

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155086	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  05/21/2014
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NAME OF PROVIDER OR SUPPLIER  WOODLAND MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 343 S NAPPANEE ST ELKHART, IN 46514
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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: 05/21/14</p> <p>Facility Number: 000034 Provider Number: 155086 AIM Number: 100274880</p> <p>Surveyor: Dennis Austill, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Woodland Manor 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 II (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and in areas open to the corridor. Battery operated smoke detectors were in all 48 resident rooms.</p>	K010000	<p>Survey Event ID: WODB21 Exit date: 05.21.14 Please consider this Plan of Correction as the facility credible allegation of compliance. This plan of correction constitutes a written allegation of substantial compliance under Federal Medicare requirements. Submission of this plan of correction is not an admission that a deficiency exists or that the facility agrees they were cited correctly. This plan of correction reflects a desire to continuously enhance the quality of care and services provided to our residents, and it is submitted solely as a requirement of the provisions of Federal and State law. Woodland Manor is respectfully requesting a desk review. If there are any further questions or concerns, please feel free to contact me at 574-295-0096. Respectfully, Tara Trevino, LPN, HFA, BS</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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K010050 SS=C	<p>The facility has a capacity of 80 and had a census of 62 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. All areas providing facility services were sprinklered, except two detached buildings providing facility storage.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 05/29/14.</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 Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2</p> <p>Based on record review and interview, the facility failed to conduct fire drills under varied conditions in 12 of 12 fire drills. This deficient practice affects all</p>	K010050	K 050 NFPA 101 LIFE SAFETY CODE STANDARD Woodland Manor conducts fire drills at unexpected times under varying conditions.	06/20/2014	

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K010062 SS=D	<p>occupants in the facility including staff, visitors and residents.</p> <p>Findings include:</p> <p>Based on review of "Fire Drill Record" documentation with the Administrator at 9:30 a.m. on 05/21/14, the "Description &amp; Location of Simulated Disaster" section on all the fire drill reports conducted the past year were blank or incomplete. Additionally, the fire drill form documentation lacked the name and address of the facility. Based on interview at the time of record review, the Administrator acknowledged the aforementioned fire drill reports lacked the facility's name and address and the simulations were blank or incomplete</p> <p>3.1-19(b) 3.1-51(c)</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 1 of 1 sprinkler systems was continuously maintained in reliable operating condition. LSC 9.7.5</p>	K010062	<p>I. The June fire drill will be completed as scheduled. The documentation forms will include the name and address of the facility and all information will be completed per regulation.</p> <p>II. All residents have the potential to be affected.</p> <p>III. New maintenance director will be in-serviced on the proper completion of the fire drill forms.</p> <p>IV. Quality Assurance team will review the fire drills for completion and accuracy monthly for six months.</p> <p>K 062 NFPA 101 LIFE SAFETY CODE STANDARD Woodland Manor has automatic sprinkler systems that are</p>	06/20/2014			

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	<p>requires all automatic sprinkler systems shall be inspected, tested and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 1998 edition, 2-2.1.1 requires any sprinkler shall be replaced which is painted, corroded, damaged, loaded, or in the improper orientation. This deficient practice could affect staff using the service corridor, employee lounge and kitchen.</p> <p>Findings include:</p> <p>Based on observation with the Administrator from 10:45 a.m. to 12:30 p.m. on 05/21/14, the following was noted:</p> <ol style="list-style-type: none"> <li>Two of twelve sprinkler heads in the service corridor were missing an escutcheon.</li> <li>One of two sprinkler heads in the employee lounge was missing an escutcheon.</li> <li>The sprinkler in the walk in refrigerator was corroded.</li> </ol> <p>Based on interview during the times of the observations, the Administrator acknowledged the sprinkler heads in the aforementioned areas were missing escutcheons or were corroded.</p>		<p>continuously maintained in reliable operating condition.</p> <ol style="list-style-type: none"> <li>These sprinklers are all in areas not inhabited/ used by residents. An order for the needed escutcheons and the replacement sprinkler has been placed and Safecare will install when received.</li> <li>All other areas of the facility will be checked for proper escutcheons and sprinkler corrosion. Any noted problems will be referred to Safecare for correction.</li> <li>The new maintenance director will be in-serviced on what to look for during his daily rounds.</li> <li>Maintenance will audit 1 section of the facility monthly for the presence of escutcheons and the absence of corrosion. Results will be reviewed in QA for six months.</li> </ol>				

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K010068 SS=D	<p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Combustion and ventilation air for boiler, incinerator and heater rooms is taken from and discharged to the outside air. 19.5.2.2 Based on observation and interview, the facility failed to ensure 1 of 1 rooms such as laundry with natural gas dryers was provided with makeup combustion air from the outside for rooms containing fuel fired equipment. This deficient practice could affect any staff using the laundry or service corridor.</p> <p>Findings include:</p> <p>Based on observation with the Administrator from 10:45 a.m. to 12:30 p.m. on 05/21/14, the laundry room had two gas fueled dryers with no visible fresh air intake. Based on interview at the time of observation, the Administrator was not able to verify if a fresh air intake was provided.</p> <p>3.1-19(b)</p>	K010068	<p>K 068 NFPA 101 LIFE SAFETY CODE STANDARD Woodland Manor does have combustion and ventilation air for boiler, incinerator and heater rooms is taken from and discharged to the outside air. I. Repair will be made so that fresh air intake will be provided to the laundry area. II. Other areas requiring fresh air intake will be assessed to ensure that it is present. III. The new maintenance director will be in-serviced on the areas requiring fresh air intake and how to assess. IV. The maintenance director will monitor the areas requiring fresh air intake during routine maintenance rounds and report any deficient practices will be corrected and results will be discussed monthly in QA meeting.</p>	06/20/2014	

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K010069 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96 Based on record review and interview, the facility failed to ensure the kitchen hood exhaust system was protected in accordance with NFPA 96, 1998 Edition, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations. NFPA 96, 5-1.1 states, approved upblast fans with motors surrounded by the airstream shall be hinged, supplied with flexible weatherproof electrical cable and service hold open retainers, and listed for this use. NFPA 96, 8-1.6 states, cooking equipment shall not be operated while its fire extinguishing system or exhaust system is nonoperational or otherwise impaired. This deficient practice could affect at least 20 residents using the adjacent dining room as well as staff and visitors.</p> <p>Findings include:</p> <p>Based on record review from 9:30 a.m. to 10:30 a.m. on 05/21/14 with the Administrator, the commercial kitchen exhaust cleaning report dated 05/23/2013, indicated the fans were not working properly and were not hinged. The miscellaneous notes section</p>	K010069	<p>K 069 NFPA 101 LIFE SAFETY CODE STANDARD Woodland Manor has cooking facilities are protected in accordance with 9.2.3 I. The kitchen exhaust repair has been scheduled with Griffin repair. II. All residents have the potential to be affected. III. The new maintenance director will be in-serviced on the importance of reviewing the routine inspections and acting on those recommendations. IV. Routine inspections will be part of the preventative maintenance program and results will be discussed monthly in QA.</p>	06/20/2014

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	<p>indicated, "the fan was on a timer and wouldn't come on. The fans were not hinged." The commercial kitchen exhaust cleaning report dated 11/13/2013 also indicated the fans were not working properly and were not hinged. The miscellaneous notes section indicated the " fan was tested before service, not in good working order. Left off after service. The fan turns on but the blades are hitting the inside of fan wheel housing. It is very unbalanced." Based on interview at the time of record review, the Administrator acknowledged the kitchen hood exhaust fan issues have not been resolved.</p> <p>3.1-19(b)</p>				