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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>155549 | X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 01<br>B. WING _____ | X3) DATE SURVEY COMPLETED<br><br>02/12/2015 |
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| NAME OF PROVIDER OR SUPPLIER<br><br>WILLOWBEND LIVING CENTER | STREET ADDRESS, CITY, STATE, ZIP CODE<br>7524 E JACKSON ST<br>MUNCIE, IN 47302 |
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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: 02/12/15</p> <p>Facility Number: 000681<br/>Provider Number: 155549<br/>AIM Number: 100286100</p> <p>Surveyor: Phillip Komsiski, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Willowbend Living Center 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, spaces open to the corridors and battery powered smoke detectors in all resident rooms. The facility has a</p> | K010000 |  |  |
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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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| K010025<br>SS=E  | <p>capacity of 60 and had a census of 43 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 except for one garage and one barn used for facility storage which were not sprinklered.</p> <p>Quality Review by Dennis Austill, Life Safety Code Specialist on 02/17/15.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>NFPA 101<br/>LIFE SAFETY CODE STANDARD<br/>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 1 of 6 smoke barrier walls was protected to maintain the one half hour fire resistance rating of</p> | K010025   | K O25 1. No residents were affected from this alleged deficient practice. The sprinkler pipe located at the 100 hall has been properly sprayed and | 02/18/2015   |  |   |  |

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| K010029  | <p>the smoke barrier. LSC Section 8.3.6.1 requires the passage of building service materials such as pipe, cable or wire be protected, so the space between the penetrating item and the smoke barrier shall be filled with a material 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 16 residents on 100 hall west as well as visitors and staff if smoke from a fire were to infiltrate the protective barrier wall.</p> <p>Findings include:</p> <p>Based on observation on 02/12/15 at 1:50 p.m. with the Maintenance Supervisor, the 100 hall west smoke barrier wall had a one inch diameter opening around a four inch diameter sprinkler pipe which penetrated the smoke barrier wall and was not sealed with a fire rated material. Based on interview on 02/12/15 at 1:59 p.m. with the Maintenance Supervisor, it was acknowledged the aforementioned smoke barrier wall had an unprotected opening which was not sealed with a fire rated material.</p> <p>3.1-19(b)<br/>NFPA 101</p> |   | <p>treated with a fire resistant material. Completed on 2-18-15</p> <p>2. 16 of 43 residents had the potential of being affected. No residents were affected from this alleged deficient practice. The 1inch diameter opening around sprinkler pipe on 100 hall has been properly sprayed and insulated with fire resistant insulation material. 3. All other fire barrier walls and pipes were inspected with no deficient practice noted. Maintenance Supervisor has been re-educated in regards to fire and smoke barriers. The maintenance supervisor has added the inspection of smoke barriers to the preventative maintenance schedule. 4. Maintenance supervisor will complete inspection of all fire barriers walls and pipes monthly times three months then quarterly thereafter. Any negative finding will be reported to the administrator immediately. Results of these reviews will be forwarded to the QA committee monthly times three months then quarterly thereafter and the plan adjusted if indicated. Completed on 2-18-15.</p> |  |  |   |  |

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| SS=E   | <p><b>LIFE SAFETY CODE STANDARD</b><br/>One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1</p> <p>Based on observation and interview, the facility failed to ensure 1 of 2 doors leading to hazardous areas such as the kitchen would latch and self close. This deficiency could affect 7 residents observed in the Main dining room which is adjacent to the kitchen as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observation on 02/12/15 at 12:35 p.m. with the Maintenance Supervisor, the kitchen door which separates the kitchen from the adjacent dining room which opens up to Center hall was a swinging type door which would not latch into the door frame and was not equipped with a self closing device on the door. Based on interview on 02/12/15 concurrent with the observation with the Maintenance Supervisor it was acknowledged the</p> | K010029   | <p>K 0029 1. No residents were affected by this alleged deficient practice. Kitchen door located adjacent from dinning room was swinging type door which did not latch into door frame. Frame and doorknob were applied to door for door to securely latch. Completed on 2-25-15 2. Seven residents out of forty-three had the potential to be affected by this alleged defiant practice. No residents were affected by this alleged defiant practice. A secure frame with a locking doorknob was added to kitchen door. 3. Maintenance supervisor was educated on proper door closer and secure areas. All other potential affected areas were reviewed with no defiant practice noted. Doors will be added to preventative maintenance schedule. 4. Maintenance supervisor will complete an inspection of swinging doors for proper locking and security monthly times three months then</p> | 02/25/2015           |   |

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| K010147<br>SS=E  | <p>aforementioned kitchen door did not self close and latch into the door frame.</p> <p>3.1-19(b)</p> <p>NFPA 101<br/>LIFE SAFETY CODE STANDARD<br/>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 10 surge protectors 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 fixed wiring of a structure. This deficient practice could affect 8 residents on Memory care as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observation on 02/12/15 at 2:30 p.m. a surge protector was used to provide power to a washing machine and a full size refrigerator located in the Cottage kitchen on Memory care hall.</p> | K010147   | <p>quarterly thereafter. Any negative findings will be reported to Administrator immediately. Results of these reviews will be forwarded to the QA committee monthly times three months then quarterly thereafter and the plan adjusted if indicated. Completed on 2-25-15</p> <p>K 0147 1. No residents were affected by this alleged deficient practice. Surge protector used to provide power to washing machine and full size refrigerator located on memory care unit was removed immediately. Completed on 2-18-15. 2. Eight residents of the memory care unit had the potential of being affected. No residents were actually affected by this defiant practice. Power surge strip was removed and the refrigerator was moved to new location and was plugged into direct outlet. Washing machine was also plugged into direct outlet. All other rooms and unit on memory care were evaluated for power surge strips, zero were to be located. 3. Maintenance supervisor re-educated on proper use of power strips and surges and appropriate equipment to be used. Maintenance supervisor to inspect all rooms for power strips and add monitoring to</p> | 02/18/2015           |   |

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|  | Based on interview on 02/12/15 concurrent with the observation it was acknowledged by the Maintenance Supervisor, a surge protector was used to power the aforementioned electrical appliances.<br><br>3.1-19(b) |   | preventative maintenance schedule. 4. Maintenance supervisor will complete an inspection of all rooms and equipment monthly times three months then quarterly thereafter. Any negative findings will be reported to Administrator immediately. Results of these reviews will be forwarded to the QA committee monthly times three months then quarterly thereafter and the plan adjusted if indicated. Completed on 2-18-15. |                      |   |