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

PRINTED: 09/11/2024 FORM APPROVED OMB NO. 0938-0391

NAME OF PROVIDER OR SUPPLIER MORRISON WOODS HEALTH CAMPUS STREET ADDRESS, CITY, STATE, ZIP CODE	(X3) DATE SURVEY COMPLETED	
MORRISON WOODS HEALTH CAMPUS (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) E 000 Initial Comments An Emergency Preparedness Survey was conducted by the Indiana Department of Health in	10/2024	
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) E 000 Initial Comments An Emergency Preparedness Survey was conducted by the Indiana Department of Health in		
An Emergency Preparedness Survey was conducted by the Indiana Department of Health in	(X5) COMPLETION DATE	
conducted by the Indiana Department of Health in		
Survey Date: 09/10/24 Facility Number: 011596 Provider Number: 155769 AIM Number: 200901690 At this Emergency Preparedness survey, Morrison Woods Health Campus was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73. The facility has a capacity of 68 and had a census of 60 at the time of this survey. Quality Review completed on 09/10/24 INITIAL COMMENTS K 000 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: 09/10/24 Facility Number: 011596 Provider Number: 155769 AIM Number: 200901690 At this Life Safety Code survey, Morrison Woods Health Campus was found 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	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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	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	TIPLE CONSTRUCTION ING 01, 04		(X3) DATE COMPI	
		155769	B. WING_			09/	10/2024
NAME OF PROVIDER OR SUPPLIER MORRISON WOODS HEALTH CAMPUS				STREET ADDRESS, CITY, STATE, ZIP CODE 4100 N MORRISON RD MUNCIE, IN 47304			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		HOULD BE		(X5) COMPLETION DATE
K 000	Life Safety Code (LSC Health Care Occupar This facility has two be building and Blgd.4 the The 2008 original one the 300-hall, 100-hall 201 to 214 was deter construction and was facility has a fire alarm detection in the corridors and in the refacility is partly protect propane generator. T	on Association (NFPA) 101, C), Chapter 19, Existing icies and 410 IAC 16.2. uildings. Bldg.1 the original he new Memory Care wing. e-story facility consisting of and 200-hall from rooms mined to be of Type V111 fully sprinklered. The	K	000			
K 000	Assisted Living building two-hour fire wall. All areas where the reaccess were sprinkled facility services were Quality Review compunities COMMENTS A Life Safety Code Relicensure Survey was	ecertification and State s conducted by the Indiana in accordance with 42 CFR	K	000			

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING (E CONSTRUCTION 01, 04	COMPLETED
		155769	B. WING		09/10/2024
	ROVIDER OR SUPPLIER	R OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4100 N MORRISON RD			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETION
K 000	Health Campus was Requirements for Pa Medicare/Medicaid, Life Safety from Fire National Fire Protect Life Safety Code (LS Care Occupancies a This facility has two building and Blgd.4 to the 2019 new additionsisting of the 2000 and was determined construction and was has a fire alarm systematic the corridors, areas of the resident sleeping protected with a 42 k generator. The facility had a census of 60 a The health care build Assisted Living build two-hour fire wall. All areas where the residents for Parket Safety for Parket Saf	ode survey, Morrison Woods found in compliance with rticipation in 42 CFR Subpart 483.90(a), and the 2012 edition of the ion Association (NFPA) 101, iC), Chapter 18, New Health and 410 IAC 16.2. Duildings. Bldg.1 the original he new Memory Care wing. Ion is a one-story facility hall from rooms 215 to 224 to be of Type V111 so fully sprinklered. The facility em with smoke detection in open to the corridors and in prooms. The facility is partly Kw type II EES propane y has a capacity of 68 and at the time of this survey. Iding was connected to an ing and was separated by a residents have customary ered. All areas providing a sprinklered.	K 000		