

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155061	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  08/29/2012
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NAME OF PROVIDER OR SUPPLIER  WOODLAND HILLS CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 403 BIELBY RD LAWRENCEBURG, IN 47025
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F0000	<p>This visit was for the Investigation of Complaint IN00114761 and IN00115400.</p> <p>Complaint IN00114761 - Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00115400 - Substantiated. State deficiencies related to the allegation are cited at F-9999</p> <p>Survey dates: August 28 &amp; 29, 2012</p> <p>Facility number: 000022 Provider number: 155061 Aim number: 100274510</p> <p>Survey team: Leslie Parrett RN TC</p> <p>Census bed type: SNF/NF: 41 Total: 41</p> <p>Census payor type: Medicare: 3 Medicaid: 38 Total: 41</p> <p>Sample: 3 Supplemental sample: 3</p> <p>Woodland Hills Care Center was found to</p>	F0000	<p>Submission of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or correction set forth on the statement of deficiencies. The plan of correction is prepared and submitted because of requirement under and state and federal law. Please accept this plan of correction as our credible allegation of compliance. Please find enclosed this plan of correction for this survey. Due to the low scope and severity of the survey finding, please find the sufficient documentation providing evidence of compliance with the plan of correction. The documentation serves to confirm the facility's allegation of compliance. Thus, the facility respectfully requests the granting of paper compliance. Should additional information be necessary to confirm said compliance, feel free to contact me.</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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	<p>be in compliance with 42 CFR Part 483 Subpart B in regard to the Investigation of Complaints IN00114761 and IN00115400.</p> <p>This state finding is cited in accordance with 410 IAC 16.2.</p> <p>Quality review 8/31/12 by Suzanne Williams, RN</p>			

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F9999	<p>State Finding:</p> <p>(g) The administrator is responsible for the overall management of the facility but shall not function as a department supervisor, for example, director of nursing or food service supervisor, during the same hours. The responsibilities of the administrator shall include, but are not limited to, the following:</p> <p>(1) Immediately informing the division by telephone, followed by written notice within twenty-four (24) hours, of unusual occurrences that directly threaten the welfare, safety, or health of the resident or residents, including, but not limited to, any:</p> <p>(A) epidemic outbreaks;</p> <p>(B) poisonings;</p> <p>(C) fires; or</p> <p>(D) major accidents.</p> <p>If the department cannot be reached, such as on a holidays or weekends, a call shall be made to the emergency telephone number ((317) 383-6144) of the division.</p> <p>This state rule was not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to report an unusual occurrence of the air conditioning system</p>	F9999	<p>F999 Requires the facility to report unusual occurrence of the air conditioning breaking down to the State Board of Health. 1. No residents were harmed. 2. All residents have the potential to be affected. The facility reported the air conditioning being down on 8/28/12 to the State Board Of Health. The facility provided the residents with portable air conditioners in each of the rooms and temperatures were taken twice a day to ensure that the temperature did not exceed 81 degrees per state regulations. See below for corrective measures. 3. The reporting of Unusual Occurance policy and procedure was reviewed with tno changes made. The administrator was inserviced on the on the above procedure. 4. All notice of concerns will be reviewed by the administrator and then he will contact the Nurse Consultant to review and the decision will be made at that time if it is an unusual occurrence that should be reported to the State Board of Health . The administrator or his designee will utilize the administrator monitoring tool daily if a concern is noted times four weeks, then weekly times four weeks, then every two weeks times two months, then quarterly thereafter to ensure that all notice</p>	08/30/2012	

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	<p>breaking down on 8/25/12, affecting 40 residents on two floors of the facility.</p> <p>Findings include:</p> <p>On 8/28/12 at 9:10 a.m., interview with the Administrator indicated the air conditioning was "acting up in the afternoon" of 8/24/12 and he was notified by facility staff on the morning of 8/25/12 that the facility air conditioner was no longer working. He indicated he came into the facility shortly after receiving the call and began logging temperatures of all residents' rooms.</p> <p>The Administrator indicated he contacted his corporate office, and corporate maintenance personnel inspected the air conditioning unit and determined that it would need to be replaced. He indicated that the highest temperature that any resident room had reached was 81 degrees on 8/27/12 at 8:30 a.m. The Administrator indicated the facility and corporate maintenance personnel went to other corporate facilities to acquire portable air conditioning units with a total of 11 units for residents with respiratory problems and residents that wanted them at that time. He indicated he interviewed residents and family members periodically through out the day and had not had any complaints of anyone being</p>		<p>of concerns are reported to the State Board of Health if they meet reportable guidelines. The audits will be reviewed during the facility's quarterly quality assurance meetings and the plan of correction will be adjusted accordingly. 5. The above corrective measures will be completed on or before August 30, 2012.</p>		

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	<p>too warm. Administrator indicated he did not report the problem with the air conditioning to the State Department of Health.</p> <p>During initial tour on 8/28/12 at 9:35 a.m. an interview with 9 residents indicated they have had no problems with their rooms or the facility being to warm for them.</p> <p>Review of facility temperature logs, provided by the Administrator on 8/28/12 at 12:15 p.m., indicated on 8/25/12 at 9:20 a.m. and 5:25 p.m. residents room temperatures ranged from 74 degrees to 79 degrees. On 8/26/12 at 11:30 a.m. and 6:00 p.m. residents room temperatures ranged from 74 degrees to 80 degrees. On 8/27/12 at 8:30 a.m. and 2:45 p.m. residents room temperatures ranged from 74 degrees to 81 degrees. On 8/28/12 at 8:20 a.m. and 3:00 p.m. residents room temperatures ranged from 72 degrees to 79 degrees. On 8/29/12 at 8:00 a.m. and 2:00 p.m. residents room temperatures ranged from 72 degrees to 80 degrees.</p> <p>On 8/29/12 at 11:10 a.m. interview with the Administrator indicated at the current time, there are 20 portable air conditioning units in residents' rooms which provided air conditioning for all the residents in the facility. He also</p>			

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	<p>indicated the facility has decided to place individual units in all the residents rooms for residents to individually control their own heating and air conditioning. The Administrator indicated a private company would start the installation of units next week.</p> <p>3.1-13(g)(1)</p>			