

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155086	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 10/16/2012
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NAME OF PROVIDER OR SUPPLIER WOODLAND MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 343 S NAPPANEE ST ELKHART, IN 46514
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K0000	<p>A Quality Assurance Walk-thru Survey was conducted by the Indiana State Department of Health.</p> <p>Survey Date: 10/16/12</p> <p>Facility Number: 000034 Provider Number: 155086 AIM Number: 100274880</p> <p>Surveyor: Robert Sutton, Life Safety Code Specialist Trainee</p> <p>At this Quality Assurance Walk-thru survey, Woodland Manor was found not in compliance with 410 IAC 16.2-3.1-19(ff).</p> <p>This one story facility was determined to be of Type II (111) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and areas open to the corridors as well as battery operated smoke detectors in the resident rooms. The facility has a capacity of 80 and had a census of 58 at the time of this visit.</p> <p>The facility was found not in compliance with state law in regard to sprinkler coverage and in compliance with state law in regard to smoke detector coverage.</p>	K0000		

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>All areas where residents have customary access were sprinklered, except the canopy at the main entrance. All areas providing facility services were sprinklered, except two detached buildings providing facility storage.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 10/24/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>				

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K9999	<p>State Findings</p> <p>3.1-19 ENVIRONMENT AND PHYSICAL STANDARDS</p> <p>3.1-19(ff) A health facility licensed under 16-28 and this rule must do the following:</p> <p>(1) Have an automatic sprinkler system installed throughout the facility before July 1, 2012.</p> <p>(2) If an automatic sprinkler system is not installed throughout the health care facility before July 1, 2010, submit before July 1, 2010 a plan to the department for completing the installation of the automatic sprinkler system before July 1, 2012.</p> <p>(3) Have a battery operated or hard-wired smoke detector in each resident's room before July 1, 2012.</p> <p>This State Rule was not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to provide sprinkler coverage for 1 of 1 combustible exterior canopies in the main entrance which was wider than 4 feet. NFPA 13, 1999 Edition, Section 5-13.8.1 requires sprinklers shall be installed under combustible exterior roofs or canopies exceeding 4 feet in width. This deficient</p>	K9999	<p>It is the practice of Woodland Manor to provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>I. No residents were identified.</p> <p>II. All residents have the potential to be affected. This has been addressed by the systems described below.</p> <p>III. An electrically supervised Sprinkler system will be installed on 11-8-12 in the exterior canopy. An audit was completed and there are no other exterior canopies (See Documentation attached)</p> <p>IV. The Maintenance Director will check to ensure the smoke detection system is functioning properly weekly for 2 months, bi-weekly for 2 months, monthly ongoing by fire drills. Results are reported to the facility's Quality Assurance Committee for additional recommendations if necessary</p>	11/09/2012			

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	<p>practice could affect all residents,staff and visitors</p> <p>Findings include:</p> <p>Based on observation and interview with the Director of Maintenance on 10/16/12 between 1:40 p.m. and 1:50 p.m., the canopy at the main entrance to the facility extended more than four feet from the building and was not provided with automatic sprinklers. The main canopy was constructed of wood which extended over 16 feet, from the building. These measurements were provided by the Director of Maintenance .</p> <p>3.1-19(ff) 3.1-19(b)</p>			