

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

PRINTED: 09/23/2024
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 10/19/2023	
NAME OF PROVIDER OR SUPPLIER MORRISON WOODS HEALTH CAMPUS				STREET ADDRESS, CITY, STATE, ZIP COD 4100 N MORRISON RD MUNCIE, IN 47304			
(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
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: 10/19/23</p> <p>Facility Number: 011596 Provider Number: 155769 AIM Number: 200901690</p> <p>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 51 at the time of this survey.</p> <p>Quality Review completed on 10/23/23</p>			E 0000			
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: 10/19/2023</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</p>			K 0000			

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

TITLE

(X6) DATE

Amanda Crabill

Executive Director

11/16/2023

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 0353 SS=C Bldg. 01	<p>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 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 has a capacity of 68 and had a census of 51 at the time of this survey.</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 10/23/23</p> <p>NFPA 101 Sprinkler System - Maintenance and Testing</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 sprinkler systems were provided with spare sprinklers, a spare sprinkler cabinet large enough to fit all spare sprinkler heads, and a sprinkler wrench on the premises. NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 2011 Edition, Section 5.4.1.4 states a supply of spare sprinklers (never fewer than six) shall be maintained on the premises so that any sprinklers that have been operated or damaged in any way can be promptly replaced. The sprinklers shall correspond to the types and temperature ratings of the sprinklers on the property. The sprinklers shall be kept in a cabinet located where the temperature in which they are subjected will at no time exceed 100 degrees Fahrenheit. A special</p>			K 0353	<p>="" b=""> ="" b=""> a="" name="_Hlk150513975"> The Director of plant operations has removed the additional sprinkler heads from the sprinkler head cabinet, and storage cabinet is now up to code. a="" name="_Hlk150513975">education regarding proper storage of spare sprinkler heads to prevent damage to sprinkler heads provided to all plant operation team members. a="" name="_Hlk150513975">as</p>		10/20/2023

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K 0753 SS=E Bldg. 01	<p>sprinkler wrench shall be provided and kept in the cabinet to be used in the removal and installation of sprinklers. This deficient practice could affect all residents and staff in the facility.</p> <p>Findings include:</p> <p>Based on observation with the Director of Plant Operations (DPO) on 10/19/23 at 12:30 p.m., one of two spare sprinkler cabinet in the riser room was not large enough to contain all sprinkler heads and prevent damage to the sprinkler heads. When one of the cabinets in the riser room was opened, the cabinet contained 6 sprinkler heads in protected slots and 3 sprinkler heads positioned on the shelf, not in protected slots, inside the cabinet. Based on interview at the time of the observations, the DPO agreed the cabinet was not large enough to contain all spare sprinkler heads. The second cabinet had 6 spare sprinkler heads that were in protected slots.</p> <p>This finding was reviewed with the DPO and Facilities Management Support during the exit conference.</p> <p>3.1-19(b)</p> <p>NFPA 101 Combustible Decorations</p>		K 0753	<p>a measure of ongoing compliance DPO or designee will audit the proper storage of sprinkler heads 3x weekly for 4 weeks, 2x weekly for 3 months and weekly for two weeks or until 100% compliance is maintained.</p> <p>a="" name="_Hlk150513975"></p> <p>a="" name="_Hlk150513975">As a quality measure the Executive Director (ED) or designee will review any findings and corrective action at least quarterly in the campus quality assurance performance improvement meetings. the plan will be reviewed and updated as warranted and will continue until 100% compliance is maintained and will continue until 100% compliance is maintained.</p> <p>="" b=""></p> <p>="" b=""></p> <p>="" b=""></p> <p>="" b=""></p> <p>="" b=""></p> <p>="" b=""></p> <p>="" b=""></p> <p>="" b=""></p>		10/20/2023	
	<p>Based on observation and interview, the facility failed to ensure corridor doors contain decoration that did not exceed 30 percent of the door. LSC 18.7.5.6 states combustible decorations shall be prohibited in any health care occupancy, unless one of the following criteria is met:</p> <p>(1) They are flame-retardant or are treated with approved fire-retardant coating that is listed and labeled for application to the material to which it is</p>			<p>="" b=""></p> <p>="" b=""></p> <p>="" b=""></p> <p>="" b=""></p> <p>="" b=""></p> <p>="" b=""></p> <p>="" b=""></p> <p>="" b=""></p>			

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	<p>applied.</p> <p>(2) The decorations meet the requirements of NFPA 701, Standard Methods of Fire Tests for Flame Propagation of Textiles and Films.</p> <p>(3) The decorations exhibit a heat release rate not exceeding 100 kW when tested in accordance with NFPA 289, Standard Method of Fire Test for Individual Fuel Packages, using the 20 kW ignition source.</p> <p>(4)*The decorations, such as photographs, paintings, and other art, are attached directly to the walls, ceiling, and non-fire-rated doors in accordance with the following:</p> <p>(a) Decorations on non-fire-rated doors do not interfere with the operation or any required latching of the door and do not exceed the area limitations of 18.7.5.6(b), (c), or (d).</p> <p>(b) Decorations do not exceed 20 percent of the wall, ceiling, and door areas inside any room or space of a smoke compartment that is not protected throughout by an approved automatic sprinkler system in accordance with Section 9.7.</p> <p>(c) Decorations do not exceed 30 percent of the wall, ceiling, and door areas inside any room or space of a smoke compartment that is protected throughout by an approved supervised automatic sprinkler system in accordance with Section 9.7.</p> <p>(d) Decorations do not exceed 50 percent of the wall, ceiling, and door areas inside patient sleeping rooms having a capacity not exceeding four persons, in a smoke compartment that is protected throughout by an approved, supervised automatic sprinkler system in accordance with Section 9.7.</p> <p>This deficient practice could affect 10 residents in the vicinity of the Therapy door and the MDS Coordinator door.</p> <p>Findings include:</p>				<p>Immediate intervention</p> <p>The Director of plant operations to remove decorations from the therapy and mds doors.</p> <p>The executive director provided education to all facility staff that decorations may not exceed 30 percent of the wall, ceiling and door areas inside any room or space of a smoke compartment that is protected through out by an approved supervised automatic sprinkler system. NFPA 101 - Combustible Decorations</p> <p>DPO or designee to audit all doors in facility 1x weekly for 4 weeks, 1 x every other week for 3 months and monthly for 2 months or until 100% compliance is maintained.</p> <p>As a quality measure, the executive Director (ED) or designee will review any findings and corrective action at least quarterly in campus Quality Assurance performance meetings. The plan will be to review and update as warranted and will continue until 100% compliance is maintained.</p>		

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	<p>Based on an observation during a tour of the facility with the Director of Plant Operations (DPO) on 10/19/23 at 01:00 pm. and 01:05 p.m., the Therapy door and MDS Coordinator door had plastic decorations that covered 90% of each door. Based on interview at the time of the observation, the DPO agreed the corridor doors were covered with combustibile decorations.</p> <p>These findings were reviewed with the DPO and Facilities Management Support at the exit conference.</p> <p>3.1-19(b)</p>						