

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/11/2018  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155747		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING		X3) DATE SURVEY COMPLETED 12/21/2017	
NAME OF PROVIDER OR SUPPLIER  ADAMS WOODCREST				STREET ADDRESS, CITY, STATE, ZIP CODE 1300 MERCER AVE DECATUR, IN 46733			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
E 0000  Bldg. --	<p>An Emergency Preparedness Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.73.</p> <p>Survey Date: 12/21/17</p> <p>Facility Number: 000556 Provider Number: 155747 AIM Number: 100290130</p> <p>At this Emergency Preparedness survey, Adams Woodcrest was found in substantial compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73. The facility has a capacity of 143 and had a census of 105 at the time of this survey.</p> <p>Quality Review completed on 12/27/17 - DA</p> <p>The requirement at 42 CFR, Subpart 483.73 is NOT MET as evidenced by:</p>			E 0000	<p>Preparation and execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or the conclusions set forth in the Statement of Deficiencies rendered by the reviewing agency. The Plan of Correction is prepared and executed solely because it is required by the provisions of federal and state law. Adams-Woodcrest maintains that the alleged deficiencies do not individually or collectively jeopardize the health and/or the safety of its residents nor are they of such character as to limit the provider's capacity to render adequate resident care. Furthermore, Adams-Woodcrest asserts that it is in substantial compliance with regulations governing the operation of long term care facilities, and this Plan of Correction in its entirety constitutes this provider's credible allegation of compliance and, thereby, we request resurvey to verify such as of January 3, 2018</p> <p><b>Further, we request desk review (paper compliance) for compliance, if acceptable.</b></p> <p>Completion dates are provided for procedural processing purposes</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 other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 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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E 0018 SS=C Bldg. --	<p>Based on record review and interview, the facility failed to ensure emergency preparedness policies and procedures include a system to track the location of on-duty staff and sheltered residents in the LTC facility's care during and after an emergency. If on-duty staff and sheltered residents are relocated during the emergency, the LTC facility must document the specific name and location of the receiving facility or other location in accordance with 42 CFR 483.73(b) (2). This deficient practice could affect all occupants.</p> <p>Findings Include:</p> <p>Based on record review with the Director of Nursing on 12/21/17 at 10:35 a.m., the facility's Emergency Preparedness plan</p>			E 0018	<p>to comply with federal and state regulations, and correlate with the most recent contemplated or accomplished corrective action. These do not necessarily chronologically correspond to the date that Adams-Woodcrest is under the opinion that it was in compliance with the requirements of participation or that corrective action was necessary.</p> <p><b>What corrective actions will be accomplished for those residents found to have been affected by the deficient practice?</b></p> <p>The policy and procedure committee reviewed rule requirements for staff tracking in the event of an emergency. See new policies attached.</p> <p><b>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken?</b></p> <p>No other residents were identified as new policies cover all the residents residing at facility.</p> <p><b>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</b></p> <p>Administrator or designee will report to QAPI committee</p>		01/03/2018

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E 0026 SS=C Bldg. --	<p>provided did not address procedures for tracking of staff. Based on interview at the time of records review, the Director of Nursing agreed the plan did not address not address procedures for tracking of staff.</p> <p>Based on record review and interview, the facility failed to ensure emergency preparedness policies and procedures include the role of the LTC facility under a waiver declared by the Secretary, in accordance with section 1135 of the Act, in the provision of care and treatment at an alternate care site identified by emergency management officials in accordance with 42 CFR 483.73(b)(8). This deficient practice could affect all occupants.</p> <p>Findings include:</p>	E 0026	<p>quarterly regarding any new rule requirements as it relates to emergency preparedness. QAPI committee will review recommendations and modify or adopt additional policies as needed.</p> <p><b>How will corrective actions be monitored to ensure the deficient practice will not recur, what quality assurance program will be put into place?</b> Emergency preparedness policies will be reviewed as needed quarterly as described above. The emergency preparedness operations program will be reviewed annually by the QAPI committee.</p> <p><b>What corrective actions will be accomplished for those residents found to have been affected by the deficient practice?</b> The policy and procedure committee reviewed rule requirements for waiver declaration in the event of an emergency. See new policies attached.</p> <p><b>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken?</b> No other residents were identified as new policies cover all the</p>	01/03/2018	

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K 0000  Bldg. 01	<p>Based on record review with the Director of Nursing on 12/21/17 at 10:30 a.m., the facility's Emergency Preparedness plan provided did not address the role of the LTC facility under a waiver declared by the Secretary. Based on interview at the time of records review, the Director of Nursing agreed the plan did not address the role of the LTC facility under a waiver declared by the Secretary.</p> <p>A Shortened Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.90(a).</p> <p>Survey Date: 12/21/17</p>			K 0000	<p>residents residing at facility. <b>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</b> Administrator or designee will report to QAPI committee quarterly regarding any new rule requirements as it relates to emergency preparedness. QAPI committee will review recommendations and modify or adopt additional policies as needed. <b>How will corrective actions be monitored to ensure the deficient practice will not recur, what quality assurance program will be put into place?</b> Emergency preparedness policies will be reviewed as needed quarterly as described above. The emergency preparedness operations program will be reviewed annually by the QAPI committee.</p> <p>Preparation and execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or the conclusions set forth in the Statement of Deficiencies rendered by the reviewing agency. The Plan of Correction is prepared and</p>		

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	<p>Facility Number: 000556 Provider Number: 155747 AIM Number: 100290130</p> <p>At this Life Safety Code survey, Adams Woodcrest was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2012 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC) and 410 IAC 16.2. The original section of the building consisting of A Wing, C Wing, the Extended Care Wing and the main dining room was surveyed with Chapter 19, Existing Health Care Occupancies.</p> <p>This one story facility was with only a basement stairway was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in corridors, areas open to the corridors and hard wired smoke detectors in the resident rooms. The facility has a capacity of 143 and had a census of 105 at the time of this survey.</p>				<p>executed solely because it is required by the provisions of federal and state law. Adams-Woodcrest maintains that the alleged deficiencies do not individually or collectively jeopardize the health and/or the safety of its residents nor are they of such character as to limit the provider's capacity to render adequate resident care. Furthermore, Adams-Woodcrest asserts that it is in substantial compliance with regulations governing the operation of long term care facilities, and this Plan of Correction in its entirety constitutes this provider's credible allegation of compliance and, thereby, we request resurvey to verify such as of January 3, 2018</p> <p><b>Further, we request desk review (paper compliance) for compliance, if acceptable.</b></p> <p>Completion dates are provided for procedural processing purposes to comply with federal and state regulations, and correlate with the most recent contemplated or accomplished corrective action. These do not necessarily chronologically correspond to the date that Adams-Woodcrest is under the opinion that it was in compliance with the requirements of participation or that corrective action was necessary.</p>		