

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

PRINTED: 10/20/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155769		X2) MULTIPLE CONSTRUCTION A. BUILDING: -- B. WING: --		X3) DATE SURVEY COMPLETED 09/27/2022	
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 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>This visit was in conjunction with a Life Safety Code Preoccupancy Survey.</p> <p>Survey Date: 09/27/22</p> <p>Facility Number: 011596 Provider Number: 155769 AIM Number: 200901690</p> <p>At this Emergency Preparedness survey, Morrison Woods 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 68 certified beds. At the time of the survey, the census was 52.</p> <p>Quality Review completed on 09/29/22</p>			E 0000	<p>Morrison Woods Health Campus Life Safety Annual survey, September 2022 Preparation or execution of this plan of correction does not constitute admission or agreement of provider of the truth of the facts alleged or conclusions set forth on the Statement of Deficiencies. The Plan of Correction is prepared and executed solely because it is required by the position of Federal and State Law. The Plan of Correction is submitted in order to respond to the allegation of noncompliance cited during Life Safety visit with exit on September 2022 . Please accept this Plan of Correction as the provider's credible allegation of compliance as of October 12, 2022 . The provider respectfully requests desk review with paper compliance to be considered in establishing that the provider is in substantial compliance.</p>		
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>This visit was in conjunction with a Life Safety Code Preoccupancy Survey.</p>			K 0000	<p>Morrison Woods Health Campus Life Safety Annual survey, September 2022 Preparation or execution of this plan of correction does not constitute admission or agreement of provider of the truth of the facts</p>		

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 disclosed 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 0511 SS=E Bldg. 01	<p>Survey Date: 09/27/22</p> <p>Facility Number: 011596 Provider Number: 155769 AIM Number: 200901690</p> <p>At this Life Safety Code survey, Morrison Woods 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.</p> <p>This one-story facility was determined to be of type V (111) construction and was fully sprinkled. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors, and hard-wired smoke detectors in all resident sleeping rooms. The healthcare portion of the facility has a capacity of 68 and had a census of 52 at the time of this visit.</p> <p>All areas where residents have customary access were sprinkled and all areas providing facility services were sprinkled.</p> <p>Quality Review completed on 09/29/22</p> <p>NFPA 101 Utilities - Gas and Electric Utilities - Gas and Electric Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life.</p>				<p>alleged or conclusions set forth on the Statement of Deficiencies. The Plan of Correction is prepared and executed solely because it is required by the position of Federal and State Law. The Plan of Correction is submitted in order to respond to the allegation of noncompliance cited during Life Safety visit with exit on September 2022 . Please accept this Plan of Correction as the provider's credible allegation of compliance as of October 12, 2022 . The provider respectfully requests desk review with paper compliance to be considered in establishing that the provider is in substantial compliance.</p>		

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	<p>18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2</p> <p>Based on observation and interview, the facility failed to ensure electrical wiring in the riser room was protected. NFPA 70, 2011 Edition. Article 406.5 (F) Exposed Terminals, Receptacles shall be enclosed so that live wiring terminals are not exposed to contact. This deficient practice could affect 4 staff working in the area.</p> <p>Findings include:</p> <p>Based on observation during a tour of the facility with the Director of Plant Operations and the Facility Management Support Director on 09/27/22 at 1:16 p.m., the main rider room electronic supervision at the riser had three sets of exposed wires.</p> <p>1) A flexible conduit had three wires, a hot wire (white), a ground wire (black), and a green wire (neutral) all exposed and extending out of the conduit approximately 2 inches from the end of it.</p> <p>2) A second flexible conduit had three wires, a hot wire (white), a ground wire (black), and a green wire (neutral) all exposed and extending out of the conduit approximately 3 inches from the end of it.</p> <p>3) An electronic supervision cover was removed from its position on the riser piping and had at least 6 exposed wires and wire ties exposed to personnel working in the area.</p> <p>Based on interview at the time of observation, the Director of Plant Operations and the Facility Management Support Director acknowledged the aforementioned exposed wires and stated that they would have them taken care of immediately. During the exit conference with the facility Management Support Director and the Director of Plant Operations at 2:25 p.m., no additional information or evidence could be provided contrary to this deficient finding.</p>			K 0511	<p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;</p> <p>Exposed terminal in the riser room was identified to be unprotected. This practice could affect 4 staff members working in the area. The exposed terminal has since been protected.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken;</p> <p>All staff members working in this area have the potential to be affected by this.</p> <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur; DPO and vendor educated on the exposed terminals. All terminals in the riser room will be assessed for a need of cover per regulations. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place;</p> <p>As a quality measure, DPO or designee to check electrical wiring to ensure the equipment is protected 1x weekly for 4 weeks, then monthly for 6 months or until 100% compliance is maintained.</p>		10/12/2022

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	3.1-19(b)						