

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 06/04/2014
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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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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: 06/04/14</p> <p>Facility Number: 003691 Provider Number: 155724 AIM Number: 200456230</p> <p>Surveyor: Phillip Komsiski, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Woodbridge Health Campus 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) 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, in spaces open to the corridors</p>	K010000	The 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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K010067 SS=E	<p>and hard wired smoke detectors in resident rooms. The facility has a capacity of 69 and had a census of 61 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 by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 06/12/14.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <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 observation and interview, the facility failed to ensure 1 of 1 ventless gas fireplaces was connected to a chimney or vent and installed in accordance with Exception No. 2 to LSC Section 19.5.2.2. Exception No. 2 states</p>	K010067	<p>1. The gas supply to the fireplace was turned off therefore the fireplace is not able to be ignited.</p> <p>2. No other resident's have the potential to be affected by the fireplace not connected to a chimney or vent due to the gas supply turned off. 3. The gas</p>	07/04/2014			

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	<p>the fireplace shall be equipped with a fireplace enclosure guaranteed against breakage up to a temperature of 650 degrees Fahrenheit and constructed of heat tempered glass or other approved material. In addition, LSC 9.2.2 states ventilating or heat producing equipment shall be in accordance with NFPA 54, National Fuel Gas Code, 1999 Edition. NFPA 54 defines a decorative appliance for installation in a vented fireplace as a self contained, freestanding, fuel gas burning appliance designed for installation only in a vented fireplace and whose primary function lies in the aesthetic effect of the flame. Section 6.6.2 states a decorative appliance for installation in a vented fireplace shall be installed only in a vented fireplace having a working chimney flue and constructed of noncombustible materials. This deficient practice could affect two residents in the assisted living lobby and 12 residents in the adjacent memory care unit as well as staff and visitors.</p> <p>Findings include:</p> <p>Based on observation on 06/04/14 at 2:30 p.m. with the Maintenance Supervisor, the entrance lobby in the assisted living area has a self contained, built in natural gas fired fireplace which was not connected to a chimney or vent. The</p>		<p>supply will be capped off permanently. 4. The Director of Plant Operations will observe the gas supply to be capped off permanently and report any concerns to QAA committee.</p>	

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K010147 SS=E	<p>front opening of the fireplace was covered with a mesh screen. Two residents were observed sitting in the assisted living lobby area by the fireplace. Based on interview on 06/04/14 concurrent with the observation, the Maintenance Supervisor acknowledged the the natural gas fireplace in the assisted living lobby area was not connected to a chimney or vent.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 Based on observation and interview, the facility failed to ensure 2 of 2 surge protectors observed in resident rooms, including extension cords, non-fused extension cords or multiplug adapters were not used as a substitute for fixed wiring. NFPA 70, National Electrical Code, 1999 Edition. NFPA 70, 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 2 residents in room 107 and 2 residents in room 114 as well</p>	K010147	<p>1. The nebulizer machine cited in the survey was removed from the surge protector and directly plugged into a wall outlet. The bed and chair cited in the survey was removed from the surge protector and directly plugged into a wall outlet.2. Each resident room was observed for surge protector usage with no concerns noted.3. All environmental services staff and nursing staff were inserviced to the proper usage of surge protectors and to monitor through daily resident room tasks. The Director of Environmental Services or designee will monitor each hall</p>	07/04/2014

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K020000	<p>as visitors and staff.</p> <p>Findings include:</p> <p>Based on observations on 06/04/14 at 1:11 p.m. and 1:16 p.m., a surge protector was used to provide power to medical equipment such as a nebulizer in resident room 107 and a surge protector was used to power a bed and a chair for the resident in room 114, instead of directly plugging the medical equipment into a wall outlet. Based on interview on 06/04/14 concurrent with the observations it was acknowledged by the Maintenance Supervisor, a surge protector was used for the aforementioned medical devices.</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: 06/04/14</p> <p>Facility Number: 003691 Provider Number: 155724</p>	K020000	<p>weekly and document any concerns.4. The Director of Environmental Services will report any concerns to the QAA committee monthly x 6 months or until 100% compliant.</p> <p>The 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</p>	

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	<p>AIM Number: 200456230</p> <p>Surveyor: Phillip Komsiski, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Woodbridge Health Campus 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) and 410 IAC 16.2. Resident rooms 309, 310, 311, 312, 313, 314, 315, 316 on 300 North hall were 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, in 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 61 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>		federal law. Please accept this plan of correction as our credible allegation of compliance.				

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

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