

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155086	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/15/2014
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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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F000000	<p>This visit was for the Investigation of Complaint IN00155477.</p> <p>Complaint IN00155477 - Unsubstantiated due to lack of evidence.</p> <p>Unrelated deficiencies are cited.</p> <p>Survey dates: September 12 & 15, 2014</p> <p>Facility number: 000034 Provider number: 155086 AIM number: 100274880</p> <p>Survey team: Diana McDonald, RN-TC</p> <p>Census bed type: SNF/NF: 65 Total: 65</p> <p>Census payor type: Medicare: 12 Medicaid: 48 Other: 5 Total: 65</p> <p>Sample: 3</p> <p>This deficiency reflects state findings cited in accordance with 410 16.2-3.1. Quality Review completed on September</p>	F000000		
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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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F000328 SS=D	<p>23, 2014, by Brenda Meredith, R.N.</p> <p>483.25(k) TREATMENT/CARE FOR SPECIAL NEEDS The facility must ensure that residents receive proper treatment and care for the following special services: Injections; Parenteral and enteral fluids; Colostomy, ureterostomy, or ileostomy care; Tracheostomy care; Tracheal suctioning; Respiratory care; Foot care; and Prostheses.</p> <p>Based on observation and interview, the facility failed to have a system in place so that all the staff were aware of where to plug in suction equipment. This affected 1 of 1 residents, Resident C.</p> <p>Finding includes:</p> <p>Resident C's clinical record was reviewed on 09/15/2014. Resident C's diagnosis include, but were not limited to, Quadriplegia, tracheostomy. Resident C's Brief Interview for Mental Status (BIMS), dated 9/6/2014, indicated a score of 12, moderately cognitively impaired.</p> <p>During an observation on 9/15/2014 at</p>	F000328	<p>This plan of correction is to serve as Woodland Manor's credible allegation of compliance. Submission of this plan of correction does not constitute an admission by Woodland Manor or its' management company that the allegations contained in this survey report are a true and accurate portrayal of the provisions of nursing care and other services in this facility. Nor does this submission constitute agreement or admission of the survey allegations. We are respectfully requesting we be considered for a paper compliance resolution to this survey event. F328 483.25(k) TREATMENT/CARE FOR SPECIAL NEEDS It is the policy of Woodland Manor that residents receive proper treatment and</p>	10/06/2014

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	<p>10:20 a.m., the equipment was observed in Resident C's room. Equipment requiring electrical plugs include, but not limited to, an Oxygen compressor -1 plug, air bed -2 plugs, suction machine - 1 plug, and nebulizer -1 plug for a total of 5 plugs required. The room had two electrical outlets one on each side of bed, each outlet containing two plugs for a total of 4 plugs. LPN #1 was observed to unplug the head of bed controls in order to plug in the suction equipment.</p> <p>During an interview on 9/15/2014 at 10:25 a.m., Resident C indicated staff have pulled the air mattress plug instead of the head of bed control plug when being suctioned by the staff, then the air mattress deflates, and he uses his call light to alert staff.</p> <p>During an interview on 9/15/2014 at 10:30 a.m., LPN #1 indicated in order to suction Resident C the staff must unplug the head of bed controls, which raises and lowers the head of bed, and plug in the suction equipment. LPN #1 indicated that the staff have unplugged the air mattress which deflated and Resident C had to notify staff to plug in the air mattress.</p>		<p>care for the following special services: wound care, oxygen needs, suction machines, and nebulizers. I. Resident C was found to not have enough electrical outlets in the room to accommodate all of their specialized needs. II. This alleged deficiency could affect all residents who have a need for multiple electrical outlets in their room. III. An audit of all rooms was performed 9/16/14 (see attachment A) and an electrical contractor was brought in on 9/23/2014 and 10/6/2014 (see attachments B1 & B2) to add outlets to any rooms that had a need for more than four outlets. IV. Resident environmental needs are discussed monthly in our Process Improvement Meeting and followed up on by the Administrator and Maintenance Director. Trends are reviewed during quarterly Quality Assurance Meetings and any fixes are completed and recorded. In addition, resident needs are discussed each day in Morning Stand Up and new admissions are reviewed for special needs. Outlets will be added as required. Additionally each resident's individual need for equipment (i.e. electrical outlets) will be reviewed during their care plan meetings, care plan meetings are held during an initial admission period, and then at least quarterly thereafter, or more frequently as</p>				

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

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	3.1-47(a)(5)		needed. (see attachment C) V. Date of compliance 10/06/14		