

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155769	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01, 04 B. WING _____		(X3) DATE SURVEY COMPLETED 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	SUMMARY STATEMENT OF DEFICIENCIES (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 000	Initial Comments An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73. 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.	E 000			
K 000	Quality Review completed on 09/10/24 INITIAL COMMENTS 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	K 000			

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 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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K 000	Continued From page 1 National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2. This facility has two buildings. Bldg.1 the original building and Blgd.4 the new Memory Care wing. The 2008 original one-story facility consisting of the 300-hall, 100-hall and 200-hall from rooms 201 to 214 was determined to be of Type V111 construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, areas open to the corridors and in the resident sleeping rooms. The facility is partly protected with a 42 Kw type II EES propane generator. The facility has a capacity of 68 and had a census of 60 at the time of this survey. The health care building was connected to an Assisted Living building and was separated by a two-hour fire wall. All areas where the residents have customary access were sprinklered. All areas providing facility services were sprinklered.	K 000			
K 000	Quality Review completed on 09/10/24 INITIAL COMMENTS 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	K 000			

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K 000	<p>Continued From page 2 AIM Number: 200901690</p> <p>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 National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 18, New Health Care Occupancies and 410 IAC 16.2.</p> <p>This facility has two buildings. Bldg.1 the original building and Bldg.4 the new Memory Care wing.</p> <p>The 2019 new addition is a one-story facility consisting of the 200-hall from rooms 215 to 224 and was determined to be of Type V111 construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, areas open to the corridors and in the resident sleeping rooms. The facility is partly protected with a 42 Kw type II EES propane generator. The facility has a capacity of 68 and had a census of 60 at the time of this survey.</p> <p>The health care building was connected to an Assisted Living building and was separated by a two-hour fire wall.</p> <p>All areas where the residents have customary access were sprinklered. All areas providing facility services were sprinklered.</p> <p>Quality Review completed on 09/10/24</p>	K 000			