

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

PRINTED: 08/26/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155484		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING		X3) DATE SURVEY COMPLETED 08/16/2022	
NAME OF PROVIDER OR SUPPLIER SOUTHWOOD HEALTHCARE CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 2222 MARGARET AVE TERRE HAUTE, IN 47802			
(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 Department of Health in accordance with 42 CFR 483.73.</p> <p>Survey Date: 08/16/22</p> <p>Facility Number: 000564 Provider Number: 155484 AIM Number: 100285610</p> <p>At this Emergency Preparedness survey, Southwood Healthcare Center was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73</p> <p>The facility has 121 certified beds. At the time of the survey, the census was 102.</p> <p>Quality Review completed on 08/17/22</p>			E 0000			
K 0000 Bldg. 01	<p>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).</p> <p>Survey Date: 08/16/22</p> <p>Facility Number: 000564 Provider Number: 155484 AIM Number: 100285610</p> <p>At this Life Safety Code survey, Southwood</p>			K 0000			

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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K 0100 SS=E Bldg. 01	<p>Healthcare Center was found not in compliance with Requirements for Participation 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.</p> <p>This one story facility was determined to be of Type V (111) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and in all areas open to the corridors. The Reflections and southwest section of 2B have hard wired smoke detectors in resident rooms. All other resident rooms were equipped with battery powered smoke alarms. The facility has a capacity of 121 and had a census of 102 at the time of this visit.</p> <p>All areas where residents have customary access were sprinklered. All areas providing facility services were sprinklered.</p> <p>Quality Review completed on 08/17/22</p> <p>NFPA 101 General Requirements - Other General Requirements - Other List in the REMARKS section any LSC Section 18.1 and 19.1 General Requirements that are not addressed by the provided K-tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567.</p> <p>Based on observation and interview, the facility failed to maintain latching hardware on 1 of 7 smoke barrier doors per NFPA 101, 2012 edition at 4.6.12.3. LSC 4.6.12.3 requires existing life safety features obvious to the public if not required by</p>			K 0100	<p>K100</p> <p>Facility respectfully requests a desk review for compliance.</p>		08/24/2022

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	<p>the Code, shall be either maintained or removed. This deficient practice could affect at least 20 residents, as well as staff and visitors in the 200 hall and 2B wing.</p> <p>Findings include:</p> <p>Based on observation on 08/16/22 at 1:10 p.m. during a tour of the facility with the Maintenance Director, the set of smoke barrier doors of 200 hall by resident rooms 212 and 213 were provided with latching hardware, but failed to latch when tested multiple times. Based on interview at the time of observation, the Maintenance Director confirmed the barrier doors did not latch and would have them worked on.</p> <p>This finding was reviewed with the Maintenance Director at the time of exit.</p> <p>3.1-19(b)</p>				<p>No residents were affected by this practice.</p> <p>The 20 residents that reside on the 200A, 200B Hall, staff and visitors could have been affected by this practice.</p> <p>In order for this deficient practice not to reoccur, facility Maintenance Director has repaired the effected door and has validated all fire door closures are in proper working order and ae without any issues or concerns.</p> <p>Maintenance director will validate proper closure of all smoke barrier doors monthly during Preventative Maintenance Rounds. Any concerns or issues will be brought to the Executive Director immediately and will be repaired and/or replaced.</p> <p>Maintenance Director will report to facility's QAPI Meeting</p>		

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K 0372 SS=E Bldg. 01	<p>NFPA 101 Subdivision of Building Spaces - Smoke Barrie Subdivision of Building Spaces - Smoke Barrier Construction 2012 EXISTING Smoke barriers shall be constructed to a 1/2-hour fire resistance rating per 8.5. Smoke barriers shall be permitted to terminate at an atrium wall. Smoke dampers are not required in duct penetrations in fully ducted HVAC systems where an approved sprinkler system is installed for smoke compartments adjacent to the smoke barrier. 19.3.7.3, 8.6.7.1(1) Describe any mechanical smoke control system in REMARKS. Based on observation and interview, the facility failed to ensure penetrations through 1 of 7 smoke barrier walls smoke barriers were protected to maintain the smoke resistance of each smoke barrier. LSC Section 19.3.7.5 requires smoke barriers to be constructed in accordance with LSC Section 8.5 and shall have a minimum ½ hour fire resistive rating. LSC Section 8.5.2.1 requires smoke barriers to be continuous from an outside wall to an outside wall, from a floor to a floor, or from a smoke barrier to a smoke barrier, or by use of a combination thereof. 8.5.6.2 requires penetrations for cables, cable trays, conduits,</p>	K 0372	<p>monthly and on-going.</p> <p>Maintenance Director is responsible for continued compliance.</p> <p>K372</p> <p>Facility respectfully request a desk review for compliance</p> <p>Residents and staff could be affected by this deficient practice on 200 hall by smoke penetrating through the smoke wall penetration.</p> <p>In order for staff and residents to not be affected by this deficient</p>	08/24/2022	

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	<p>pipes, tubes, vents, wires, and similar items to accommodate electrical, mechanical, plumbing, and communications systems that pass through a wall, floor, or floor/ceiling assembly constructed as a smoke barrier, or through the ceiling membrane of the roof/ceiling of a smoke barrier assembly, shall be protected by a system or material capable of restricting the movement of smoke. This deficient practice could affect staff and at least 20 residents in two smoke compartments.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Director on 08/16/22 at 1:40 p.m., above the drop ceiling of the smoke wall in the 200 hall smoke wall was a one-inch gap around four black cables penetrating the wall. Based on interview at the time of observation, the Maintenance Director agreed there were unsealed penetrations in the 200 hall smoke barrier.</p> <p>This finding was reviewed with the Maintenance Director at the time of exit.</p> <p>3.1-19(b)</p>				<p>practice the maintenance director has installed fire barrier sealant around all cables that had been improperly sealed prior. The sealant will provide 4 hours of protection from penetration around the wires due to smoke in the affected area.</p> <p>Maintenance will validate during monthly preventative maintenance rounds for continued compliance. Maintenance Director will report any findings to the facility's QAPI meeting for 3 months then quarterly ongoing.</p>		