PRINTED: 08/26/2022 FORM APPROVED OMB NO. 0938-039

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		r í	X2) MULTIPLE CONSTRUCTION (X3) DATE S				
AND PLAN OF CORRECTION IDENTIFICATION NUMBER		A. BUILDING			COMPLETED		
		155484	B. W	ING		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	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL			PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION	_	TAG	DEFICIENCY)		DATE
E 0000							
Bldg			E 00	000			
	Survey Date. 06/10	31 Z.Z					
	Facility Number: 0 Provider Number: AIM Number: 100	155484					
	Southwood Healthc compliance with Er Requirements for M	Preparedness survey, eare Center was found in mergency Preparedness Medicare and Medicaid ders and Suppliers, 42 CFR					
	the survey, the cens						
	Quality Review cor	mpleted on 08/17/22					
K 0000							
Bldg. 01		D					
	Licensure Survey w	Recertification and State vas conducted by the Indiana lth in accordance with 42 CFR	K 0	000			
	Survey Date: 08/16	5/22					
	Facility Number: 0 Provider Number: AIM Number: 100	155484					
	At this Life Safety	Code survey, Southwood					

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any defiency statement 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 disclodays 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.

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

B5KV21

Facility ID:

000564

If continuation sheet

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

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155484		A. BUILDING <u>01</u> B. WING		COMPLETED 08/16/2022		
NAME OF PROVIDER OR SUPPLIER						
SOUTHWOOD HEALTHCARE CENTER						
(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL	PRE	EFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	Ē	(X5) COMPLETION DATE
Healthcare Center was with Requirements of Medicare/Medicaid, Life Safety From Fi National Fire Protect Life Safety Code (L. Health Care Occupated This one story facility Type V (111) construction of the facility has a find detection in the corresponding to the corridors. The Resection of 2B have be resident rooms. All equipped with batter facility has a capacitative has a capacitative facility has a capacitative facil	vas found not in compliance for Participation 42 CFR Subpart 483.90(a), re and the 2012 Edition of the stion Association (NFPA) 101, SC), Chapter 19, Existing uncies and 410 IAC 16.2. ty was determined to be of ruction and fully sprinklered. re alarm system with smoke idors and in all areas open to effections and southwest hard wired smoke detectors in other resident rooms were ry powered smoke alarms. The ty of 121 and had a census of is visit. dents have customary access Il areas providing facility elered.					
General Requirem List in the REMAR Section 18.1 and 1 that are not addres K-tags, but are det along with the app NFPA standard cit on Form CMS-256 Based on observation failed to maintain la smoke barrier doors 4.6.12.3. LSC 4.6.1	ents - Other KS section any LSC 19.1 General Requirements seed by the provided ficient. This information, licable Life Safety Code or ation, should be included 67. on and interview, the facility tehing hardware on 1 of 7 per NFPA 101, 2012 edition at 2.3 requires existing life safety	K 0100		Facility respectfully requests	s a	08/24/2022
	PROVIDER OR SUPPLIER VOOD HEALTHCAF SUMMARY S (EACH DEFICIENCE REGULATORY OR Healthcare Center we with Requirements of Medicare/Medicaid, Life Safety From Finational Fire Protect Life Safety Code (Life Safety Code (Life Safety Code) This one story facility Type V (111) construction of 2B have fresident rooms. All equipped with batter facility has a capacity facility facility has a capacity facility has a capacity facility has a capacity facility has a capac	DENTIFICATION NUMBER 155484 PROVIDER OR SUPPLIER WOOD HEALTHCARE CENTER SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION 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. 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. All areas where residents have customary access were sprinklered. All areas providing facility services were sprinklered. Quality Review completed on 08/17/22	PROVIDER OR SUPPLIER WOOD HEALTHCARE CENTER SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION 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. 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. All areas where residents have customary access were sprinklered. All areas providing facility services were sprinklered. Quality Review completed on 08/17/22 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. 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	STREET AI 2222 MA TERRE I SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION 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. 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. 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LSC 4.6.12.3 requires existing life safety	DENOTIDER OF CORRECTION IDENTIFICATION NUMBER 155484 STREET ADDRESS, CITY, STATE, ZIP COD 2222 MARGARET AVE TERRE HAUTE, IN 47802 SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION 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. 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. 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LSC 4.6.12.3 requires existing life safety Facility respectfully requests Facility respectfully requests	OF CORRECTION IDENTIFICATION NUMBER 155484 BUNDO STREET ADDRESS, CITY, STATE, ZIP COD 2222 MARGARET AVE TERRE HAUTE, IN 47802 SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION 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. 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. All other resident rooms were equipped with battery powered smoke alarms. 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	MENT OF DEFICIENCIES AN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155484	(X2) MULTIPLE C A. BUILDING B. WING	onstruction 01	(X3) DATE SURVEY COMPLETED 08/16/2022
	OF PROVIDER OR SUPPLIE		2222 N	ADDRESS, CITY, STATE, ZIP COD MARGARET AVE E HAUTE, IN 47802	
(X4) ID PREFIX TAG	(EACH DEFICIENT REGULATORY O	STATEMENT OF DEFICIENCIE NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	(X5) COMPLETION DATE
	This deficient prac	either maintained or removed. tice could affect at least 20 s staff and visitors in the 200		No residents were affected this practice.	d by
	during a tour of the Director, the set of by resident rooms a latching hardware, multiple times. Ba observation, the M	on on 08/16/22 at 1:10 p.m. c facility with the Maintenance smoke barrier doors of 200 hall 212 and 213 were provided with but failed to latch when tested sed on interview at the time of aintenance Director confirmed d not latch and would have		The 20 residents that residente 200A, 200B Hall, staff a visitors could have been affected by this practice.	
	them worked on. This finding was re Director at the time 3.1-19(b)	eviewed with the Maintenance e of exit.		In order for this deficient practice not to reoccur, fact Maintenance Director has repaired the effected door has validated all fire door closures are in proper work order and ae without any issues or concerns.	and
				Maintenance director will validate proper closure of a smoke barrier doors month during Preventative Maintenance Rounds. Any concerns or issues will be brought to the Executive Director immediately and when the property of	vill
				Maintenance Director will report to facility's QAPI Me	eting

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	NT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155484	(X2) MULTIPLE CO A. BUILDING B. WING	onstruction <u>01</u>	(X3) DATE SURVEY COMPLETED 08/16/2022
NAME OF I	PROVIDER OR SUPPLIEF	₹		ADDRESS, CITY, STATE, ZIP COD MARGARET AVE	
SOUTHV	VOOD HEALTHCAI	RE CENTER		E HAUTE, IN 47802	
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE	ID	PROVIDER'S PLAN OF CORRECTION	(X5)
PREFIX		CY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT	
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION	TAG	monthly and on-going.	DATE
				monthly and on-going.	
				Maintenance Director is responsible for continued compliance.	
K 0372 SS=E Bldg. 01	Barrie Subdivision of Bui Barrier Constructi 2012 EXISTING Smoke barriers sh 1/2-hour fire resis barriers shall be p atrium wall. Smok in duct penetration systems where ar is installed for smoto the smoke barr 19.3.7.3, 8.6.7.1(2) Describe any med system in REMAR	nall be constructed to a tance rating per 8.5. Smoke termitted to terminate at an e dampers are not required this in fully ducted HVAC an approved sprinkler system tooke compartments adjacent tier.			
	failed to ensure pen barrier walls smoke maintain the smoke	etrations through 1 of 7 smoke barriers were protected to resistance of each smoke	K 0372	K372 Facility respectfully request a desk review for compliance	08/24/2022
	barriers to be constructed barriers to be constructed barriers. LSG smoke barriers to be wall to an outside we from a smoke barrier of a combination the	on 19.3.7.5 requires smoke ructed in accordance with LSC II have a minimum ½ hour fire C Section 8.5.2.1 requires e continuous from an outside wall, from a floor to a floor, or er to a smoke barrier, or by use ereof. 8.5.6.2 requires bles, cable trays, conduits,		Residents and staff could be affected by this deficient praction 200 hall by smoke penetration through the smoke wall penetration. In order for staff and residents not be affected by this deficien	to

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01			(X3) DATE SURVEY COMPLETED		
155484		B. WI	NG		08/16/	/2022	
NAME OF PROVIDER OR SUPPLIER SOUTHWOOD HEALTHCARE CENTER (X4) ID SUMMARY STATEMENT OF DEFICIENCIE			STREET ADDRESS, CITY, STATE, ZIP COD 2222 MARGARET AVE TERRE HAUTE, IN 47802 ID PROVIDER'S PLAN OF CORRECTION (X5)				
PREFIX TAG	`	CY MUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION		PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		COMPLETION DATE
TAG	pipes, tubes, vents, accommodate electrand communication wall, floor, or floor, as a smoke barrier, membrane of the roassembly, shall be parterial capable of smoke. This deficie and at least 20 reside compartments. Findings include: Based on observation Director on 08/16/2 ceiling of the smoke was a one-inch gap penetrating the wall time of observation agreed there were usually accommodate to the smoke was a one-inch gap penetrating the wall time of observation agreed there were usually smoke barriers.	on with the Maintenance 2 at 1:40 p.m., above the drop e wall in the 200 hall smoke wall around four black cables . Based on interview at the , the Maintenance Director nsealed penetrations in the rier.		TAG	practice the maintenance direct has installed fire barrier sealar around all cables that had bee improperly sealed prior. The sealant will provide 4 hours of protection from penetration are the wires due to smoke in the affected area. Maintenance will validate during monthly preventative maintenare rounds for continued compliant Maintenance Director will report any findings to the facility's QA meeting for 3 months then quarterly ongoing.	ctor int cound ing ance ice. ort	DATE

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