25 p.m. during a tour of the facility with Maintenance Supervisor, the Sun porch had a mixture of one quick response sprinkler head and two standard response sprinkler heads. This was acknowledged by the Maintenance Supervisor at the time of observation.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 Based on observation and interview, the facility failed to ensure multi plug adaptors were not used as a substitute for</p>	K 0147	<p>heads in the sunporch compartmented space and this service was completed on 10/8/15</p> <p>All residents, staff, and visitors have the potential to be affected by this alleged deficient practice</p> <p>Measures put into place to ensure that this deficient practice does not recur include a 100% audit of sprinkler heads in all compartmented spaces to ensure that they are all one type in each space. These audit results will be taken to the CQI committee. If 100% compliance is not achieved, an action plan including immediate notification of Vanguard and completion of needed repairs will be put into place</p> <p>A CQI Maintenance tool will be utilized following the completion of the audit and will be completed monthly x 6 months to ensure no additional issues arise</p> <p>Systemic Changes will be in effect 10/26/15</p> <p>K0147 Rooms cited as deficient in this practice were corrected the same day of LSC Survey.</p>	10/26/2015			

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	<p>fixed wiring in 5 of 32 resident rooms. LSC 19.5.1 requires utilities to comply with Section 9.1. LSC 9.1.2 requires electrical wiring and equipment to comply with NFPA 70, National Electrical Code, 1999 Edition. NFPA 70, Article 400-8 requires, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice could affect 5 residents.</p> <p>Findings include:</p> <p>Based on observations on 09/30/15 between 12:00 p.m. and 1:30 p.m. during a tour of the facility with the Maintenance Supervisor, the following was noted:</p> <ol style="list-style-type: none"> 1. Room 28 had a multi plug adaptor plugged into the wall outlet with a lamp plugged in 2. Room 32 had a multi plug adaptor plugged into the wall outlet with a lamp plugged in 3. Room 14 had a multi plug adaptor plugged into the wall outlet with a bed plugged in 4. Room 10 had a multi plug adaptor plugged into the wall outlet with a bed plugged in 5. Room 9 had a multi plug adaptor plugged into the wall outlet with two beds plugged in 		<p>All residents, staff, and visitors have the potential to be affected by this alleged deficient practice A 100% audit of all outlets will be completed in order to ensure that all affected outlets with multiplug adapters are hard wired with fixed wiring as per regulation Any found to be out of compliance will immediately corrected - A CQI monitoring tool in order to ensure that the deficient practice does not recur will be put into place and completed weekly x 4 weeks, every two weeks x 2 months and monthly x 3 months Systemic Changes will be in effect by 10/26/15</p>	

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	At the time of each observation, the Maintenance Supervisor acknowledged the use of the multi plug adaptors in the previously mentioned rooms. 3.1-19(b)				