

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

PRINTED: 08/07/2024
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15E683		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING		X3) DATE SURVEY COMPLETED 07/16/2024	
NAME OF PROVIDER OR SUPPLIER MORGANTOWN WOODS OF JOURNEY				STREET ADDRESS, CITY, STATE, ZIP COD 140 W WASHINGTON ST MORGANTOWN, IN 46160			
(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>Survey Date: 07/16/24</p> <p>Facility Number: 000399 Provider Number: 15E683 AIM Number: 100289100</p> <p>At this Emergency Preparedness survey, Morgantown Woods of Journey was found not in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73.</p> <p>The facility has 39 certified beds. At the time of the survey, the census was 31.</p> <p>Quality Review completed on 07/19/24</p>			E 0000	THIS PLAN OF CORRECTION IS PREPARED AND EXECUTED BECAUSE IT IS REQUIRED BY THE PROVISIONS OF THE STATE AND FEDERAL REGULATIONS AND CITATIONS LISTED ON THIS STATEMENT OF DEFICIENCIES. THIS PLAN OF CORRECTION SHALL OPERATE AS MORGANTOWN WOODS WRITTEN CREDIBLE ALLEGATION OF COMPLIANCE. MORGANTOWN WOODS RESPECTFULLY REQUEST PAPER COMPLIANCE ON THE ATTACHED PLAN OF CORRECTIONS.		
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>Survey Date: 07/16/24</p> <p>Facility Number: 000399 Provider Number: 15E683 AIM Number: 100289100</p> <p>At this Life Safety Code survey, Morgantown</p>			K 0000	THIS PLAN OF CORRECTION IS PREPARED AND EXECUTED BECAUSE IT IS REQUIRED BY THE PROVISIONS OF THE STATE AND FEDERAL REGULATIONS AND CITATIONS LISTED ON THIS STATEMENT OF DEFICIENCIES. THIS PLAN OF CORRECTION SHALL OPERATE AS MORGANTOWN WOODS WRITTEN CREDIBLE ALLEGATION OF COMPLIANCE.		

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

TITLE

(X6) DATE

DALE W. HARTMAN

HFA

08/06/2024

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 disclosable 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 0291 SS=F Bldg. 01	<p>Woods of Journey was found not in compliance with Requirements for Participation in 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 with a basement 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 all areas open to the corridor. The facility has battery operated smoke detectors installed in all resident sleeping rooms. The facility has a capacity of 39 and had a census of 33 at the time of this visit.</p> <p>All areas where residents have customary access were sprinklered. The facility has one detached building providing storage services which was not sprinklered.</p> <p>Quality Review completed on 07/19/24</p> <p>NFPA 101 Emergency Lighting Emergency Lighting Emergency lighting of at least 1-1/2-hour duration is provided automatically in accordance with 7.9. 18.2.9.1, 19.2.9.1 Based on observation and interview, the facility failed to ensure 15 of 15 battery backup lights were tested annually for 90 minutes over the past year to ensure the light would provide lighting during periods of power outages and a written record of visual inspections and tests was provided. Section 7.9.3.1.1 (1) requires functional testing shall be conducted monthly, with a</p>			K 0291	<p>MORGANTOWN WOODS RESPECTFULLY REQUEST PAPER COMPLIANCE ON THE ATTACHED PLAN OF CORRECTIONS.</p> <p>1. DOCUMENTATION SHALL SHOW FOR THE YEARLY EMERGENCY LIGHTING FOR THE EMERGENCY TESTING OF EACH EMERGENCY LIGHT WAS TESTED FOR THE 90 MINUTES OVER THE LAST YEAR IN ORDER TO PROTECT</p>		07/18/2024

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K 0324 SS=E Bldg. 01	<p>minimum of 3 weeks and a maximum of 5 weeks between tests, for not less than 30 seconds, (3) Functional testing shall be conducted annually for a minimum of 1 1/2 hours if the emergency lighting system is battery powered and (5) Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction. This deficient practice could affect all residents, staff, and visitors in the facility.</p> <p>Findings include:</p> <p>Based on record review on 07/16/24 at 9:44 a.m. with the Executive Director, the Battery-Operated Emergency Light Test Log for 2024 indicated fifteen battery operated lights located at various locations throughout the facility. Based on an interview at the time of record review, the Executive Director indicated the facility has battery operated emergency exit lights throughout the facility, but a 90-minute annual testing of these battery-operated emergency lights could not be located. Based on observations during a tour of the facility with the Executive Director on 07/16/24 from 11:18 a.m. to 12:52 p.m., the facility had fifteen battery operated exit lights scattered throughout the facility. The lack of annual 90-minute testing of the fifteen battery operated lights was verified by the Executive Director at the time of record review, during observations, and acknowledged again at the exit conference on 07/16/24 at 1:15 p.m.</p> <p>3.1-19(b)</p> <p>NFPA 101 Cooking Facilities Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for</p>				<p>RESIDENTS AND EMPLOYEES</p> <p>2. ALL RESIDENT HAVE THE POTENTIAL TO BE AFFECTED.</p> <p>3. THE DOCUMENTATION OF EMERGENCY LIGHTING IS CLEARLY LEABELED IN MAINTENANCE BINDER FOR INSPECTIONS.</p> <p>4. ADMINISTRATOR AND MAINTENANCE SHALL CHECK THAT ALL DOCUMENTATION TESTING IS PLACED IN THE MAINTENANCE BINDER.</p> <p>ADMINISTRATOR AND MAINTENANCE SHALL REPORT TO QAPI AT THEIR NEXT MEETING AND FACILITY SHALL FOLLOW THEIR RECOMMENDATIONS FOR SIX MONTHS.</p> <p>6. DATE COMPLETED 7/18/2024</p>		

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	<p>Ventilation Control and Fire Protection of Commercial Cooking Operations, unless:</p> <ul style="list-style-type: none">* residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2* cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or* cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4. <p>Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor.</p> <p>18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2</p> <p>Based on record review, observation and interview; the facility failed to ensure 1 of 1 kitchen exhaust systems was inspected semiannually. NFPA 96, 2011 Edition, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, Section 11.4 states the entire exhaust system shall be inspected for grease buildup by a properly trained, qualified, and certified person(s) acceptable to the authority having jurisdiction and in accordance with Table 11.4. Table 11.4, Schedule for Inspection for Grease Buildup, requires systems serving moderate volume cooking operations shall be inspected semiannually. NFPA 96, 11.6.1 states, upon inspection, if the exhaust system is found to be contaminated with deposits from grease laden vapors, the contaminated portions of the exhaust system shall be cleaned by a properly trained, qualified, and certified person(s) acceptable to the</p>			K 0324	<p>1. THE KITCHEN EXHAUST INSPECTION SHALL BE CLEARLY LABELED AND KEPT IN THE FIRE DRILL BINDER THAT IS KEPT AT THE NURSES STATION FOR THE SAFETY OF RESIDENTS AND EMPLOYEES.</p> <p>2. ALL RESIDENTS HAVE THE POTENTIAL TO BE AFFECTED.</p> <p>3. THE TWO KITCHEN EXHAUST INSPECTIONS SHALL BE KEPT IN THE FIRE DRILL BINDER AND LABELED FOR FURTHER INSPECTION.</p> <p>4. ADMINISTRATOR AND MAINTENANCE SHALL INSPECT THIS EVERY 6 MONTHS TO VERIFY THE REPORTS FROM THE KITCHEN EXHAUST SYSTEMS IS IN THE FIRE DRILL</p>		07/18/2024

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	<p>authority having jurisdiction. Hoods, grease removal devices, fans, ducts, and other appurtenances shall be cleaned to remove combustible contaminants prior to surfaces becoming heavily contaminated with grease or oily sludge. After the exhaust system is cleaned, it shall not be coated with powder or other substance. When an exhaust cleaning service is used, a certificate showing the name of the servicing company, the name of the person performing the work, and the date of inspection or cleaning shall be maintained on the premises. This deficient practice could affect at least 20 residents in the dining room and kitchen staff.</p> <p>Findings include:</p> <p>Based on review of the contracted vender's exhaust cleaning paperwork entitled "Invoice # 196124" dated 08/10/2023 with the facilities Executive Director, documentation of semiannual kitchen exhaust system inspection six months after 08/10/2023 was not available for review. Based on interview at the time of record review, the Executive Director stated the contracted vendor was under contract to perform semiannual kitchen exhaust systems' inspections and came in August of 2023 to perform the semiannual inspection but could not think of a reason as to why the vendor did not return to continue the cleaning the next February as they had over the last few years. During the tour the hood was checked for cleaning documentation, but there was none on it either to confirm hood cleaning over the last six months.</p> <p>This finding was reviewed with the Administrator at the exit conference on 07/16/24 at 1:15 p.m.</p> <p>3.1-19(b)</p>				<p>BINDER. THIS WILL BE REPORTED TO QAPI AND FACILITY SHALL FOLLOW THE QAPI RECOMMENDATIONS FOR 6 MONTHS. 5 COMPLETED 7/18/2024</p>		

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K 0712 SS=F Bldg. 01	<p>NFPA 101 Fire Drills Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 19.7.1.4 through 19.7.1.7 Based on record review and interview, the facility failed to ensure 4 of 12 fire drills included the verification of transmission of the fire alarm signal to the monitoring station in fire drills conducted between 6:00 a.m. and 9:00 p.m. for the last 4 quarters. LSC 19.7.1.4 requires fire drills in health care occupancies shall include the transmission of a fire alarm signal and simulation of emergency fire conditions. This deficient practice affects all residents, staff, and visitors in the facility.</p> <p>Findings include:</p> <p>Based on record review of titled "Morgantown Woods Fire Drill Report" with the Executive Director on 07/16/24 at 8:34 a.m., the fire drill forms had a place for tracking the confirmation of the verification of the transmission of the fire alarm signal at the monitoring company, but this was not filled in on the following drill sheets:</p> <ul style="list-style-type: none"> a) The 05/30/24 evening shift fire drill. b) The 09/08/23 evening shift fire drill. c) The 07/11/24 night shift fire drill. d) The 10/31/23 night shift fire drill. <p>Based on interview at the time of record review,</p>			K 0712	<p>1. RESIDENT AND EMPLOYEES WILL HAVE THE PROTECTION THAT ALL ALARMS HAVE VERIFICATION OF TRANSMISSION. 2. ALL RESIDENTS HAVE THE POTENTIAL TO BE AFFECTED. 3. ADMINISTRATOR AND MAINTENANCE WILL MONITOR THIS ON A MONTHLY BASIS TO MAKE SURE THAT ALARM HAS BEEN TRANSMITTED AND VERIFICATION IS DOCUMENTED. NOTIFICATION WILL BE CHECKED BY PHONE AND RECORDED BY THE MAINTENANCE DEPT AND REPORT THAT TO THE ADMINISTRATOR. THE MAINTENANCE DEPT. WILL SHOW THIS REPORT TO ADMINISTRATOR ON A MONTHLY BASIS. HE WAS IN-SERVICED ON 7/17/2024. THE ADMINISTRATOR IS NOTIFIED</p>		07/18/2024

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K 0923 SS=E Bldg. 01	<p>the Executive Director stated that he was unsure why the Maintenance Man stopped tracking this, but he would have an in-service reminding him that this needs to be documented on every fire drill.</p> <p>This finding was reviewed with the Administrator at the exit conference on 07/16/24 at 1:15 p.m.</p> <p>3.1-19(b) 3.1-51(c)</p> <p>NFPA 101 Gas Equipment - Cylinder and Container Storag Gas Equipment - Cylinder and Container Storage Greater than or equal to 3,000 cubic feet Storage locations are designed, constructed, and ventilated in accordance with 5.1.3.3.2 and 5.1.3.3.3. >300 but <3,000 cubic feet Storage locations are outdoors in an enclosure or within an enclosed interior space of non- or limited- combustible construction, with door (or gates outdoors) that can be secured. Oxidizing gases are not stored with flammables, and are separated from combustibles by 20 feet (5 feet if sprinklered) or enclosed in a cabinet of noncombustible construction having a minimum 1/2 hr. fire protection rating. Less than or equal to 300 cubic feet In a single smoke compartment, individual cylinders available for immediate use in patient care areas with an aggregate volume of less than or equal to 300 cubic feet are not required to be stored in an enclosure. Cylinders must be handled with precautions as specified in 11.6.2.</p>				<p>EACH TIME THE FIRE ALARM GOES OFF.</p> <p>4. THIS WILL BE REPORTED TO QAPI COMMITTEE AND FACILITY WILL FOLLOW RECOMMENDATIONS OF QAPI FOR 6 MONTHS.</p> <p>5. COMPLETED 7/18/2024</p>		

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	<p>A precautionary sign readable from 5 feet is on each door or gate of a cylinder storage room, where the sign includes the wording as a minimum "CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING."</p> <p>Storage is planned so cylinders are used in order of which they are received from the supplier. Empty cylinders are segregated from full cylinders. When facility employs cylinders with integral pressure gauge, a threshold pressure considered empty is established. Empty cylinders are marked to avoid confusion. Cylinders stored in the open are protected from weather.</p> <p>11.3.1, 11.3.2, 11.3.3, 11.3.4, 11.6.5 (NFPA 99)</p> <p>Based on observation and interview, the facility failed to ensure 1 of 3 cylinders of nonflammable gases such as oxygen were properly secured from falling. NFPA 99, Health Care Facilities Code, 2012 Edition, Section 11.3.2 states storage for nonflammable gases greater than 8.5 cubic meters (300 cubic feet) but less than 85 cubic meters (3000 cubic feet) shall comply with 11.3.2.1 through 11.3.2.3. NFPA 99, Section 11.3.2.6 states cylinder or container restraints shall comply with 11.6.2.3. Section 11.6.2.3(11) states freestanding cylinders shall be properly chained or supported in a proper cylinder stand or cart. This deficient practice could affect as many as 16 residents, 4 staff and 2 visitors in the facility.</p> <p>Findings include:</p> <p>Based on observations made on 07/16/24 at 11:40 a.m. with the facility Executive Director during a tour of the facility, one small green oxygen cylinder was standing upright on the floor of the oxygen storage and transfilling room and was not properly chained or supported in a proper cylinder</p>			K 0923	<p>1. THE FACILITY WILL BE MORE PROTECTIVE OF RESIDENT AND EMPLOYEES IF ALL CYLINDERS ARE SECURED AND CHAINED AS REQUIRED WHEN PUT IN STORAGE AREA.</p> <p>2. ALL RESIDENTS HAVE THE POTENTIAL TO BE AFFECTED.</p> <p>3. ADMINISTRATOR , DIRECTOR OF NURSING AND MAINTENANCE SHALL CHECK THEM ON A DAILY BASIS TO MAKE SURE THAT ALL CYLINDERS ARE PROPERLY STORED FOR THE SAFETY OF RESIDENTS AND EMPLOYEES. AN IN-SERVICE SHALL BE CONDUCTED BY D.O.N. AND COMPLETED ON 7/29/2024.</p> <p>4. THIS WILL BE REPORTED TO QAPI AT THEIR NEXT MEETING AND FACILITY SHALL FOLLOW RECOMMENDTAION OF QAPI FOR 6 MONTHS.</p>		07/18/2024

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	stand or cart. Based on an interview at the time of the observation, the Executive Director agreed that the small green oxygen tank located in the oxygen transfilling and storage room was not properly chained or supported in a proper cylinder stand or cart. This finding was reviewed with the Administrator at the exit conference. 3.1-19(b)				5. COMPLETED 7/18/2024		