

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 07/23/2015
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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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K 0000 Bldg. 01	<p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 06/08/15 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 07/23/15</p> <p>Facility Number: 000034 Provider Number: 155086 AIM Number: 100274880</p> <p>At this PSR 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>	K 0000	<p>Survey Event ID: W6Y122 Exit Date: 07/23/2015 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. If there are any further questions or concerns, please feel free to contact me at 574-295-0096.</p> <p>Respectfully, Kevin Baker, HFA</p>	
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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 0025 SS=D Bldg. 01	<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>NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4</p> <p>Based on observation and interview, the facility failed to ensure the penetrations caused by the passage of wire and/or conduit through 4 of 4 smoke barrier walls were protected to maintain the smoke resistance of each smoke barrier. LSC Section 19.3.7.3 requires smoke barriers to be constructed in accordance with LSC Section 8-3. LSC Section 8.3.6.1 requires the passage of building service materials such as pipe, cable or wire to be protected so the space between the penetrating item and the smoke barrier shall be filled with a material</p>	K 0025	<p>The facility will ensure the smoke barrier wall near resident room 400 is protected to prevent the passage of smoke with a product that has been tested and approved as a "Through Penetration Firestop" and is listed to UL 1479 (ASTM E-814) The Administrator or designee will monitor all smoke barriers to ensure they resist the passage of smoke on a monthly basis Any negative finding during the monitoring will be corrected immediately Results of the monitoring will be reviewed during the facility's Quality Assurance</p>	08/12/2015

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	<p>capable of maintaining the smoke resistance of the smoke barrier or be protected by an approved device designed for the specific purpose. This deficient practice could affect occupants.</p> <p>Findings include:</p> <p>Based on observation with the Administrator on 07/23/15 at 12:32 p.m. the smoke barrier wall near resident room 400 had insulation stuffed into the gap where the smoke barrier wall met the corrugated roof. Based on interview at the time of observation, the Administrator acknowledged the aforementioned condition.</p> <p>3.1-19(b)</p>		meeting for continued compliance, monitoring will be ongoing		