

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155229	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  10/27/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  WOODLANDS THE	STREET ADDRESS, CITY, STATE, ZIP CODE 3820 W JACKSON ST MUNCIE, IN 47304
---	--

(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: 10/27/14</p> <p>Facility Number: 000134 Provider Number: 155229 AIM Number: 100275430</p> <p>Surveyor: Phillip Komsiski, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, The Woodlands 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 III (200) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, battery powered smoked detectors in all resident sleeping rooms and spaces open to the corridors. The facility has a capacity of 99 and had a</p>	K010000	The creation and submission of this plan of correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. This provider respectfully requests that the 2567 plan of correction be considered the letter of credible allegation and request a desk review of certification of compliance on or after 11/14/14.	

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:  155229	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  10/27/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  WOODLANDS THE	STREET ADDRESS, CITY, STATE, ZIP CODE 3820 W JACKSON ST MUNCIE, IN 47304
---	--

(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
K010045 SS=E	<p>census of 73 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. The facility has one shed and two barns providing storage which were not sprinklered.</p> <p>Quality Review by Dennis Austill, Life Safety Code Specialist on 11/05/14.</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 Illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture (bulb) will not leave the area in darkness. (This does not refer to emergency lighting in accordance with section 7.8.) 19.2.8 Based on observation and interview, the facility failed to ensure the lighting in 1 of 10 exit means of egress was arranged so the failure of any single lighting fixture (bulb) would not leave the area in darkness. This deficient practice could affect 26 resident on Ivy court including visitors and staff, if the facility were required to evacuate in an emergency and the single bulb outside light fixture failed.</p>	K010045	<ol style="list-style-type: none"> <li>1.New two bulb light fixture installed outside of Ivy Court per citation on 11/11/14.</li> <li>2.All residents residing on Ivy Court have the potential to be effected by the deficient practice.</li> <li>3.100% audit of facility conducted with all fixtures meeting regulations.</li> <li>4.Performance Improvement Tool entitled Emergency Light Test Log implemented to monitor exterior lights.</li> </ol> <p>The Performance Improvement</p>	11/14/2014

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155229		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 10/27/2014	
NAME OF PROVIDER OR SUPPLIER  WOODLANDS THE				STREET ADDRESS, CITY, STATE, ZIP CODE 3820 W JACKSON ST MUNCIE, IN 47304			
(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			
K010147 SS=E	<p>Findings include:</p> <p>Based on observation on 10/27/14 at 12:45 p.m. with the Maintenance Supervisor the Ivy court exit adjacent to the Nurse's station had only one single bulb fixture to provide illumination for the exit discharge to a public way. Based on interview with the Maintenance Supervisor concurrent with the observation it was acknowledged only a single light fixture was available to illuminate the exit discharge on Ivy court.</p> <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</p> <p>Based on observation and interview, the facility failed to ensure 1 of 12 surge protectors and 1 of 1 multiplug observed including extension cords, non-fused extension cords and/or multiplug adapters were not used as a substitute for fixed wiring. NFPA 70, National Electrical Code, 1999 Edition. NFPA 70, Article 400-8 requires that, unless specifically permitted, flexible cords and cables shall not be used as a substitute for</p>	K010147	<p>Tool will be completed by the Maintenance Director/Designee weekly for 12 weeks, monthly for three months and as needed. 5.11/14/14</p> <p>1.Surge Protectors located in break room have been removed 11/11/14. Multiplug located in the Director of Nurses' office removed 11/11/14.</p> <p>2.All residents have the potential to be affected by this deficient practice.</p> <p>3.100% audit of facility conducted for multiplugs and inappropriate use of surge protectors.</p> <p>4.Performance Tool entitled weekly receptacle inspection</p>	11/14/2014			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155229		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 10/27/2014	
NAME OF PROVIDER OR SUPPLIER  WOODLANDS THE				STREET ADDRESS, CITY, STATE, ZIP CODE 3820 W JACKSON ST MUNCIE, IN 47304			
(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>fixed wiring of a structure. This deficient practice could affect 20 residents on Southern Pines hall and 10 residents on Hickory hall as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observations on 10/27/14 during the tour between 12:26 p.m. to 1:40 p.m., a surge protector was used to provide power to a candy machine, microwave and full size refrigerator located in the Employee Breakroom on Southern Pines hall. In addition, a six prong multiplug was used to power a "Walki Talki" in the Director of Nurses's office on Hickory hall. Based on interview on 10/27/14 concurrent with the observations it was acknowledged by the Maintenance Supervisor, a surge protector and multiplug were used to power the aforementioned appliances.</p> <p>3.1-19(b)</p>		<p>along with Weekly Receptacle and Appropriate Surge Protector Log implemented to monitor inappropriate use of surge protectors and multiplugs. Audit 5 rooms by the Maintenance Director/Designee weekly for 12 weeks, monthly for three months and as needed.</p> <p>5.11/14/14</p>				