

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155255	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 02/11/2013
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NAME OF PROVIDER OR SUPPLIER WOODVIEW HEALTHCARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3420 E STATE BLVD FORT WAYNE, IN 46805
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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: 02/11/13</p> <p>Facility Number: 000158 Provider Number: 155255 AIM Number: 100291490</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Woodview Health Care Inc. 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) and 410 IAC 16.2. The original building and wings, Building 0101, 0102 and 0103, were surveyed using Chapter 19, Existing Health Care Occupancies.</p> <p>This one story facility was surveyed as two separate buildings due to the construction dates of four sections of the building. Building 0101, 0102 and 0103, built in phases all prior to March 1, 2003,</p>	K0000	<p>000 This plan of correction is to serve as Woodview Healthcare Inc.'s allegation of compliance. This plan of correction should also serve to clarify that Woodview Healthcare, Inc. is one building and one license. The 2567 inaccurately reflects 8 deficiencies, instead of 4, due to the surveyor's decision to separate one wing/hall from the building, due to it's date of construction (2008). This building has never been surveyed as separate building or cited separately previous to this report. This Plan of correction is also doubled to address the doubled deficiencies.</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>were determined to be of Type V (111) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridor and in all areas open to the corridor. The facility has battery operated smoke detectors in 57 of 64 resident sleeping rooms and has smoke detectors hard wired to the fire alarm system in 7 of 64 resident sleeping rooms. The facility has a capacity of 128 and had a census of 103 at the time of this visit.</p> <p>All areas where the residents have customary access were sprinklered. The facility has one detached barn providing storage services which was not sprinklered.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 02/14/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K0048 SS=A	<p>NFPA 101 LIFE SAFETY CODE STANDARD There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. 19.7.1.1 Based on record review, observation and interview; the facility failed to include the use of kitchen fire extinguishers in the written fire safety plan for the facility in the event of an emergency. LSC 19.2.2.2 requires a written health care occupancy fire safety plan that shall provide for the following:</p> <ol style="list-style-type: none"> (1) Use of alarms (2) Transmission of alarm to the fire department (3) Response to alarms (4) Isolation of fire (5) Evacuation of immediate area (6) Evacuation of smoke compartment (7) Preparation of floors and building for evacuation (8) Extinguishment of fire <p>This deficient practice affects three staff and visitors in the kitchen.</p> <p>Findings include:</p> <p>Based on review of the facility's written fire disaster plan labeled "Emergency Procedures: Fire Policy & Procedure" with the Administrator and Director of Operations during record review from 9:45 a.m. to 12:10 p.m. on 02/11/13, the fire disaster plan did not address the use</p>	K0048	<p>K048 It is the practice of Woodview Healthcare, Inc. to have a written plan for the protection of all patients and for their evacuation in the event of an emergency. Woodview Healthcare's plan did include use of a K extinguisher, but did not detail specifically the use of the ansul system prior to use of K extinguisher. The policy has been updated (See Exhibit G) to include only using the K extinguisher after the ansul system has been activated, and added to facilities emergency plan. No residents were affected by the deficient practice. All dietary staff will be inserviced regarding use of the K extinguisher and activation of ansul system prior to use of K extinguisher (Exhibit H). The Safety Committee/Quality Assurance Committee oversees compliance with policies and procedures including emergency plans on an annual basis. Date of Completion 2/26/2013</p>	02/26/2013			

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	<p>of the ABC type fire extinguishers and the K-class fire extinguisher located in the kitchen in relationship with the use of the kitchen overhead extinguishing system. Based on interview at the time of record review, the Administrator acknowledged the written fire safety plan for the facility did not include kitchen staff training to activate the overhead hood extinguishing system to suppress a fire before using either the ABC type fire extinguisher or the K-class fire extinguisher. Based on observation with the Administrator and Director of Operations during a tour of the facility from 12:45 p.m. to 3:35 p.m. on 02/11/13, one portable K-class fire extinguisher was located in the kitchen.</p> <p>3.1-19(b)</p>			

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K0052 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4 Based on record review, interview and observation; the facility failed to ensure documentation of annual functional testing for 1 of 55 smoke detectors was maintained. LSC 9.6.1.4 refers to NFPA 72, National Fire Alarm Code. NFPA 72, 7-3.2 requires fire alarm system devices such as smoke detectors are tested annually. This deficient practice could affect 25 residents, staff or visitors in the vicinity of the Main Dining Room.</p> <p>Findings include:</p> <p>Based on review of Shambaugh & Son Fire Protection Division's annual fire alarm inspection report titled "Initiating Device Test Report" dated 01/11/13 with the Administrator and Director of Operations during record review from 9:45 a.m. to 12:10 p.m. on 02/11/13, duct detectors in the facility were not included in the listing of facility smoke detectors functionally tested. Based on observations during a tour of the facility with the Administrator and Director of Operations during a tour of the facility</p>	K0052	<p>K052 On 2/20/2013, a contractor from Shambaugh and Sons, completed sensitivity testing on "Duct" Smoke Detector identified by surveyor and checked and determined the duct detector was functioning properly. (Exhibit A and Exhibit B-Invoices of completion of testing and with "passed" rating.) No residents were affected by the deficient practice. There are no additional Duct Smoke Detectors in the facility. To prevent a reoccurrence, the duct detector will be checked on an annual basis, and documentation of the testing will be maintained in the administrator's office. The Maintenance Director will oversee completion of annual testing for the duct detector and report to Administrator if testing not done according to schedule. The administrator will be informed of any installations of any new duct detectors, which may require testing. The Quality Assurance and Improvement team will follow the duct detector testing annually to ensure the facility is in compliance. Date of Completion: 2/20/2013</p>	02/20/2013			

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	<p>from 12:45 p.m. to 3:55 p.m. on 02/11/13, one duct detector was observed in the facility next to the natural gas fired furnace in the Activities Closet near the Main Dining Room. Based on interview at the time of observation, the Administrator and the Director of Operations stated the natural gas furnace is for the Main Dining Room and acknowledged annual functional testing documentation for the duct detector located in the Activities Closet near the Main Dining Room was not available for review.</p> <p>3-1.19(b)</p>			

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K0062 SS=C	<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 provide a complete supply of spare sprinklers for the automatic sprinkler system in accordance with NFPA 25, 1998 Edition, the Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. Section 2-4.1.4 requires a supply of at least six spare sprinklers shall be stored in a cabinet on the premises for replacement purposes. The stock of spare sprinklers shall be proportionally representative of the types and temperature ratings of the system sprinklers. A minimum of two sprinklers of each type and temperature rating installed shall be provided. This deficient practice could affect all residents, staff and visitors if the sprinkler system had to be shut down because a proper sprinkler wasn't available as a replacement.</p> <p>Findings include:</p> <p>Based on observations during a tour of the facility with the Administrator and Director of Operations from 12:45 p.m. to 3:55 p.m. on 02/11/13, one sidewall spare</p>	K0062	<p>K062 It is the practice of Woodview Healthcare, Inc. to maintain spare sprinkler heads for the automatic sprinkler system in accordance with NFPA 25, 1998 Edition, the Standard for the Inspection. On 2/15/2013, a Shambaugh & Son Contractor was onsite at facility, and the sprinkler heads were replaced. (Exhibit C confirms the sprinkler heads have been replaced and Description of work indicates "Checked and filled head cabinet at Fire Riser". No residents were affected by the deficient practice. In order to prevent a reoccurrence, Maintenance will Check Sprinkler heads on a monthly basis to ensure all in place in head cabinet (Exhibit D) . If any should be missing, maintenance shall call Shambaugh and Sons and inform administrator (Exhibit E-Employee Inservice Record). The Quality Assurance/Quality Improvement Committee will follow Maintenance checks monthly, to ensure maintenance compliant with monitoring. Date of Completion: 2/26/2013,</p>	02/26/2013

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	<p>sprinkler was located in the spare sprinkler cabinet in the sprinkler riser room. Sidewall sprinkler heads were observed installed throughout the facility. Based on interview at the time of observation, the Administrator and the Director of Operations acknowledged only one spare sidewall sprinkler was located on the premises in the spare sprinkler cabinet.</p> <p>3.1-19(b)</p>			

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K0154 SS=C	<p>NFPA 101 LIFE SAFETY CODE STANDARD Where a required automatic sprinkler system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction is notified, and the building is evacuated or an approved fire watch system is provided for all parties left unprotected by the shutdown until the sprinkler system has been returned to service. 9.7.6.1</p> <p>Based on record review and interview, the facility failed to provide a complete written policy containing procedures to be followed in the event the automatic sprinkler system has to be placed out of service for four hours or more in a 24 hour period in accordance with LSC, Section 9.7.6.1 in order to protect 103 of 103 residents. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of "Emergency Procedures: Electrical Outage" with the Administrator during record review from 9:45 a.m. to 12:10 p.m. on 02/11/13, the fire watch policy did not state the building shall be evacuated or a fire watch conducted should the automatic sprinkler system be impaired for four hours or more in twenty four hour period. Based on interview at the time of record review, the Administrator acknowledged the written</p>	K0154	<p>K 154 It is the practice of Woodview Healthcare, Inc. to maintain facility procedures to ensure "Fire Watch" when and if necessary. Woodview Healthcare, Inc., has updated our policy "Fire Watch" to include emergency procedures in the event the facilities "automatic sprinkler system is out of service for more than 4 hours in a 24-hour period. (See Exhibit F-1+ F-2 Fire Watch Procedure). No residents were affected by the deficient practice. In order to monitor, that facility is compliant with procedure, the administrator will be informed of any time the automatic sprinkler system is out of service. The administrator or Environmental Supervisor will instruct staff to begin evacuation or begin fire watch procedures. All Fire Watches will be documented and maintained by administrator. The Administrator will notify officials according to facility policy when automatic sprinkler system is out of service for more than 4 hours in a 24 hour period. Date of Completion:</p>	02/26/2013			

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	fire watch policy did not state the building shall be evacuated or a fire watch shall be conducted should the automatic sprinkler system be impaired for four hours or more in twenty four hour period. 3.1-19(b)		2/26/2013		

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K0155 SS=C	<p>NFPA 101 LIFE SAFETY CODE STANDARD Where a required fire alarm system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction is notified, and the building is evacuated or an approved fire watch is provided for all parties left unprotected by the shutdown until the fire alarm system has been returned to service. 9.6.1.8</p> <p>Based on record review and interview, the facility failed to provide a complete written policy containing procedures to be followed in the event the fire alarm system has to be placed out of service for four hours or more in a 24 hour period in accordance with LSC, Section 9.6.1.8 in order to protect 103 of 103 residents. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of "Emergency Procedures: Electrical Outage" with the Administrator during record review from 9:45 a.m. to 12:10 p.m. on 02/11/13, the written fire watch policy did not state the building shall be evacuated or a fire watch conducted should the fire alarm system be impaired for four hours or more in twenty four hour period. Based on interview at the time of record review, the Administrator acknowledged the written fire watch policy did not state the building shall be evacuated or a fire watch shall be</p>	K0155	<p>K155</p> <p>It is the practice of Woodview Healthcare, Inc. to maintain facility procedures to ensure "Fire Watch" when and if necessary. Woodview Healthcare, Inc., has updated our policy "Fire Watch" to include emergency procedures in the event the facilities "Fire Alarm System" is out of service for more than 4 hours in a 24-hour period. (See Exhibit F-1 + F-2 E-Fire Watch Procedure).</p> <p>No residents were affected by the deficient practice and the "Fire Watch" policy has been updated to an out of service Fire Alarm System (for more than 4 hours in a 24 hour period).</p> <p>In order to monitor facility compliance with procedures, the administrator will be informed of any time the Fire Alarm System is out of service. The administrator or Environmental Supervisor will instruct staff to begin evacuation or begin fire watch procedures. All evacuations and/or fire watches will be documented and maintained by administrator. The Administrator</p>	02/26/2013			

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	<p>conducted should the fire alarm system be impaired for four hours or more in twenty four hour period.</p> <p>3.1-19(b)</p>		<p>will notify officials according to facility policy when "Fire Alarm System" is out of service for more than 4 hours in a 24 hour period.</p> <p>Date of Completion: 2/26/2013</p>		

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	<p>of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridor and in all areas open to the corridor. The facility has battery operated smoke detectors in 57 of 64 resident sleeping rooms and has smoke detectors hard wired to the fire alarm system in 7 of 64 resident sleeping rooms. The facility has a capacity of 128 and had a census of 103 at the time of this visit.</p> <p>All areas where the residents have customary access were sprinklered. The facility has one detached barn providing storage services which was not sprinklered.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K0062 SS=C	<p>NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 18.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>Based on observation and interview, the facility failed to provide a complete supply of spare sprinklers for the automatic sprinkler system in accordance with NFPA 25, 1998 Edition, the Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. Section 2-4.1.4 requires a supply of at least six spare sprinklers shall be stored in a cabinet on the premises for replacement purposes. The stock of spare sprinklers shall be proportionally representative of the types and temperature ratings of the system sprinklers. A minimum of two sprinklers of each type and temperature rating installed shall be provided. This deficient practice could affect all residents, staff and visitors if the sprinkler system had to be shut down because a proper sprinkler wasn't available as a replacement.</p> <p>Findings include:</p> <p>Based on observations during a tour of the facility with the Administrator and Director of Operations from 12:45 p.m. to 3:55 p.m. on 02/11/13, one sidewall spare</p>	K0062	<p>K062 It is the practice of Woodview Healthcare, Inc. to maintain spare sprinkler heads for the automatic sprinkler system in accordance with NFPA 25, 1998 Edition, the Standard for the Inspection. On 2/15/2013, a Shambaugh & Son Contractor was onsite at facility, and the sprinkler heads were replaced. (Exhibit C confirms the sprinkler heads have been replaced and Description of work indicates "Checked and filled head cabinet at Fire Riser". No residents were affected by the deficient practice. In order to prevent a reoccurrence, Maintenance will Check Sprinkler heads on a monthly basis to ensure all in place in head cabinet (Exhibit D) . If any should be missing, maintenance shall call Shambaugh and Sons and inform administrator (Exhibit E-Employee Inservice Record). The Quality Assurance/Quality Improvement Committee will follow Maintenance checks monthly, to ensure maintenance compliant with monitoring. Date of Completion: 2/26/2013,</p>	02/26/2013			

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	<p>sprinkler was located in the spare sprinkler cabinet in the sprinkler riser room. Sidewall sprinkler heads were observed installed throughout the facility. Based on interview at the time of observation, the Administrator and the Director of Operations acknowledged only one spare sidewall sprinkler was located on the premises in the spare sprinkler cabinet.</p> <p>3.1-19(b)</p>			

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K0154 SS=C	<p>NFPA 101 LIFE SAFETY CODE STANDARD Where a required automatic sprinkler system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction is notified, and the building is evacuated or an approved fire watch system is provided for all parties left unprotected by the shutdown until the sprinkler system has been returned to service. 9.7.6.1</p> <p>Based on record review and interview, the facility failed to provide a complete written policy containing procedures to be followed in the event the automatic sprinkler system has to be placed out of service for four hours or more in a 24 hour period in accordance with LSC, Section 9.7.6.1 in order to protect 103 of 103 residents. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of "Emergency Procedures: Electrical Outage" with the Administrator during record review from 9:45 a.m. to 12:10 p.m. on 02/11/13, the fire watch policy did not state the building shall be evacuated or a fire watch conducted should the automatic sprinkler system be impaired for four hours or more in twenty four hour period. Based on interview at the time of record review, the Administrator acknowledged the written</p>	K0154	<p>K 154 It is the practice of Woodview Healthcare, Inc. to maintain facility procedures to ensure "Fire Watch" when and if necessary. Woodview Healthcare, Inc., has updated our policy "Fire Watch" to include emergency procedures in the event the facilities "automatic sprinkler system is out of service for more than 4 hours in a 24-hour period. (See Exhibit F-1+ F-2 Fire Watch Procedure). No residents were affected by the deficient practice. In order to monitor, that facility is compliant with procedure, the administrator will be informed of any time the automatic sprinkler system is out of service. The administrator or Environmental Supervisor will instruct staff to begin evacuation or begin fire watch procedures. All Fire Watches will be documented and maintained by administrator. The Administrator will notify officials according to facility policy when automatic sprinkler system is out of service for more than 4 hours in a 24 hour period. Date of Completion:</p>	02/26/2013	

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	<p>fire watch policy did not state the building shall be evacuated or a fire watch shall be conducted should the automatic sprinkler system be impaired for four hours or more in twenty four hour period.</p> <p>3.1-19(b)</p>		2/26/2013	

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K0155 SS=C	<p>NFPA 101 LIFE SAFETY CODE STANDARD Where a required fire alarm system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction is notified, and the building is evacuated or an approved fire watch is provided for all parties left unprotected by the shutdown until the fire alarm system has been returned to service. 9.6.1.8</p> <p>Based on record review and interview, the facility failed to provide a complete written policy containing procedures to be followed in the event the fire alarm system has to be placed out of service for four hours or more in a 24 hour period in accordance with LSC, Section 9.6.1.8 in order to protect 103 of 103 residents. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of "Emergency Procedures: Electrical Outage" with the Administrator during record review from 9:45 a.m. to 12:10 p.m. on 02/11/13, the written fire watch policy did not state the building shall be evacuated or a fire watch conducted should the fire alarm system be impaired for four hours or more in twenty four hour period. Based on interview at the time of record review, the Administrator acknowledged the written fire watch policy did not state the building shall be evacuated or a fire watch shall be</p>	K0155	<p>K155</p> <p>It is the practice of Woodview Healthcare, Inc. to maintain facility procedures to ensure "Fire Watch" when and if necessary. Woodview Healthcare, Inc., has updated our policy "Fire Watch" to include emergency procedures in the event the facilities "Fire Alarm System" is out of service for more than 4 hours in a 24-hour period. (See Exhibit F-1 + F-2 E-Fire Watch Procedure).</p> <p>No residents were affected by the deficient practice and the "Fire Watch" policy has been updated to an out of service Fire Alarm System (for more than 4 hours in a 24 hour period).</p> <p>In order to monitor facility compliance with procedures, the administrator will be informed of any time the Fire Alarm System is out of service. The administrator or Environmental Supervisor will instruct staff to begin evacuation or begin fire watch procedures. All evacuations and/or fire watches will be documented and maintained by administrator. The Administrator</p>	02/26/2013

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	<p>conducted should the fire alarm system be impaired for four hours or more in twenty four hour period.</p> <p>3.1-19(b)</p>		<p>will notify officials according to facility policy when "Fire Alarm System" is out of service for more than 4 hours in a 24 hour period.</p> <p>Date of Completion: 2/26/2013</p>		