

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  06/23/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  WINTERSONG VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 1005 S EDGEWOOD DR KNOX, IN 46534
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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: 06/23/14</p> <p>Facility Number: 000181 Provider Number: 155283 AIM Number: 100266860</p> <p>Surveyor: Bridget Brown, 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> <p>This one story facility was determined to be of Type V (111) construction was fully sprinklered. The facility has a fire alarm system with hardwired smoke detection in the corridors and in areas open to the corridor. Resident rooms are equipped with battery powered smoke</p>	K010000		

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.

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  06/23/2014	
NAME OF PROVIDER OR SUPPLIER  WINTERSONG VILLAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 1005 S EDGEWOOD DR KNOX, IN 46534			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE			
K010025 SS=E	<p>detectors. The facility has a capacity of 48 and had a census of 44 at the time of this survey.</p> <p>All areas where residents have customary access and all facility service areas were sprinklered.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 06/30/14.</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 Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4</p> <p>Based on observation and interview, the facility failed to ensure smoke barrier wall penetrations in 1 of 4 sprinklered smoke compartments were sealed in a</p>	K010025	K025 1. Corrective action for residents affected: No residents were affected by this alleged negative practice, the penetration through	07/22/2014			

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  06/23/2014	
NAME OF PROVIDER OR SUPPLIER  WINTERSONG VILLAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 1005 S EDGEWOOD DR KNOX, IN 46534			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE			
	<p>manner which maintains the one half hour fire resistance rating. LSC Section 8.3.6.1 requires the passage of building service materials such as pipe, cable or wire to be protected so the space between the penetrating item and the smoke barrier shall be filled with a material capable of maintaining the smoke resistance of the smoke barrier or be protected by an approved device designed for the specific purpose. LSC Section 8.3.2 requires smoke barriers to be continuous from floor to ceiling and outside wall to outside wall. This deficient could affect visitors, staff and 10 or more residents in same smoke compartment housing the dining room.</p> <p>Findings include:</p> <p>a. Based on observation with the maintenance director and administrator on 06/23/14 at 11:35 a.m., a pipe penetrated the corridor wall and an interior wall of the laundry, The gaps between the walls and pipe were sealed with an expandable foam.</p> <p>b. Based on observation with the maintenance director and administrator on 06/23/14 at 11:40 a.m., the wall behind the washers in the laundry had a 24 by 24 inch cutout which exposed the insulation and pipes which penetrated the wall separating the laundry from the</p>		<p>the corridor wall and the interior wall of the laundry were removed ofexpandable foam and sealed with fire rated caulk.</p> <p>2.Other residents' affected and correctiveaction: No residents were affected bythis alleged negative practice, the penetrations through the corridor wall andthe interior wall of the laundry room were removed of expandable foam andsealed with fire rated caulk.</p> <p>3.Measures to ensure practice does not recur: The Maintenance Director was reeducated ofthe requirements of using a fire rated caulk to seal penetrations. All otherareas of the facility were inspected with no areas of concern noted.</p> <p>4.Corrective action will be monitored by: Maintenance Director or designee will monitorby conducting facility rounds and observing wall penetrations during monthlypreventative maintenance rounds, any negative findings will be reported to theAdministrator and will be corrected immediately. Monthly preventative maintenance monitoringwill be reviewed during the facilities Quality Assurance meeting as a means ofcontinued compliance.</p> <p>5.Date corrected 7/22/2014</p>				

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  06/23/2014	
NAME OF PROVIDER OR SUPPLIER  WINTERSONG VILLAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 1005 S EDGEWOOD DR KNOX, IN 46534			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE			
K010062 SS=E	<p>therapy room. The gaps around the pipes had been sealed with an expandable foam. The maintenance director acknowledged at the time of observation, the gaps were sealed with a material which would not maintain the half hour fire resistance rating.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>Based on observation and interview, the facility failed to ensure sprinkler heads providing protection for rooms in 1 of 4 smoke compartments were maintained. This deficient practice could affect staff, visitors and 10 or more residents in the south smoke compartments.</p> <p>Findings include:</p> <p>Based on observation with the maintenance director and administrator on 06/23/14 between 11:00 a.m. and</p>	K010062	<p>K062</p> <p>1. Corrected action for residents affected: No residents were affected by this alleged negative practice, the missing escutcheons were replaced on 7/09/2014 by Elwood Fire Co.</p> <p>2. Corrective action for other residents' having potential to be affected: No residents were affected by this alleged negative practice, the missing escutcheons were replaced on 7/09/2014 by Elwood Fire Co.</p> <p>3. Measures to ensure practice does not recur: Maintenance Director was educated on need</p>	07/22/2014			

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  06/23/2014
NAME OF PROVIDER OR SUPPLIER  WINTERSONG VILLAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 1005 S EDGEWOOD DR KNOX, IN 46534		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K010144 SS=F	<p>12:45 p.m., one sprinkler head escutcheon was missing in the medicine room and in the soiled utility room. The maintenance director acknowledged at the time of observation, the sprinkler assembly was incomplete.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.</p> <p>1. Based on observation and interview, the facility failed to ensure 1 of 1 annunciator panels for the emergency generator would alert staff to generator alarm conditions in accordance with NFPA 99, 1999 Edition, Standard for</p>	K010144	<p>ofescutcheons on sprinkler heads. Maintenance Director will observe escutcheons on sprinkler heads during monthly preventative maintenance rounds, any negative findings will be reported to the Administrator and will be corrected immediately. Monthly preventative maintenance monitoring will be reviewed during the facilities Quality Assurance meeting as a means of continued compliance.</p> <p>4. Correction action will be monitored by: Maintenance Director or designee will observe escutcheons on sprinkler heads during monthly preventative maintenance rounds, any negative findings will be reported to the Administrator and will be corrected immediately. Monthly preventative maintenance monitoring will be reviewed during the facilities Quality Assurance meeting as a means of continued compliance.</p> <p>5. Date corrected: 7/22/2014</p> <p>K144 #1 1. Corrective action for residents affected: No residents were affected by this alleged negative practice, the light bulb in the generator's annunciator panel at the nurse's station marked "fuel</p>	07/22/2014	

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  06/23/2014	
NAME OF PROVIDER OR SUPPLIER  WINTERSONG VILLAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 1005 S EDGEWOOD DR KNOX, IN 46534			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE			
	<p>Health Care Facilities. NFPA 99, Section 3-4.1.1.15 requires a remote annunciator to be provided in a location readily observed by operating personnel at a regular work station. The annunciator shall indicate alarm conditions of the emergency or auxiliary power source as follows:</p> <p>a. Individual visual signals shall indicate the following:</p> <ol style="list-style-type: none"> <li>1. When the emergency or auxiliary power source is operating to supply power to load</li> <li>2. When the battery charger is malfunctioning</li> </ol> <p>b. Individual visual signals plus a common audible signal to warn of an engine-generator alarm condition shall indicate the following:</p> <ol style="list-style-type: none"> <li>1. Low lubricating oil pressure</li> <li>2. Low water temperature (below those required in 3-4.1.1.9)</li> <li>3. Excessive water temperature</li> <li>4. Low fuel - when the main fuel storage tank contains less than a 3-hour operating supply</li> <li>5. Overcrank (failed to start)</li> <li>6. Overspeed</li> </ol> <p>Where a regular work station will be unattended periodically, an audible and visual derangement signal, appropriately labeled, shall be established at a continuously monitored location. This derangement signal shall activate when</p>		<p>level" was replaced and is in working order.</p> <p>2. Other residents' affected and corrective action: No residents were affected by this alleged negative practice, the light bulb in the generator's annunciator panel at the nurse's station marked "fuel level" was replaced and is in working order.</p> <p>3. Measures to ensure practice does not recur: The Maintenance Director was educated on the proper functioning of the emergency generator's annunciator panel. The light bulb marked "fuel level" was replaced and is in working order. All other lights were tested in the annunciator panel and are in working order.</p> <p>4. Corrective action will be monitored by: Maintenance Director or designee will monitor the emergency generator's annunciator panel weekly X 4 weeks then monthly during monthly preventative maintenance rounds, any negative findings will be reported to the Administrator and will be corrected immediately. Monthly preventative maintenance monitoring will be reviewed during the facilities Quality Assurance meeting as a means of continued compliance.</p> <p>5. Date corrected: 7/22/2014 K144 #2</p> <p>1. Corrective action for residents affected: No residents were affected by this alleged negative</p>				

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  06/23/2014	
NAME OF PROVIDER OR SUPPLIER  WINTERSONG VILLAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 1005 S EDGEWOOD DR KNOX, IN 46534			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE			
	<p>any of the conditions in 3-4.1.1.15(a) and (b) occur, but need not display these conditions individually. In addition, NFPA 101 at Section 4.6.12.1 requires any device, equipment or system required for compliance with this Code shall be continuously maintained. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on observation with the maintenance director and administrator on 06/23/14 at 12:25 p.m., the emergency generator annunciator panel located at the nurses' station had lights for each feature monitored by the annunciator. A test button allowed maintenance to check the system to ensure the trouble lights were operating. A test of the annunciator trouble lights at the time of observation revealed the light for "low fuel" was not operating. The maintenance director said at the time of observation, he was unaware the light had failed.</p> <p>3.1-19(b)</p> <p>2. Based on observation and interview, the facility failed to ensure the fuel source for 1 of 1 generators serving as the alternate source of power was maintained to ensure it's capability to automatically</p>		<p>practice, the valve to the reserve LP fuel tank to the emergencygenerator was opened allowing for a continuous gas supply if the first tankwere emptied.</p> <p>2.Other residents' affected and correctiveaction: No residents were affected bythis alleged negative practice, the valve to the reserve LP fuel tank to theemergency generator was opened allowing for a continuous gas supply if the firsttank were emptied.</p> <p>3.Measures to ensure practice does not recur: Maintenance Director was educated on the needfor valves to the LP tanks to be on the open position to ensure gas supply tothe emergency generator.</p> <p>4. Corrective action will be monitored by: Maintenance Director or designee will monitorthe emergency generator's LP tank valves to ensure they are on the openposition weekly X 4 weeks then monthly during monthly preventative maintenancerounds, any negative findings will be reported to the Administrator and will becorrected immediately. Monthlypreventative maintenance monitoring will be reviewed during the facilitiesQuality Assurance meeting as a means of continued compliance.</p> <p>5.Date corrected: 7/22/2014</p>				

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  06/23/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  WINTERSONG VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 1005 S EDGEWOOD DR KNOX, IN 46534
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>connecting to the load within 10 seconds in the event of failure of normal power. NFPA 99, Health Care Facilities, Nursing Home requirements requires essential electrical distribution systems to conform to Type 2 systems as described in Chapter 3 of NFPA 99. NFPA 99, 3-5.3.2.2 requires the emergency system to be arranged so that, in the event of failure of the normal power source, the alternate source of power will automatically connect to the load after a short delay. In addition, NFPA 101 at Section 4.6.12.1 requires any device, equipment or system required for compliance with this Code shall be continuously maintained. This deficient practice affects all occupants.</p> <p>Findings include:</p> <p>Based on observation with the maintenance director and administrator on 06/23/14 at 12:25 p.m., the low fuel trouble light on the emergency generator annunciator panel located at the nurses station had failed to illuminate when tested. The LP fuel supply was immediately examined for reliability. The fuel was provided by two 68 gallon LP cylinders which were designed to operate in conjunction with one another to provide a continuous supply of fuel to the generator. If the fuel in one cylinder</p>			

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  06/23/2014
NAME OF PROVIDER OR SUPPLIER  WINTERSONG VILLAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 1005 S EDGEWOOD DR KNOX, IN 46534		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
	emptied, the valve immediately switched to allow fuel to come from the second tank. The arrangement required the manual valves on both cylinders to always be open. At the time of inspection the fuel was provided by the left fuel cylinder, the right cylinder was observed to be closed. The maintenance director agreed at the time of observation, the manual valve should have been open to provide continuous fuel supply to the emergency generator. He said he did not know why the valve was closed.  3.1-19(b)				