

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155724	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 05/24/2016
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NAME OF PROVIDER OR SUPPLIER WOODBIDGE HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 602 WOODBRIDGE AVE LOGANSPORT, IN 46947
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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: 05/24/16</p> <p>Facility Number: 003691 Provider Number: 155724 AIM Number: 200456230</p> <p>At this Life Safety Code survey, Woodbridge Health Campus was found not 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) and 410 IAC 16.2. The original building consisting of everything except the 300 North hall was surveyed with Chapter 19, Existing Health Care Occupancies.</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 hard wired smoke detectors in resident rooms. The facility has a</p>	K 0000	This facility wishes to request desk compliance. Submission of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or correction set forth on the statement of deficiencies. This plan of correction is prepared and submitted because of requirement under state and federal law. Please accept this plan of correction as our credible allegation of compliance.	

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 0143 SS=E Bldg. 01	<p>capacity of 69 and had a census of 62 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered. All areas which provide facility services was sprinklered.</p> <p>Quality Review completed on 05/26/16 - DA</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Transferring of liquid oxygen from one container to another shall be accomplished at a location specifically designated for the transferring that is as follows:</p> <p>(a) separated from any portion of a facility wherein patients are housed, examined, or treated by a separation of a fire barrier of 1-hour fire-resistive construction; and (b) the area that is mechanically ventilated, sprinklered, and has ceramic or concrete flooring; and (c) in an area that is posted with signs indicating that transferring is occurring, and that smoking in the immediate area is not permitted in accordance with NFPA 99 and Compressed Gas Association.</p> <p>8-6.2.5.2 (NFPA 99) Based on observation and interview, the facility failed to ensure 1 of 1 oxygen storage rooms where oxygen transfer occurs had continuously working, electrically powered mechanical ventilation. This deficient practice could</p>	K 0143	1. The electrically powered mechanical ventilation cited in the survey was repaired and working properly. 2. There are no other oxygen storage rooms. 3. The oxygen room ventilation has been added to Monthly Common Area	06/23/2016			

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K 0144 SS=F Bldg. 01	<p>affect 10 residents as well as visitors and staff on 100 hall.</p> <p>Findings include:</p> <p>Based on observation on 05/24/16 at 1:40 p.m. with the Maintenance Supervisor, the oxygen storage room on 100 hall used to store and transfer oxygen was provided with electrically powered mechanical ventilation, but it was not working. Based on interview concurrent with the observation, it was acknowledged by the the Maintenance Supervisor, the oxygen room was used to transfer oxygen and the electrically powered mechanical vent was not working.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Generators inspected weekly and exercised under load for 30 minutes per month and shall be in accordance with NFPA 99 and NFPA 110. 3-4.4.1 and 8-4.2 (NFPA 99), Chapter 6 (NFPA 110)</p> <p>Based on record review and interview, the facility failed to ensure a monthly load test for 1 of 1 emergency generators was conducted using one of the three following methods: under operating temperature conditions, at not less than</p>	K 0144	<p>Inspections. 4. Director of Plant Operations will monitor and document 2x/week for 3 months then monthly thereafter. Any findings will be reported to QA Committee monthly x6 months or until 100% substantial compliance is achieved.</p> <p>1. No residents were affected by the alleged deficient practice. 2. The Director of Plant Operations was reeducated to the monthly Generator System Testing records by Home Office Support. Load has been added to ensure</p>	06/23/2016	

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	<p>30% of the Emergency Power Supply (EPS) nameplate rating, or loading which maintains the minimum exhaust gas temperatures as recommended by the manufacturer. Chapter 3-4.4.1.1 of NFPA 99 requires monthly testing of generators serving the emergency electrical system to be in accordance with NFPA 110. Chapter 6-4.2 of NFPA 110 requires generator sets in Level 1 and Level 2 service to be exercised at least once monthly, for a minimum of 30 minutes, using one of the following methods:</p> <p>a. Under operating temperature conditions or at not less than 30 percent of the EPS nameplate rating.</p> <p>b. Loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer.</p> <p>The date and time of day for required testing shall be decided by the owner, based on facility operations. This deficient practice could affect all residents as well as staff and visitors.</p> <p>Findings include:</p> <p>Based on review of Generator System Testing records and Maintenance logs on 05/24/16 at 3:34 p.m. with the Maintenance Supervisor, the amperage during load could not be verified to be at thirty percent of the EPS nameplate</p>		<p>30% of the KVA rating is met during the monthly load testing.</p> <p>3. The monthly Generator System Testing records will be utilized to ensure 30% of the KVA rating is met during the monthly generator load test. 4. Director of Plant Operations will monitor and document 2x/month x 3 months then monthly thereafter. Any findings will be reported to QA Committee monthly x 6 months or until 100% substantial compliance is achieved.</p>	

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K 0000 Bldg. 02	<p>rating for the past twelve months and no other method was used to document monthly load. Based on interview concurrent with record review with the Maintenance Supervisor, it was acknowledged the facility had been running the generator monthly under load, but could not achieve 30 percent load when calculated and no other equivalent method was used to comply with percentage of load capacity for the past twelve months.</p> <p>3.1-19(b)</p> <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: 05/24/16</p> <p>Facility Number: 003691 Provider Number: 155724 AIM Number: 200456230</p> <p>At this Life Safety Code survey, Woodbridge Health Campus was found</p>	K 0000	This facility wishes to request desk compliance. Submission of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or correction set forth on the statement of deficiencies. This plan of correction is prepared and submitted because of requirement under state and federal law. Please accept this plan of correction as our credible allegation of compliance.	

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K 0144 SS=F Bldg. 02	<p>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) and 410 IAC 16.2. The New portion of the building consists of resident room #'s 309, 310, 311, 312, 313, 314, 315, 316 on 300 North hall was surveyed with Chapter 18, New Health Care Occupancies.</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 hard wired smoke detectors in resident rooms. The facility has a capacity of 69 and had a census of 62 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered. All areas which provide facility services was sprinklered.</p> <p>Quality Review completed on 05/26/16 - DA</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Generators inspected weekly and exercised under load for 30 minutes per month and shall be in accordance with NFPA 99 and</p>			

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	<p>NFPA 110. 3-4.4.1 and 8-4.2 (NFPA 99), Chapter 6 (NFPA 110)</p> <p>Based on record review and interview, the facility failed to ensure a monthly load test for 1 of 1 emergency generators was conducted using one of the three following methods: under operating temperature conditions, at not less than 30% of the Emergency Power Supply (EPS) nameplate rating, or loading which maintains the minimum exhaust gas temperatures as recommended by the manufacturer. Chapter 3-4.4.1.1 of NFPA 99 requires monthly testing of generators serving the emergency electrical system to be in accordance with NFPA 110. Chapter 6-4.2 of NFPA 110 requires generator sets in Level 1 and Level 2 service to be exercised at least once monthly, for a minimum of 30 minutes, using one of the following methods:</p> <p>a. Under operating temperature conditions or at not less than 30 percent of the EPS nameplate rating.</p> <p>b. Loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer.</p> <p>The date and time of day for required testing shall be decided by the owner, based on facility operations. This deficient practice could affect all residents as well as staff and visitors.</p>	K 0144	<p>1. No residents were affected by the alleged deficient practice. 2. The Director of Plant Operations was reeducated to the monthly Generator System Testing records by Home Office Support. Load has been added to ensure 30% of the KVA rating is met during the monthly load testing. 3. The monthly Generator System Testing records will be utilized to ensure 30% of the KVA rating is met during the monthly generator load test. 4. Director of Plant Operations will monitor and document 2x/month x 3 months then monthly thereafter. Any findings will be reported to QA Committee monthly x 6 months or until 100% substantial compliance is achieved.</p>	06/23/2016

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	<p>Findings include:</p> <p>Based on review of Generator System Testing records and Maintenance logs on 05/24/16 at 3:34 p.m. with the Maintenance Supervisor, the amperage during load could not be verified to be at thirty percent of the EPS nameplate rating for the past twelve months and no other method was used to document monthly load. Based on interview concurrent with record review with the Maintenance Supervisor, it was acknowledged the facility had been running the generator monthly under load, but could not achieve 30 percent load when calculated and no other equivalent method was used to comply with percentage of load capacity for the past twelve months.</p> <p>3.1-19(b)</p>				