STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	155724	A. BUILDING -- B. WING	06/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
WOODBRIDGE HEALTH CAMPUS	602 WOODBRIDGE AVE LOGANSPORT, IN 46947

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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. --	An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73. Survey Date: 06/17/25 Facility Number: 003691 Provider Number: 155724 AIM Number: 200456230 At this Emergency Preparedness survey, Woodbridge Health Campus was found in substantial compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73 The facility has 69 certified beds. At the time of the survey, the census was 64. Quality Review completed on 06/23/25	E 0000		
K 0000 Bldg. 01	A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a). Survey Date: 06/17/25 Facility Number: 003691 Provider Number: 155724 AIM Number: 200456230 At this Life Safety Code survey, Woodbridge	K 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Kimberly Snay	Executive Director	07/03/2025

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclo 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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	Health Campus was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.90(a), Life Safety from Fire and the 2012 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies, and 410 IAC 16.2. 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 hard-wired smoke detectors in resident rooms. The facility has a capacity of 69 and had a census of 64 at the time of this survey. All areas where the residents have customary access were sprinklered. All areas which provide facility services was sprinklered. Quality Review completed on 06/23/25			
K 0921 SS=F Bldg. 01	NFPA 101 Electrical Equipment - Testing and Maintenanc Based on record review, observation, and interview, the facility failed to conduct the required maintenance and maintain complete documentation of inspections for Patient Care Related Electrical Equipment (PCREE). NFPA 99 2012 edition, sections 10.3 and 10.5 states the physical integrity, resistance, leakage current, and touch current tests for fixed and portable PCREE is performed as required in 10.3. Testing intervals are established with policies and protocols. All PCREE used in patient care rooms is tested in accordance with 10.3.5.4 or 10.3.6 before being put into service and after any repair or modification. Any system consisting of several electrical	K 0921	The submission of this plan of correction does not indicate an admission by Woodbridge Health Campus that the findings and allegations contained herein are accurate, true representation of the quality of care, and living environment provided to the residents of Woodbridge Health Campus. The facility recognizes its obligation to provide legally and medically necessary care and services to its residents in an economic and efficient manner.	08/01/2925

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	appliances demonstrates compliance with NFPA 99 as a complete system. Service manuals, instructions, and procedures provided by the manufacturer include information as required by 10.5.3.1.1 and are considered in the development of a program for electrical equipment maintenance. Electrical equipment instructions and maintenance manuals are readily available, and safety labels and condensed operating instructions on the appliance are legible. A record of electrical equipment tests, repairs, and modifications is maintained for a period of time to demonstrate compliance in accordance with the facility's policy. Personnel responsible for the testing, maintenance and use of electrical appliances receive continuous training. This deficient practice could affect all residents. Findings include: Based on record review on 06/17/25 at 10:10 a.m. with the Director of Plant Operations (DPO) and Senior Director of Plant Operations present, there was no documentation for the testing of Patient Care Related Electrical Equipment (PCREE), such as electric beds, nebulizers, oxygen concentrators, air pumps for air mattresses, and other electrical medical equipment. Based on interview at 10:12 a.m., the DPO stated that she had started her PCREE testing, but as of yet, the facility has not yet tested and documented all the PCREE items within her facility. Based on observations made on 06/17/25 during a tour of the facility with the DPO and SDPO, it was revealed the facility provided PCREE such as electric beds, air pumps for air mattresses, and other electrical medical equipment that was present in use within the facility. This finding was reviewed with the DPO and the		The facility hereby maintains it is in substantial compliance with the requirements of participation for skilled health care facilities. To this end, the plan of correction shall serve as the credible allegation of compliance with all state and federal requirements governing the management of this facility. It is thus submitted as a matter of statute only. The facility respectfully requests from the department a desk review for substantial compliance. K921 Electronic Equipment – Testing and Maintenance All residents who use patient care related electronic equipment (PCREE) have the potential to be affected. No residents were affected by this deficiency. Education was completed with DPO on the importance of annual testing and documentation of PCREE testing. DPO has begun testing on all PCREE within the facility and has established a timeline to complete all testing by 8/1/25 with annual testing to be completed thereafter in May of each year. As a measure of ongoing compliance, the DPO or designee will audit 10 resident rooms with PCREE present for compliance with equipment testing once a week for 4 weeks, then twice a month for 2 months, then monthly for 3 months.	

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	SDPO during the exit conference held on 06/17/25. 3.1-19(b)		As a quality measure the audits will be presented at the monthly quality assurance performance improvement meeting facilitated by the executive director. The plan of correction will be reviewed and revised as needed. The systemic changes will be completed by 8/1/2025.	