

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155283	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 01/31/2012
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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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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: 01/31/12</p> <p>Facility Number: 000181 Provider Number: 155283 AIM Number: 100266860</p> <p>Surveyor: Richard D. Schade, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Wintersong Village 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>	K0000	<p>Submission of this plan of correction does not constitute admission or agreement by the provider of the facts alleged or corrections set forth on the statement of deficiencies.</p> <p>This plan of correction is prepared and submitted because of requirements under state and federal law.</p> <p>Please accept this plan of correction as our credible allegation of compliance.</p>	
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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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	<p>This one story facility was determined to be of Type V (000) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and areas open to the corridors. Smoke detection was not provided in any of the resident rooms. The facility has a capacity of 48 and had a census of 28 at the time of this survey.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>				

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K0046 SS=F	<p>Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9.19.2.9.1.</p> <p>Based on record review and interview, the facility failed to ensure emergency task lighting in and around 1 of 1 generator sets was in accordance with NFPA 101, 2000 Edition, Life Safety Code. LSC Section 7.9.3 requires an annual functional test to be conducted on emergency battery lighting systems for not less than 90 minutes. NFPA 110, Section 5-3.1 requires EPS (Emergency Power Supply) equipment locations shall be provided with battery powered emergency lighting. This deficient practice could affect all residents, staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on record review with the maintenance supervisor on 01/31/12 at 2:35 p.m., the maintenance supervisor acknowledged he had no record of the battery powered lighting at the</p>	K0046	<p>K046 What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: No residents were affected by the deficient practice; a 90 minute battery back up light has been ordered and will be installed by the generator. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken; All residents have the potential to be affected should the generator stop working, however none have been affected as we have had no generator issues. We will be installing a battery back up light at the generator; What measures will be put into place or what systematic changes will be made to ensure that the deficient practice does not occur: Maintenance Director will test the battery powered lighting at the generator on an annual basis and document any concern. How the corrective action will be monitored to ensure the deficient practice will no recur: All concerns will be addressed at QAA following the annual battery powered lighting test. 02/24/2012</p>	02/24/2012	

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	generator being tested for 90 minutes annually. The maintenance supervisor stated at the time of record review, he was not aware of the requirement because he was new. 3.1-19(b)			
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K0050 SS=F	<p>Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2</p> <p>Based on record review and interview, the facility failed to ensure fire drills were conducted quarterly on each shift for 1 of the last 4 quarters. This deficient practice could effect all residents, staff and visitors in the event of an emergency.</p> <p>Findings include:</p> <p>Based on review of the facility's Fire Drill records and interview on 01/31/12 at 2:25 p.m. with the maintenance supervisor, there was no record of a second shift fire drill for the second quarter of 2011. The maintenance supervisor acknowledged the fire drill was not conducted during the second quarter of 2011 due to the lack of a</p>	K0050	<p>K050</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>Exhibit A: Fire Drill Schedule annually has been established and placed in Disaster Manual as well as Maintenance Director Manual for compliance of all fire drills.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken;</p> <p>All residents have the potential to be affected, however no resident was affected by the deficient practice and Exhibit A had been implemented to prevent drills being missed.</p> <p>What measures will be put into place or what systematic changes will be made to ensure that the deficient practice does not occur:</p> <p>Administrator will co sign all fire drills conducted by Maintenance; Director of Nursing will co sign all fire drills conducted by Administrator to ensure compliance.</p> <p>How the corrective action will be monitored to ensure the deficient</p>	02/24/2012	

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	<p>maintenance supervisor at the time.</p> <p>3.1-9(b)</p> <p>3.1-51(c)</p>		<p>practice will no recur:</p> <p>Maintenance Director will bring all fire drills to QAA meetings for 12 months to ensure compliance.</p> <p>02/24/2012</p>	
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