

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155229	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  12/12/2013
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NAME OF PROVIDER OR SUPPLIER  WOODLANDS THE	STREET ADDRESS, CITY, STATE, ZIP CODE 3820 W JACKSON ST MUNCIE, IN 47304
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K010000	<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: 12/12/13</p> <p>Facility Number: 000134 Provider Number: 155229 AIM Number: 100275430</p> <p>Surveyor: Phillip Komsiski, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, The Woodlands 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 III (200) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and in spaces open to the corridors with battery powered smoke detectors in all resident sleeping rooms.</p>	K010000	Please accept The Woodlands Plan of correction dated 12/30/13 in response to our Life Safety Survey conducted on 12/12/13. The following Plan of Correction is further intended to serve as our written credible allegation of compliance. We respectfully request paper compliance and can provide greater information	

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>The facility has a capacity of 99 and had a census of 72 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. The facility has one shed and two barns providing storage which were not sprinklered.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 12/19/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>				

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K010018 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities. Based on observation and interview, the facility failed to ensure 1 of 1 sets of double leaf corridor doors could latch independently into the door frame. This deficient practice could affect 8 residents observed in the Main dining room as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observation on 12/12/13 at 12:00 p.m. with the Maintenance Director, the single set of double leaf corridor doors which lead into the Main dining room required one door to be latched manually into the door frame before the second door would latch into the first door and secure them both tightly into the door frame. Based on interview</p>	K010018	Latches for doors will be installed leading into the dining room and serving doors into kitchen by 1/10/14. All residents have the potential to be impacted by this negative practice. Director of Maintenance in serviced by Executive Director on 12/30/13 on the regulation that these doors latch independently into their door frame. All staff will be in-serviced on proper independently latching of these doors by 1/10/14. The Maintenance Director or designee will audit latches for proper latching weekly for 12 weeks, then monthly for 2 months then quarterly. Completion date: 1/10/14	01/10/2014			

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	<p>on 12/12/13 concurrent with the observation, it was acknowledged by the Maintenance Director, the aforementioned set of corridor doors would not latch independently into their door frame.</p> <p>3.1-19(b)</p>			

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K010052 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4</p> <p>Based on observation and interview, the facility failed to ensure 1 of 12 manual fire alarm boxes were unobstructed and readily accessible. NFPA 72, National Fire Alarm Code, 2-8.2.1 states manual fire alarm boxes shall be distributed throughout the protected area so they are unobstructed, readily accessible, and located in the path of exit from the area. This deficient practice could affect 7 residents observed in the lounge area as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observation on 12/12/13 at 12:15 p.m. with the Maintenance Director, the manual fire alarm box provided for the Front entrance was located in the exit foyer of the Front entrance which was only accessible by the use of a keypad override code which would disengage the magnetically locked doors thus delaying alarm notification to facility occupants. Based on interview on 12/12/13 at 12:20 p.m. with the Maintenance Supervisor, it was</p>	K010052	<p>Identified pull station was moved by Safe Care on 12/16/13 to internal location that is unobstructed and readily accessible. All residents have the potential to be impacted by this negative practice. Director of Maintenance in-serviced by Executive Director on 12/30/13 on the regulation of pull stations being placed internally in the building, unobstructed and accessible. All staff to be in-serviced by 1/10/14 regarding the proper placement and accessibility of pull stations. Maintenance Director/designee will monitor the Pull station that was relocated weekly for 1 weeks, then monthly for 5 months. Completion date: 1/10/14</p>	01/10/2014			

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	<p>acknowledged the manual fire alarm box was not accessible once inside the facility unless the keypad override code was used to first disengage the magnetically locked doors.</p> <p>3.1-19(b)</p>			

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K010056 SS=F	<p>NFPA 101 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 ensure 2 of 18 steel armover sprinkler pipes observed in the facility were installed in accordance with the requirements of NFPA 13, Standard for the Installation of Sprinkler Systems. NFPA 13, 1999 edition, Section 6-2.3.4 states the cumulative horizontal length of an unsupported armover to a sprinkler, sprinkler drop, or sprig-up shall not exceed 24 inches for steel pipe or 12 inches for copper tube. This deficient practice could affect all residents in the building if the sprinkler system required repair as well as staff or visitors.</p> <p>Findings include:</p> <p>Based on observations on 12/12/13 during the tour between 12:36 p.m. and 2:15</p>	K010056	<p>Sprinkler pipe supports will be added to 2 of 18 steel armover sprinkler pipes identified as deficient by 1/11/14. All residents have the potential to be impacted by this negative practice. Maintenance Director in-serviced by the Executive Director on 12/30/13 on the proper location of steel armover sprinkle pipe supports. All staff to be in-serviced by 1/10/14 on the proper location of these supports and the importance of communicating regarding the proper reporting of any issues with sprinkler supports. Maintenance Director completed facility wide audit of all sprinkler armover sprinkler pipe supports. Maintenance Director/designees will conduct random sprinkler arm audits weekly for 4 weeks then monthly for 5 months. Completion date:</p>	01/10/2014

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	<p>p.m. with the Maintenance Supervisor, the following areas were observed with unsupported steel sprinkler armover's over twenty four inches in length:</p> <p>a. The east wall of resident room # 53 on East hall had a steel armover which measured thirty inches.</p> <p>b. The east wall of resident room # 13 on East hall had a steel armover which measured thirty inches.</p> <p>Based on interview on 12/12/13 concurrent with the observations with the Maintenance Supervisor, it was acknowledged the aforementioned steel sprinkler pipe armovers exceeded twenty four inches in length and were unsupported.</p> <p>3.1-19(b)</p>		1/10/14		

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K010062 SS=E	<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 1 of 17 sprinkler heads observed on Ivy court were clean and not loaded. NFPA 25, 1998 edition, 2-2.1.1 requires any sprinkler shall be replaced which is painted, corroded, damaged, loaded, or in the improper orientation. This deficient practice could affect the 20 residents on Ivy court as well as staff and visitors.</p> <p>Findings include:</p> <p>Based on observation on 12/12/13 at 2:30 p.m. with the Maintenance Director, the sprinkler head located next to the smoke wall on Ivy court was loaded with drywall spackle. Based on interview on 12/12/13 at 2:31 p.m. with the Maintenance Supervisor, it was confirmed the sprinkler heads located next to the smoke wall on Ivy court was loaded with drywall spackle.</p> <p>3.1-19(b)</p>	K010062	<p>Sprinkle head identified as deficient will be replaced.All Residents on Ivy Court have the potential to be impacted by this negative practice.Maintenance Director in-serviced by the Executive Director on 12/30/13 on the requirement to maintain sprinklers heads in accordance with NFPA 101. All staff to be in-serviced by 1/10/14 on the importance of cleanliness of the sprinkler heads and to report any issues to the Director of Maintenance.The Director of Maintenance will randomly audit sprinkler heads weekly for 4 weeks, the monthly for 5 months. Full house audit of sprinkler heads has been completed.Completion date: 1/10/14</p>	01/10/2014			

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K010067 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2</p> <p>Based on observations and interview, the facility failed to ensure 4 of 16 nonresident rooms were not using the corridor as a portion of a return air system/plenum for the heating, ventilating, or air conditioning (HVAC) ductwork serving adjoining areas. NFPA 90A, the Standard for the Installation of Air Conditioning and Ventilation Systems at 2-3.11.1 requires egress corridors shall not be used as a portion of a supply, return, or exhaust air system serving adjoining areas. This deficient practice could affect 20 residents on Southern Pines hall and 10 residents adjacent to the Administrative hall as well as visitors and staff in the facility.</p> <p>Findings include:</p> <p>Based on observation on 12/12/13 during a tour of the facility between 12:33 p.m. and 2:15 p.m. with the Maintenance Director, the following staff offices and use areas located on Southern Pines and the Administrative hall had supply ventilation in each room, but were using the egress corridors as a return air system.</p>	K010067	Deficient air return air system to be repaired. All residents have the potential to be impacted by this negative practice. Maintenance Director in-serviced by Executive Director on 12/30/13 on ensuring proper return air system in accordance with NFPA 90. All staff in-serviced on the regulation by 1/10/14. Maintenance Director/designee will randomly audit to ensure air return function correctly weekly for 4 weeks and monthly for 5 months. Completion date 1/10/14.	01/10/2014			

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	<p>a. Linen Closet on Southern Pines b. Housekeeping storage on Southern Pines c. Medical records on Southern Pines d. Business office on Administrative hall</p> <p>Based on interview on 12/12/13 concurrent with the observations with the Maintenance Supervisor, it was confirmed the return air was exhausted in the corridor for the aforementioned staff office and use rooms.</p> <p>3.1-19(b)</p>			