

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155153	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 09/10/2012
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NAME OF PROVIDER OR SUPPLIER HEALTHWIN	STREET ADDRESS, CITY, STATE, ZIP CODE 20531 DARDEN RD SOUTH BEND, IN 46637
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K0000	<p>A Quality Assurance Walk-thru Survey was conducted by the Indiana State Department of Health.</p> <p>Facility Number: 000073 Provider Number: 155153 AIM Number: 100288820</p> <p>Surveyor: W. Chris Greeney , Life Safety Code Specialist,</p> <p>At this Quality Assurance Walk-thru survey, Healthwin was found not in compliance with 410 IAC 16.2-3.1-19(ff).</p> <p>This two story facility with a basement was determined to be of Type II (222) construction and is sprinklered except for rooms noted in this report. The facility has a fire alarm system with smoke detection in the corridors and all areas open to the corridor. Battery operated smoke detectors are installed in all of the resident rooms. The facility has a capacity of 143 and had a census of 124 at the time of this visit.</p> <p>The facility was found not in compliance with state law in regard to sprinkler coverage but was in compliance with regard to smoke detector coverage.</p>	K0000	<p>This plan of correction also represents the facility's allegations of compliance. The following combined plan of correction and allegations of compliance is submitted solely because it is required by law and is not an admission to any of the alleged deficiencies or violations. Furthermore, none of the actions taken in this plan of correction are an admission that additional steps should have or could have been taken by the facility to prevent the alleged deficiency. These steps are only included because a plan of correction is required by law. The facility was in compliance with all licensure and certification requirements at the time of the survey and disputes that any alleged deficiency or violation existed.</p>	

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>All areas where the residents have customary access were sprinklered except for 1 of 188 resident rooms and resident closets found in 5 of 118 resident rooms.</p> <p>All areas providing facility services were sprinklered except for 1 detached maintenance storage garage.</p> <p>Quality Review by Robert Booher, REHS, Life Safety Code Specialist-Medical Surveyor on 09/17/12.</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 all areas providing services to the facility were sprinklered.</p> <p>This deficient practice could affect 11 of 124 residents in the facility who reside in the rooms.</p> <p>Findings include:</p>	K9999	<p>A lower ceiling was installed with a proper functioning sprinkler head in Room 143 on the first floor on 9/14/2012. The separations in the closets from the ceiling were removed in the following closets Room 144- Bed 2; Room 156- Bed 2; Room 234- Bed 1; Room 256- Bed 2; and Room 258- Bed 2 on 9/14/2012 to allow for the entire closets and all different compartments to be sprinkled by the installed sprinkler head. Even with the separate door openings, the installed sprinkler head will cover the entire closets for Room 144 Bed 1 and Bed 2; Room 156 Bed 1 and 2; Room 234 Bed 1 and 2; Room 256 Bed 1 and 2; and Room 258 Bed 1 and 2. An audit was conducted on 9/14/2012 of the entire facility including all resident rooms and closets with the Sprinkler System Installer, the Environmental Services Director, and the Administrator to ensure that all areas were installed and functioning correctly. The Director of Environmental Services is responsible for the routine audits and preventative maintenance of the sprinkling system and reporting monthly to the Safety Committee. Ryan Fire Protection has been contracted to provide Annual, Semi-annual, and Quarterly inspections of the Healthwin Sprinkling system to ensure the proper functioning and</p>	09/14/2012	

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	<p>a. Based on observation with the Administrator and Director of Environmental Services during a facility tour from 1:40 p.m. to 4:40 p.m. on 09/10/12, room 143 on the first floor was found to have no sprinkler head on the pipe that extended to the middle of the room and was capped. Interview with the Environmental Services Director at the time of the observation indicated the room was yet to be finished with a lower ceiling, and it was intended to install the sprinkler head when the ceiling was finished. At the time of the survey, one resident occupied the room.</p> <p>b. Based on observation with the Administrator and Director of Environmental Services during a facility tour from 1:40 p.m. to 4:40 p.m. on 09/10/12, the following rooms, which were two resident rooms, had closets which were separated from the ceiling to the floor into two different compartments with separate doors for each compartment. In each case only one of the two separate closets was sprinklered. The closets were labeled bed 1 and bed 2. Those closets that were not sprinklered include: Room 144 closet for bed 2, Room 156 closet for bed 2, Room 234 closet for bed 1, Room 256 closet for bed 2, and Room 258 closet for bed 2. Interview with the Environmental Services Director and the Administrator at</p>		<p>maintenance of the sprinkling system and compliance with State and Federal regulations. The preventative maintenance reports and sprinkler inspection reports will be reviewed in the Quality Assurance Committee that meets quarterly. These systemic changes were completed by 9/14/2012.</p>				

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	<p>the time of the observation indicated they were unaware of the lack of sprinklers in the closets and did not know the reason why the recently installed sprinkler system was not extended to those closets.</p> <p>3.1-19(ff)</p>			