

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155778	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 06/12/2012
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NAME OF PROVIDER OR SUPPLIER WOODLAND MANOR NURSING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1212 E MAIN ATTICA, IN 47918
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K0000	<p>A Life Safety Code (LSC) Preoccupancy Survey for Zones A, B, C & D following a fire on 06/09/12 and a Post Survey Revisit (PSR) to the LSC Recertification and State Licensure Survey conducted on 04/30/12 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 06/12/12</p> <p>Facility Number: 000323 Provider Number: 155778 AIM Number: 100288440</p> <p>Surveyor: Bridget Brown, Life Safety Code Specialist</p> <p>At this Preoccupancy and PSR survey, Woodland Manor Nursing Center 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</p>	K0000		
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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>Health Care Occupancies and 410 IAC 16.2.</p> <p>This one story facility was determined to be of Type III (211) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and resident rooms. The facility has a the capacity for 52 and had a census of 0 at the time of this survey.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 06/18/12.</p> <p>The facility was found in substantial compliance with the aforementioned regulatory requirements as evidenced by the following:</p>				

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K0051 SS=C	<p>NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, National Fire Alarm Code, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection or extinguishing system operation. Pull stations in patient sleeping areas may be omitted provided that manual pull stations are within 200 feet of nurse's stations. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72 and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 19.3.4, 9.6</p> <p>Based on record review and interview, the facility failed to ensure documentation for the testing of 1 of 1 fire alarm systems components and devices such as smoke detectors, heat sensors and fire alarm pull stations was complete. NFPA 72, 7-3.2 requires fire alarm system devices such as smoke detectors, heat sensors, fire alarm pull stations, and fire alarm control equipment be tested annually. The inspection should include locations and serial numbers, the test or inspection done and</p>	K0051	<p>Corrective Action Complete report was received on 6/12/12 , report includes location of pull stations. Other deficient practice identified The maintenance director and HFA shall examine all inspection documentation to ensure specification of location of devices inspected. Systemic Change The maintenance director shall conduct monthly checks of inspection reports to ensure completion of location of all devices inspected. Monitoring The maintenance director shall report to the HFA and quality assurance committee of monthly checks. QA committee shall review and provide suggestions if necessary.</p>	06/12/2012			

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	<p>whether each device passed or failed. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on review of the facility's fire alarm system Inspection and Testing Form dated 06/11/12 with the maintenance director and administrator on 06/12/12 at 4:15 p.m., the itemized list of the fire alarm system components and devices listed only smoke detectors. Horn/strobe devices, door holder devices, and manual pull stations, with the locations and results of the visual and functional tests were not included in the report provided. At the time of record review, the maintenance director said these devices were all included in the testing done and a call to the contractor confirmed testing had been done, but the detailed listing had not been provided.</p> <p>3-1.19(b)</p>						