

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 11/30/2015
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NAME OF PROVIDER OR SUPPLIER WOODLANDS THE	STREET ADDRESS, CITY, STATE, ZIP CODE 3820 W JACKSON ST MUNCIE, IN 47304
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(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
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: 11/30/15</p> <p>Facility Number: 000134 Provider Number: 155229 AIM Number: 100275430</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 108 and had a census of 72 at the time of this survey.</p>	K 0000	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 any violation of regulation. This provider respectfully requests that the plan of correction be considered the letter of credible allegation of compliance and request for a Desk Review (compliance) by December 20th 2015.	

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 0147 SS=E Bldg. 01	<p>All areas where residents have customary access were sprinklered. The facility has three sheds and one pod providing storage which were not sprinklered.</p> <p>Quality Review completed on 12/04/15 - DA</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 2 of 8 surge protectors observed including extension cords, non-fused extension cords and/or multiplug adapters were not used to power medical appliances. 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 fixed wiring of a structure. This deficient practice could affect 22 residents on Hickory hall northwest hall as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observation on 11/30/15 at 2:20 p.m. a surge protector was used to provide power to an oxygen concentrator for resident bed B in resident room 55.</p>	K 0147	<p>K-147, SS=E 1. The surge protector was immediately removed and the oxygen concentrator was plugged into the main outlet. In Rm #55. there was no negative resident outcome, from alleged deficient practice 2. This could have the potential to affect the other residents on the Northwest portion of Hickory Hall. A facility wide audit was done, and rooms identified are scheduled for installation of outlets by Titan Electric. On 12/21/15 (See quote) 3. A re-education on the policy and use of power strips in resident areas. will be completed on 12/22/15 (see policy), for Nursing and Housekeeping staff. 4. The safety committee will be responsible for monthly audits to check resident rooms, to ensure that no other occurrences exist. these will be brought to the QAPI committee meetings monthly for review for 6 months to</p>	12/30/2015

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	Based on interview on 11/30/15 concurrent with the observation it was acknowledged by the Maintenance Supervisor, a surge protector was used to provide power to medical equipment for aforementioned resident in room 55. 3.1-19(b)		ensure compliance. 5. Completion Date: 12/30/15		