

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 10/05/2012
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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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K0000	<p>A Quality Assurance Walk-thru Survey was conducted by the Indiana State Department of Health.</p> <p>Survey Date: 10/05/12</p> <p>Facility Number: 003691 Provider Number: 155724 AIM Number: 200456230</p> <p>Surveyor: W. Chris Greeney , Life Safety Code Specialist,</p> <p>At this Quality Assurance Walk-thru survey, Woodbridge Health Campus was found not in compliance with 410 IAC 16.2-3.1-19(ff).</p> <p>This one story facility was determined to be of Type V (111) construction and was fully sprinklered except for 3 shower stalls and 2 attached canopies. The building is attached to an assisted living facility and residents have customary access to the assisted living building to participate in activities and use the beauty salon, therefore common areas in the assisted living were surveyed with the facility as one building. The facility has a monitored fire alarm system with hard wired smoke detection in resident sleeping rooms, corridors and spaces open</p>	K0000		

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>to the corridors. The facility has a capacity of 69 and had a census of 57 at the time of this survey.</p> <p>The facility was not in compliance with state law in regard to sprinkler coverage, but it was in compliance with state law in regard to smoke detector coverage.</p> <p>All areas where the residents had customary access were sprinklered except for 3 of 3 shower stalls in the spa unit located in the 200 wing and 2 of 3 canopies exceeding four feet in width attached to the building. All areas providing facility services were sprinklered.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 10/05/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K9999	<p>State Findings</p> <p>3.1-19 ENVIRONMENT AND PHYSICAL STANDARDS</p> <p>3.1-19(ff) A health facility licensed under 16-28 and this rule must do the following:</p> <p>(1) Have an automatic sprinkler system installed throughout the facility before July 1, 2012.</p> <p>(2) If an automatic sprinkler system is not installed throughout the health care facility before July 1, 2010, submit before July 1, 2010 a plan to the department for completing the installation of the automatic sprinkler system before July 1, 2012.</p> <p>(3) Have a battery operated or hard-wired smoke detector in each resident's room before July 1, 2012.</p> <p>This State Rule has not been met as evidenced by:</p> <p>Based on observation and interview, the facility failed to ensure 2 of 3 attached canopies extending over four feet were sprinklered and 3 of 3 shower stalls located in the 200 unit were provided sprinkler coverage. This deficient practice could affect 57 residents in the facility as well as staff and visitors.</p>	K9999	<p>Submission of this plan of correction does not constitute an admission by Woodbridge Health Campus of any wrong-doing or failure to comply with the Federal or State Regulations. Woodbridge Health Campus submits this plan of correction as its letter of credible allegation. Respectfully requesting a desk review for this POC</p> <p>Corrective Actions accomplished for those residents found to have been affected by the alleged deficient practice: No residents have been affected by the sprinkler system not in place in 2 of 3 canopies on the outside and 3 of 3 shower stalls in the spa.</p> <p>Identification of other residents having the potential to be affected by the same alleged deficient practice and corrective actions taken: All residents have the potential to be affected by the alleged allegation of lack of sprinklers in 2 of 3 canopies outside and 3 of 3 shower stalls in spa. Sprinkler system for the above mentioned areas will be installed</p> <p>Measures put into place and systemic changes made to ensure the alleged deficient practice does not recur: There are no other canopies to be sprinkled Maintenance Director will oversee the installation of sprinklers in 2 of 3 canopies</p>	11/04/2012			

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	<p>Findings include:</p> <p>a. During a facility tour with the Environmental Services Director (ESD) and Maintenance Assistant (M.A.) from 11:40 a.m. to 12:35 p.m. on 10/05/12, a canopy extending from an entrance/exit door from the health center living room to a sidewalk patio area outside was not sprinklered. The maintenance assistant measured at the time of the tour and indicated during interview the canopy extended nine feet. The canopy facade material appeared to be vinyl but it could not be determined if the canopy was noncombustible. Additionally, a large canopy extended over a portion of the courtyard in the center of the complex and was attached to the building where a corridor extended between the health center and the assisted living portion. The corridor was used by health center residents to access the beauty salon and the activities area. The canopy facade also appeared to be vinyl. Interview with the maintenance assistant and ESD at the time of observation indicated it could not be determined if the canopy's construction material was noncombustible.</p> <p>b. During a facility tour with the Environmental Services Director (ESD) and Maintenance Assistant (M.A.) from 11:40 a.m. to 12:35 p.m. on 10/05/12, a room labeled the "spa" on the 200 wing</p>		<p>outside and 3 sprinklers in shower stalls in spa area by contracted fire company. How the corrective measures will be monitored to ensure the alleged deficient practice does not recur: Once the sprinklers are installed, scheduled checks will be completed quarterly. Executive Director will monitor compliance and will be reviewed in QA quarterly for 2 quarters.</p>	

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	<p>had three rectangular shower stalls. Each stall was designed with an opening which faced a common area, and then proceeded at a 90 degree angle either left or right forming a rectangular room behind a privacy wall. While the sprinkler in the common area could reach each opening, the privacy walls, which extended from floor to ceiling prevented the single sprinkler in the common area from reaching large areas of each stall. Interview with the M.A. at the time of observation indicated he was not aware of why those areas were not sprinklered.</p> <p>3.1-19(ff)</p>			