

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155261	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  05/09/2012
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NAME OF PROVIDER OR SUPPLIER  WILLIAMSBURG HEALTH CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 1609 LAFAYETTE RD CRAWFORDSVILLE, IN 47933
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K0000	<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: 05/09/12</p> <p>Facility Number: 000162 Provider Number: 155261 AIM Number: 100284300</p> <p>Surveyor: Bridget Brown, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Williamsburg Health Care 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 II (111) construction and was fully</p>	K0000	Submission of this plan of correction shall not constitute or be construed as an admission by Williamsburg Health Care that the allegations contained in this survey report are accurate or reflect accurately the provision of service to the residents of Williamsburg Health Care.	

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>sprinklered. The facility has a fire alarm system with smoke detection in the corridors and spaces open to the corridors. The facility has a capacity for 116 and had a census of 72 at the time of this survey.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 05/11/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by:</p>				

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K0147 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p> <p>Based on observation and interview, the facility failed to ensure 3 of 3 flexible cords were not used as a substitute for fixed wiring. NFPA 70 National Electrical Code, 1999 Edition, Article 400-8 requires, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice could affect staff, visitors, and 28 residents in the Desk 2 smoke compartment.</p> <p>Findings include:</p> <p>Based on observation with the administrator and human resources manager on 05/09/12 at 1:20 p.m., two power strip extension cords were used to supply power for charging ventilators stored in the respiratory vent storage room. The two power strips were piggy backed to one another and then plugged into an extension cord which ran under the door to plug</p>	K0147	<p><b>K147</b> I. No residents were affected by the deficient practice. II. Additional electrical outlets were installed in the respiratory vent storage room on 5/10/12. Evidence of the new electrical outlets and removal of the power strips and extension cord is provided in Attachment A, Attachment B, and Attachment C. III. In an effort to ensure that the deficient practice does not recur, staff were in-serviced about proper use for power strips. That in-servicing was completed on 5/14/12. Evidence of the in-servicing is provided in Attachment D. The administrator or designee will monitor medical equipment storage rooms and resident rooms for the improper use of power strips monthly. The evidence of the initial monitoring/audit is provided in Attachment E. The results of the monitoring will be reported in the next two quality assurance committee meetings. IV. Due to the evidence provided, Williamsburg Health Care is requesting paper compliance on tag K147.</p>	05/14/2012			

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	<p>into an outlet in an adjoining room. The administrator acknowledged at the time of observation, there were not enough electrical outlets for charging the medical equipment.</p> <p>3.1-19(b)</p>			