

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155283	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	X3) DATE SURVEY COMPLETED 08/24/2016
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NAME OF PROVIDER OR SUPPLIER WINTERSONG VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 1005 S EDGEWOOD DR KNOX, IN 46534
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K 0000 Bldg. 01	<p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 07/14/16 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 08/24/16</p> <p>Facility Number: 000181 Provider Number: 155283 AIM Number: 100266860</p> <p>At this Life Safety Code survey, Wintersong Village was found in substantial 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 (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 battery powered smoke detectors in</p>	K 0000		
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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 0025 SS=C Bldg. 01	<p>all resident rooms. The facility has a capacity of 48 and had a census of 29 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. All areas providing facility services.</p> <p>Quality Review completed on 08/24/16 - DA</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers shall be constructed to provide at least a one half hour fire resistance rating and constructed in accordance with 8.3. Smoke barriers shall be permitted to terminate at an atrium wall. Windows shall be protected by fire-rated glazing or by wired glass panels and steel frames. 8.3, 19.3.7.3, 19.3.7.5</p> <p>Based on observation, record review, and interview, the facility failed to ensure the penetrations caused by the passage of wire and/or conduit through 3 of 3 smoke barrier walls were protected to maintain the smoke resistance of each smoke barrier. LSC Section 19.3.7.3 requires smoke barriers to be constructed in accordance with LSC Section 8-3. LSC Section 8.3.6.1 requires the passage of building service materials such as pipe, cable or wire to be protected so the space between the penetrating item and the smoke barrier shall be filled with a</p>	K 0025	<p>K025 Corrective action for residents affected: No residents were affected by this alleged negative practice, the incorrect caulking was removed and the penetrations through 3 of 3 smoke barrier walls were sealed with commercial fire rated caulk.</p> <p>Other residents' affected and corrective action: No residents were affected by this alleged negative practice, the incorrect caulking was removed and the penetration through 3 of 3 smoke barrier walls were sealed with</p>	09/23/2016

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	<p>material capable of maintaining the smoke resistance of the smoke barrier or be protected by an approved device designed for the specific purpose. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on observations with the Maintenance Director on 08/24/16 between 9:14 a.m. and 11:20 a.m., the following attic smoke barrier sealed penetrations were discovered:</p> <ul style="list-style-type: none"> a. one sixteenth of an inch around two cables in smoke barrier #1 b. three eighths of an inch around a cable in smoke barrier #2 c. three eighths of an inch around a cable in smoke barrier #3 <p>Based on record review, the fire caulk that was used to seal up the smoke barriers was listed for residential and light commercial (ASTM E84). Based on interview at the time of observation, the Maintenance Director acknowledged the aforementioned condition.</p> <p>3.1-19(b)</p> <p>This deficiency was cited on 07/14/16. The facility failed to implement a systemic plan of correction to prevent recurrence.</p>		<p>commercial fire ratedcaulk.</p> <p>Measures to ensure practice does not recur: The Maintenance Director was reeducated ofthe requirements of using commercial fire rated caulk to seal penetrations. Allother areas of the facility were inspected with no areas of concern noted.</p> <p>Corrective action will be monitored by: Maintenance Director or designee will monitorby conducting facility rounds and observing wall penetrations during monthlypreventative maintenance rounds, any negative findings will be reported to theAdministrator and will be corrected immediately. Monthly preventative maintenance monitoringwill be reviewed during the facilities Quality Assurance meeting as a means ofcontinued compliance.</p>		

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

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FORM APPROVED

OMB NO. 0938-0391

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