

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 07/26/2012
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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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K0000	<p>A Quality Assurance Walk-thru Survey was conducted by the Indiana State Department of Health.</p> <p>Survey Date: 07/26/12</p> <p>Facility Number: 000134 Provider Number: 155229 AIM Number: 100275430</p> <p>Surveyor: Phillip Komsiski, Life Safety Code Specialist</p> <p>At this Quality Assurance Walk-thru survey, The Woodlands was found not in compliance with 410 IAC 16.2-3.1-19(ff).</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 and spaces open to the corridors. There were no smoke detectors in resident rooms. The facility has a capacity of 99 and had a census of 93 at the time of this survey.</p>	K0000		

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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	<p>The facility was found not in compliance with state law in regard to sprinkler coverage and smoke detector coverage.</p> <p>All areas where the residents have customary access were sprinklered.</p> <p>The facility had two detached sheds for facility storage which were not sprinklered.</p> <p>Quality Review by Lex Brashear, Life Safety Code Specialist-Medical Surveyor on 07/31/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K9999	<p>1. State Findings</p> <p>3.1-19 ENVIRONMENT AND PHYSICAL STANDARDS</p> <p>3.1-19(ff) A health facility licensed under 16-28 and this rule must do the following:</p> <p>(1) Have an automatic sprinkler system installed throughout the facility before July 1, 2012.</p> <p>(2) If an automatic sprinkler system is not installed throughout the health care facility before July 1, 2010, submit before July 1, 2010 a plan to the department for completing the installation of the automatic sprinkler system before July 1, 2012.</p> <p>(3) Have a battery operated or hard-wired smoke detector in each resident 's room before July 1, 2012.</p> <p>This State Rule has not been met as evidenced by: Based on observation and interview, the facility failed to install smoke detectors in each resident's room before July 1, 2012. This deficient practice could affect at least 93 residents in the facility.</p> <p>Findings include:</p> <p>Based on observations on 07/26/12 from</p>	K9999	<p>1.</p> <p>WHAT CORRECTIVE ACTIONS WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED:</p> <p>Smoke detectors for resident rooms have been ordered and will be installed by 8/25/12.</p> <p>HOW WILL OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BE IDENTIFIED AND WHAT CORRECTIVE ACTIONS WILL BE TAKEN:</p> <p>A visual inspection of resident rooms was completed and smoke detectors ordered for each resident's room.</p> <p>WHAT MEASURES WILL BE PUT IN PLACE OR WHAT SYSTEMIC CHANGE WILL BE MADE TO PREVENT RECURRENCE.</p> <p>Verification of smoke detector placement in each resident room and proper functioning will be added to the monthly Preventive Maintenance Program.</p> <p>HOW WILL THE CORRECTIVE ACTION BE MONITORED.</p> <p>The Maintenance Supervisor will submit results of the Preventive Maintenance Audits to the Performance Improvement Committee meeting for inclusion in the Performance Improvement Minutes monthly times 12 months.</p>	08/25/2012			

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	<p>2:00 p.m. to 2:45 p.m. with the Maintenance Supervisor, all fifty resident rooms were not provided with smoke detectors. Based on interview on 07/26/12 concurrent with the observations, the Maintenance Supervisor acknowledged all the resident rooms were not provided with smoke detectors.</p> <p>3.1-19(ff)</p> <p>2. State Findings</p> <p>3.1-19 ENVIRONMENT AND PHYSICAL STANDARDS</p> <p>3.1-19(ff) A health facility licensed under 16-28 and this rule must do the following:</p> <p>(1) Have an automatic sprinkler system installed throughout the facility before July 1, 2012.</p> <p>(2) If an automatic sprinkler system is not installed throughout the health care facility before July 1, 2010, submit before July 1, 2010 a plan to the department for completing the installation of the automatic sprinkler system before July 1, 2012.</p> <p>(3) Have a battery operated or hard-wired smoke detector in each resident ' s room before July 1, 2012.</p> <p>This State Rule has not been met as evidenced by:</p> <p>2. Based on observation and interview,</p>		<p>DATE COMPLETED 8/25/12</p> <p>2.</p> <p>WHAT CORRECTIVE ACTIONS WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED:</p> <p>Automated sprinkler heads will be added to the outside canopy.</p> <p>HOW WILL OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BE IDENTIFIED AND WHAT CORRECTIVE ACTIONS WILL BE TAKEN:</p> <p>Residents of Ivy court have the potential to be affected. An agreement has been executed with Safecare to install automated sprinkler heads to ensure proper coverage.</p> <p>WHAT MEASURES WILL BE PUT IN PLACE OR WHAT SYSTEMIC CHANGE WILL BE MADE TO PREVENT RECURRENCE.</p> <p>Verification of sprinkler placement and proper functioning will be added to the monthly Preventive Maintenance Program.</p> <p>HOW WILL THE CORRECTIVE ACTION BE MONITORED.</p> <p>The Maintenance Supervisor will submit results of the Preventive Maintenance Audits to the</p>		

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	<p>the facility failed to ensure 1 of 4 outside canopies, were provided with automatic sprinkler heads to ensure sprinkler coverage in all portions of the building. This deficient practice could affect 26 residents on Ivy court which is adjacent to the front entrance as well as visitors or staff.</p> <p>Findings include:</p> <p>Based on observation on 07/26/12 at 2:00 p.m. with the Maintenance Supervisor, the canopy outside the front entrance was attached and was not provided with sprinkler head coverage. The fifteen foot overhang outside the front entrance was attached to the building and constructed of aluminum supports with a vinyl roof. Based on interview on 07/26/12 concurrent with the observation with the Maintenance Supervisor, it was acknowledged there was no sprinkler head present for the aforementioned canopy to provide complete sprinkler coverage for the facility.</p> <p>3.1-19(ff)</p>		<p>Performance Improvement Committee meeting for inclusion in the Performance Improvement Minutes monthly times 12 months.</p> <p>DATE COMPLETED 8/25/12</p>		