STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
		A. BUILDING 00 B. WING	01/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
WOODRIDGE VILLAGE	17650 GENERATIONS DR SOUTH BEND, IN 46635

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
R 0000 Bldg. 00	This visit was for the Investigation of Complaints IN00423116 and IN00426027. Complaint IN00423116 - State deficiency related to the allegations is cited at R0092. Complaint IN00426027 - No deficiencies related to the allegations are cited. Survey date: January 17 & 18, 2024 Facility number: 001148 Residential Census: 52 This State Residential Finding is cited in accordance with 410 IAC 16.2-5. Quality review completed on 1/22/24.	R 0000		
R 0092 Bldg. 00	410 IAC 16.2-5-1.3(i)(1-2) Administration and Management - Noncompliance (i) The facility must maintain a written fire and disaster preparedness plan to assure continuity of care of residents in cases of emergency as follows: (1) Fire exit drills in facilities shall include the transmission of a fire alarm signal and simulation of emergency fire conditions, except that the movement of nonambulatory residents to safe areas or to the exterior of the building is not required. Drills shall be conducted quarterly on each shift to familiarize all facility personnel with signals and emergency action required under varied conditions. At least twelve (12) drills shall be			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Amber Hardy	Administrator	02/05/2024

Any defiencystatement 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 disclo 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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	held every year. When drills are conducted between 9 p.m. and 6 a.m., a coded announcement may be used instead of audible alarms. (2) At least every six (6) months, a facility shall attempt to hold the fire and disaster drill in conjunction with the local fire department. A record of all training and drills shall be documented with the names and signatures of the personnel present. Based on interview and record review, the facility failed to ensure 12 fire and evacuation drills were completed through the year as directed by the facility policy. This had the potential to affect all 52 residents residing in the facility. Finding includes: On 1/17/23 at 12:06 P.M., during an interview with the Administrator, she indicated fire drills were to be conducted monthly, but were not done for a couple of months at the end of 2023. On 1/17/24 at 2:13 P.M., during an interview with the Maintenance Director, he indicated he became the Maintenance Director at the facility at the end of 12/2023 and had noted at that time that not all monthly fire drills had been completed in 2023. The Maintenance Director indicated fire drills should be conducted monthly. On 1/17/23 at 2:45 P.M., the Maintenance Director provided the Fire and Safety binder. The binder lacked documentation of fire drills conducted for November and December of 2023. On 1/18/23 at 12:23 P.M., the Director of Nursing provided an undated policy titled, "Fire Drills," and indicated it was the current fire drill policy.	R 0092	Fire drills will be conducted every month, on alternating shifts. These will be conducted by the Maintenance Director, or designee. Signatures of attendance of these monthly fire drills will be filed and saved in the Maintenance Director's Life Safety binder, and on the Administrator's laptop files. The Maintenance Director has made out a yearly calendar for when fire drills will be due. Review of fire drill completion will be discussed in QA meeting monthly x 6 months.	02/05/2024

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	The policy indicated, "... Fire drills will be conducted monthly on rotating shifts..." This citation relates to Complaint IN00423116.			