

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155412	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 07/25/2011
NAME OF PROVIDER OR SUPPLIER GREENWOOD HEALTH AND LIVING COMMUNITY LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 937 FRY RD GREENWOOD, IN46142		
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K0000	<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: 07/25/11</p> <p>Facility Number: 000509 Provider Number: 155412 AIM Number: 100266620</p> <p>Surveyor: Phillip Komsiski, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Greenwood Health and Living Community LLC 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 V (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 all resident sleeping rooms. The facility</p>	K0000	This plan of correction is to serve as Greenwood Health and Living Community's credible allegation of compliance. Submission of this plan of correction does not constitute an admission by Greenwood Health and Living Community or their management companies that the allegations contained in the survey report are a true and accurate portrayal of the provision of nursing care and other services in this facility. Nor does this submission constitute an agreement or admission of the survey allegations.		

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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K0056 SS=E	<p>has a capacity of 121 and had a census of 101 at the time of this survey.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 07/28/11.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5</p> <p>1. Based on observation and interview, the facility failed to provide a minimum of 6 feet spacing between 2 of 3 sprinkler heads in the Dry storage room. NFPA 13, 1999 Edition, at 5-6.3.4 requires sprinklers to be spaced not less than 6 feet on center. This deficient practice could affect 26 residents on west hall as well as visitors and staff.</p>	K0056	<p>K 0056 (1) 1. The dry sttorage room was once a social service ofice and a non dietary sttorage room With tthe removal ofl tthe wall in between to createe tthe dry sttorage room created a sittuatton where by tthe sprinkler heads were less tthan six flett appart One sprinkler head has been removed so thatt tthe dry sttorage room sprinkler heads are six flett or more appart</p>	08/24/2011	

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	<p>Findings include:</p> <p>Based on observations on 07/25/11 at 12:30 p.m. with the Maintenance Supervisor, two sprinkler heads in the Dry storage room on Main hall north were five feet apart. Based on interview on 07/25/11 at 12:32 p.m. with the Maintenance Supervisor, it was acknowledged the spacing between the aforementioned sprinkler heads was less than six feet apart.</p> <p>3.1-19(b)</p> <p>2. Based on observation and interview, the facility failed to ensure 1 of 1 sprinkler heads in the Mechanical room south 400 hall was not positioned next to an obstruction which would interfere with the spray pattern of the sprinkler head from fully developing. This deficient practice could affect 30 residents residing on 400 hall as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observation on 07/25/11 at 2:48 p.m. with the Maintenance Supervisor, the 400 south hall Mechanical room had a sprinkler head located in the center of the room which was blocked by a six inch diameter exhaust plenum precluding the</p>		<p>2. No other residents other than the 26 identified in the survey that could be affected were identified by the distance between sprinkler heads</p> <p>3. An inspection of the community storage rooms did not reveal other areas with inadequate distance between sprinkler heads We do not anticipate this situation to reoccur</p> <p>4. Any future changes to the sprinkler system will only be approved with the assurance of proof that the sprinkler head distance will meet the requirement This plan of correction will be presented to the Quality Assurance Committee at their next regular meeting.</p> <p>(2) 1. The sprinkler head in the south 400 hall Mechanical room has been moved so as not to be obstructed by the boiler exhaust plenum thus allowing the spray pattern of the sprinkler head to fully develop.</p> <p>2. No other residents other than the 30 residents that could be affected were identified by the obstruction of the spray pattern</p> <p>3. An inspection of the other Mechanical room did not reveal other Mechanical rooms with situations that would obstruct the sprinkle spray pattern from fully developing. This situation should not reoccur</p> <p>4. Any needed changes to the sprinkler system that might occur</p>		

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	<p>sprinkler's spray pattern from fully developing next to the boiler unit. The Mechanical room measured ten feet by five feet. Based on interview on 07/25/11 at 2:50 p.m. with the Maintenance Supervisor it was acknowledged the sprinkler head in the Mechanical room was blocked by the boiler exhaust plenum and would interfere with the sprinkler heads spray pattern.</p> <p>3.1-19(b)</p>		<p>will only be approved with tthe assurance thhatt tthe flow pattern ofl tthe sprinkler heads are nott obstrcttedThis plan ofl correctton will be presented to tthe Quality Assurance Committee att ttheir nextt regular meetting.</p>		
K0070 SS=E	<p>Portable space heating devices are prohibited in all health care occupancies, except in non-sleeping staff and employee areas where the heating elements of such devices do not exceed 212 degrees F. (100 degrees C) 19.7.8</p> <p>Based on observation and interview, the facility failed to provide documentation for the use of 1 of 1 portable heating units used in nonsleeping staff areas. This deficient practice could affect 18 residents on 500 hall as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observation on 07/25/11 at 1:00</p>	K0070	<p>K 0070 1. The porttable heatng device thhatt was used in a non sleeping sttafl and employee area (Social Service oflce) has been removed from our building</p> <p>2. An inspectton ofl tthe oflces was perlormed to assure no otther residentt areas could be aflected No otther porttable heatters were flound</p> <p>3. Should tthere be a need flor a porttable heatng device in a non-sleeping sttaff/employee area,</p>	08/24/2011	

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	<p>p.m. with the Maintenance Supervisor, the Social service office on 500 hall contained one portable space heater which was operating at the time, and documentation was not available to verify the heating elements did not exceed two hundred and twelve degrees F. Based on interview on 07/25/11 at 01:05 p.m. with the Maintenance Supervisor, it was acknowledged the portable heating unit was being used and the information was not available for review to verify the portable heating unit did not exceed two hundred and twelve degrees F nor was there a portable heating unit policy available for review.</p> <p>3.1-19(b)</p>		<p>tthe device will be given to tthe Maintenance Supervisor tto inspectt and documenttatton mustt accompany tthe heating device tto be keptt on file in tthe Maintenance Office. The Mainttenance Supervisor has been educatted on tth212F heating limitt on porttable heating devices and mainttenance ofl records documenttng tthe devices heating limitt. The Administratrator has sentt an E-mail to tthe Departmentt Supervisors outtlining tthe requirementt and expecttatton for any employee who should have a need for a porttable heating device</p> <p>4. The Mainttenance Supervisor upon routtne inspectton ofl tthe building will observe flor porttable heaters His flndings and tthe mainttenance ofl records will be reportted to tthe Quality Assurance Committee att ttheir nextt regular meettng and monthtly thtthrough tthe wintter season</p>		

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K0143 SS=E	<p>Transferring of oxygen is:</p> <p>(a) separated from any portion of a facility wherein patients are housed, examined, or treated by a separation of a fire barrier of 1-hour fire-resistive construction;</p> <p>(b) in an area that is mechanically ventilated, sprinklered, and has ceramic or concrete flooring; and</p> <p>(c) in an area posted with signs indicating that transferring is occurring, and that smoking in the immediate area is not permitted in accordance with NFPA 99 and the Compressed Gas Association. 8.6.2.5.2 Based on observation and interview, the facility failed to ensure 1 of 1 electrical switches were positioned five feet above the floor in the oxygen storage room on 400 hall where oxygen transfer occurs. NFPA 99, 1999 Edition Standard for Health Care Facilities, Section 8-3.1.11.2(f) requires electrical fixtures in oxygen storage locations shall meet 4-3.1.1.2(a)11(d) which requires ordinary electrical wall fixtures in supply rooms shall be installed in fixed locations not less than 5 feet above the floor to avoid physical damage. This deficient practice could affect an 30 residents on 400 hall south as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observation on 07/25/11 at 11:59 a.m. with the Maintenance</p>	K0143	<p>K 0143 1. A sign has been permanently affixed to the oxygen room door which reads; Oxygen Transfer Occurring Smoking in the Immediate Area Is Not Permitted The light switch has been removed from the oxygen room and is now located outside the oxygen room</p> <p>2. No other residents were affected by the lack of the Oxygen Transfer Occurring sign.</p> <p>3. 4. The Oxygen Transfer Occurring Smoking in the Immediate Area Is Not Permitted sign will be permanently affixed to the oxygen room door. This plan of correction will be presented to the Quality Assurance Committee at their next regular meeting.</p>	08/24/2011	

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	Supervisor, there was one electrical switch installed inside the oxygen room on the west wall located four feet above the floor. Based on interview on 07/25/11 at 12:02 p.m. with the Maintenance Supervisor, it was acknowledged the electrical wall fixture was located less than five feet above the floor. 3.1-19(b)				