

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  02/16/2016
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NAME OF PROVIDER OR SUPPLIER  WOODVIEW A WATERS COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 3420 EAST STATE BLVD FORT WAYNE, IN 46805
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K 0000  Bldg. 01	<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: 02/16/16</p> <p>Facility Number: 000158 Provider Number: 155255 AIM Number: 100291490</p> <p>At this Life Safety Code survey, Woodview A Waters Community 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 consisting of the Skilled hall, the North hall, the South hall, the Southwest hall and the main Dining room and Kitchen was surveyed with Chapter 19, Existing Health Care Occupancies.</p> <p>This one story facility was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the</p>	K 0000	Preparation and/or execution of this plan of correction ingeneral, or this corrective action in particular, does not constitute anadmission or agreement by this facility of the facts alleged or conclusions setforth in this statement of deficiencies. The plan of correction andspecific corrective actions are prepared and/or executed in compliance withstate and federal laws.	

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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K 0066 SS=F Bldg. 01	<p>corridors, areas open to the corridors and seven resident rooms on the Rehabilitation Hall. The remaining 57 resident rooms had battery operated smoke detectors. The facility has a capacity of 128 and had a census of 87 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered. All areas providing facility services were sprinklered.</p> <p>Quality Review on 02/17/16 by Lex Brashear, LSC Specialist</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Smoking regulations are adopted and include no less than the following provisions:</p> <p>(1) Smoking is prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area is posted with signs that read NO SMOKING or with the international symbol for no smoking.</p> <p>(2) Smoking by patients classified as not responsible is prohibited, except when under direct supervision.</p> <p>(3) Ashtrays of noncombustible material and safe design are provided in all areas where smoking is permitted.</p> <p>(4) Metal containers with self-closing cover devices into which ashtrays can be emptied</p>			

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	<p>are readily available to all areas where smoking is permitted. 19.7.4</p> <p>Based on observation, record review, and interview, the facility failed to enforce 1 of 1 smoking policies for the facility. This deficient practice could affect all residents.</p> <p>Findings include:</p> <p>Based on record review with the Maintenance Director and the Administrator on 02/16/16 at 10:30 a.m. the facility's smoking policy stated no smoking was allowed on the property of the health care center. Based on observation at 9:30 a.m., a man in a wheelchair was observed exiting door five then smoking a cigarette on the side walk and throwing the lit cigarette into the parking lot. Also, outside the staff entrance smoking was apparent because there were 10 cigarette butts on the ground by the door. Based on interview at the time of record review, The Administrator did stated there is no smoking on campus. Based on interview at the time of observation at the staff exit, the Maintenance Director did acknowledge the cigarette butts on the ground. During the exit conference at 2:00 p.m., the Administrator acknowledge that a person was observed smoking on the facility.</p>	K 0066	<p>Itis the policy of this facility to be established as a smoke free facility. The smoke free guideline will be enforced.</p> <p>Uponadmission all new residents will continue to be informed that they will not bepermitted to smoke inside this facility or on the facility property. The Smoking policy will be presented andsigned by the resident and/or designee and kept in their admission packet. An admission checklist will includeverification that the smoking policy has been presented to the new resident.</p> <p>Uponemployment all new employees will continue to be informed of the smoking policyand will be required to sign the acknowledgement form to be placed in their employment record. A smoking area hasbeen identified for employees.</p> <p>Anin-service was held for all current employees addressing</p>	03/12/2016

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K 0147 SS=E Bldg. 01	<p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 Based on observation and interview, the facility failed to ensure 2 of 2 flexible cords such as extension cord power strips were not used as a substitute for fixed wiring. LSC 9.1.2 requires electrical wiring and equipment to comply with NFPA 70, National Electrical Code, 1999 Edition. NFPA 70, Article 400-8</p>	K 0147	<p>the smoking policy on March 2, 2016. Any staff who fail to comply with the points of the in-service will be further educated and/or progressively disciplined as indicated.</p> <p>The Administrator will monitor admission packet / checklist completion. The Maintenance Director will monitor and remove any cigarette butts around the employee entrance 5 days per week. At the monthly Quality Assurance meetings, admission packet results will be reviewed on an on-going basis. Any concerns will have been addressed as found.</p> <p>It is the policy of the facility to ensure that all electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2.</p> <p>The Maintenance</p>	03/12/2016

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K 0000  Bldg. 04	<p>requires unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient could affect up to 18 residents in the southwest hall.</p> <p>Findings include:</p> <p>Based on an observation during a tour of the facility with the Maintenance Director on 02/16/16 at 1:08 p.m., an extension cord power strip was plugged into another power strip providing power to IT equipment in the southwest electrical room. Based on interview at the time of observation, the Maintenance Director acknowledged a power strip was plugged into another power strip and providing power to IT equipment.</p> <p>3.1-19(b)</p> <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: 02/16/16</p> <p>Facility Number: 000158 Provider Number: 155255</p>	K 0000	<p>Director has removed the additional power strip and will continue to monitor use in the IT equipment room on a weekly basis.</p> <p>At the monthly Quality Assurance meetings, the monitoring tool will be reviewed by the team and Administrator on an on-going basis. Any concerns will have been addressed as found.</p> <p>Preparation and/or execution of this plan of correction in general, or this corrective action in particular, does not constitute an admission or agreement by this facility of the facts alleged or conclusions set forth in this statement of deficiencies. The plan of correction and specific corrective actions are prepared and/or executed in compliance with state and federal laws.</p>		

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	<p>AIM Number: 100291490</p> <p>At this Life Safety Code survey, Woodview A Waters Community 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 new section of the building consisting of the Rehabilitation hall and the Therapy gym was surveyed with Chapter 18, New Health Care Occupancies.</p> <p>This one story facility was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, areas open to the corridors and seven resident rooms on the Rehabilitation Hall. The remaining 57 resident rooms had battery operated smoke detectors. The facility has a capacity of 128 and had a census of 87 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered. All areas providing facility services were sprinklered.</p>			

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K 0029 SS=E Bldg. 04	<p>Quality Review on 02/17/16 by Lex Brashear, LSC Specialist</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Hazardous areas are protected in accordance with 8.4. The areas are enclosed with a one hour fire-rated barrier, with a 3/4 hour fire-rated door, without windows (in accordance with 8.4). Doors are self-closing or automatic closing in accordance with 7.2.1.8. 18.3.2.1</p> <p>Based on observation and interview, the facility failed to ensure the corridor door to 1 of 12 rooms in the 300 hall used to store combustibles and measuring over 50 square feet in size was provided with a self closing device. This deficient practice could affect up to 12 residents when the rehabilitation hall is occupied.</p> <p>Findings include:</p> <p>Based on observation during a tour of the facility with the Maintenance Director on 02/16/16 at 12:38 p.m., the corridor door to room 312, which contained over 100 cardboard boxes of resident records and other documentation and measured over 50 square feet in size, lacked a self closing device. Base on interview, this was acknowledged by the Maintenance Director at the time of observation.</p> <p>3.1-19(b)</p>	K 0029	<p>It is the policy of the facility to ensure doors are self-closing or automatic closing when the room is being used to store combustibles and measures over 50 square feet in size.</p> <p>Room 312 has been cleaned out of all combustible items and converted back into a resident care room. The maintenance director will be responsible to notify the Administrator when or if we would need to convert another room into storage and will install a door closure on said door to the room while being used for storage.</p> <p>In the monthly Quality Assurance Meetings,</p>	03/12/2016

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K 0066 SS=F Bldg. 04	<p>NFPA 101 LIFE SAFETY CODE STANDARD Smoking regulations are adopted and include no less than the following provisions:</p> <p>(1) Smoking is prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area is posted with signs that read NO SMOKING or with the international symbol for no smoking.</p> <p>(2) Smoking by patients classified as not responsible is prohibited, except when under direct supervision.</p> <p>(3) Ashtrays of noncombustible material and safe design are provided in all areas where smoking is permitted.</p> <p>(4) Metal containers with self-closing cover devices into which ashtrays can be emptied are readily available to all areas where smoking is permitted. 18.7.4</p> <p>Based on observation, record review, and interview, the facility failed to enforce 1</p>	K 0066	<p>the group will discuss any upcoming relocations of items to be stored and/or construction within the building on an on-going basis. At that time, if we have an upcoming project, The Maintenance Director and Administrator will develop an Action plan and monitor on a daily basis.</p> <p>It is the policy of this facility to be established as a smoke free</p>	03/12/2016

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	<p>of 1 smoking policies for the facility. This deficient practice could affect all residents.</p> <p>Findings include:</p> <p>Based on record review with the Maintenance Director and the Administrator on 02/16/16 at 10:30 a.m. the facility's smoking policy stated no smoking was allowed on the property of the health care center. Based on observation at 9:30 a.m., a man in a wheelchair was observed exiting door five then smoking a cigarette on the side walk and throwing the lit cigarette into the parking lot. Also, outside the staff entrance smoking was apparent because there were 10 cigarette butts on the ground by the door. Based on interview at the time of record review, The Administrator did stated there is no smoking on campus. Based on interview at the time of observation at the staff exit, the Maintenance Director did acknowledge the cigarette butts on the ground. During the exit conference at 2:00 p.m., the Administrator acknowledge that a person was observed smoking on the facility.</p> <p>3.1-19(b)</p>		<p>facility. The smoke free guideline will be enforced.</p> <p>Uponadmission all new residents will continue to be informed that they will not bepermitted to smoke inside this facility or on the facility property. The Smoking policy will be presented andsigned by the resident and/or designee and kept in their admission packet. An admission checklist will includeverification that the smoking policy has been presented to the new resident.</p> <p>Uponemployment all new employees will continue to be informed of the smoking policyand will be required to sign the acknowledgement form to be placed in their employment record. A smoking area hasbeen identified for employees.</p> <p>Anin-service was held for all current employees addressing the smoking policy onMarch 2, 2016. Any staff who fail tocomply with the points of the in-service will be further</p>	

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			<p>educated and/or progressively disciplined as indicated.</p> <p>The Administrator will monitor admission packet / checklist completion. The Maintenance Director will monitor and remove any cigarette butts around the employee entrance 5 days per week. At the monthly Quality Assurance meetings, admission packet results will be reviewed on an on-going basis. Any concerns will have been addressed as found.</p>		