

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

PRINTED: 02/25/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525625	(X2) MULTIPLE CONSTRUCTION A. BUILDING 03 B. WING _____		(X3) DATE SURVEY COMPLETED 02/13/2014
NAME OF PROVIDER OR SUPPLIER LAKELAND HEALTH CARE CTR			STREET ADDRESS, CITY, STATE, ZIP CODE 1922 CTY RD NN ELKHORN, WI 53121		
(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	
K 000	<p>INITIAL COMMENTS</p> <p>Surveyor: 29942 A standard Recertification Survey for Life Safety Code compliance was conducted by the Wisconsin Division of Quality Assurance on 02/13/2014. The Lakeland Health Care Center was found to be NOT in substantial compliance with the following applicable regulations for long term care facility participation in Medicare-Medicaid:</p> <p>42 CFR Subpart 483.70 - Physical Environment was NOT MET 42 CFR Subpart 483.70(a) - Safety from Fire was NOT MET NFPA 101(2000 edition) - Life Safety Code was NOT MET</p> <p>The Lakeland Health Care Center was approved in 2005 and opened on 7/19/2006 and is a 1-story slab on grade protective wood frame Type V (111) fully sprinklered construction. All resident sleeping quarters are located on the first floor divided among 6 smoke compartments with a nurse station located in the middle.</p> <p>Lakeland Health Care Center is licensed for 120 beds, with a census of 117 residents at the time of the survey. The facility was surveyed under the 2000 Life Safety Code, Chapter 18 for a new health care occupancy. Six (6) federal deficiencies of the Life Safety Code were cited.</p>	K 000			
K 027 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Door openings in smoke barriers have at least a 20-minute fire protection rating or are at least 1¾-inch thick solid bonded wood core. Non-rated protective plates that do not exceed 48 inches</p>	K 027			

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

Bernadette J. Miszewski

TITLE

Nursing Home Administrator

(X8) DATE

3/3/2014

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 027	<p>Continued From page 1</p> <p>from the bottom of the door are permitted. Horizontal sliding doors comply with 7.2.1.14. Swinging doors are arranged so that each door swings in an opposite direction. Doors are self-closing and rabbets, bevels or astragals are required at the meeting edges. Positive latching is not required. 18.3.7.5, 18.3.7.6, 18.3.7.8</p> <p>This STANDARD is not met as evidenced by: Surveyor: 29942 Based on observation and interview, the facility did not provide and maintain smoke barrier door assemblies that meet code requirements for separation of smoke compartments with smoke-tight seals at meeting edges. This deficiency occurred in 2 of the 6 smoke compartments and has the potential to affect 50 of the 120 residents that the facility is licensed to serve, as well as an undetermined number of staff and visitors.</p> <p>FINDINGS INCLUDE:</p> <p>1. On 02/13/2014 at 2:30 PM, observation revealed on the 1st floor in the Smoke barrier door near Mechanical room number 736, that the</p>	K 027		

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K 027	Continued From page 2 pair of cross-corridor smoke barrier doors had a gap greater than 1/8" at their meeting edges that was not sealed with an effective astragal to resist the passage of smoke. This observed situation is not compliant with NFPA 101 (2000 ed.), 18.3.7.6 and 8.3.4. This condition was confirmed at the time of discovery by a concurrent observation and interview with staff A (Administrator), staff B (Maintenance Coordinator), staff C (Maintenance Technician), and staff D (Maintenance Technician). 2. On 02/13/2014 at 3:25 PM, observation revealed on the 1st floor in the Smoke barrier door near the Oxygen Storage Room Number 708, that the pair of cross-corridor smoke barrier doors had a gap greater than 1/8" at their meeting edges that was not sealed with an effective astragal to resist the passage of smoke. This observed situation is not compliant with NFPA 101 (2000 ed.), 18.3.7.6 and 8.3.4. This condition was confirmed at the time of discovery by a concurrent observation and interview with staff A (Administrator), staff B (Maintenance Coordinator), staff C (Maintenance Technician), and staff D (Maintenance Technician).	K 027		
K 029 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Hazardous areas are protected in accordance with 8.4. The areas are enclosed with a one hour fire-rated barrier, with a 3/4 hour fire-rated door, without windows (in accordance with 8.4). Doors are self-closing or automatic closing in accordance with 7.2.1.8. 18.3.2.1	K 029		

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K 029	Continued From page 3 This STANDARD is not met as evidenced by: Surveyor: 29942 Based on observation and interview, the facility did not enclose hazardous rooms with sealed wall penetrations. This deficiency occurred in 1 of the 6 smoke compartments and has the potential to affect 5 of the 120 residents that the facility is licensed to serve, as well as an undetermined number of staff and visitors. FINDINGS INCLUDE: On 02/13/2014 at 2:00 PM, observation revealed on the 1st floor in the Laundry Room, that penetrations were not sealed according to an approved method. The deficiency included two, 3 inch diameter holes in the wall with pipe penetrations that were not sealed with UL or any other recognized testing agency tested method. This observed situation is not compliant with NFPA 101 (2000 ed.), 18.3.2.1. This condition was confirmed at the time of discovery by a concurrent observation and interview with staff A (Administrator), staff B (Maintenance Coordinator), staff C (Maintenance Technician), and staff D (Maintenance Technician).	K 029		
K 050 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at 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. Responsibility for planning and conducting drills is	K 050		

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K 050	<p>Continued From page 4</p> <p>assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 18.7.1.2</p> <p>This STANDARD is not met as evidenced by: Surveyor: 29942 Based on record review and interview, the facility did not conduct fire drills as required by the code to ensure that staff are familiar with fire response procedures with fire drills that fully test the staff's ability to respond to fire emergencies. This deficiency occurred in 6 of the 6 smoke compartments and has the potential to affect 115 of the 120 residents that the facility is licensed to serve, as well as an undetermined number of staff and visitors.</p> <p>FINDINGS INCLUDE:</p> <p>On 02/13/2014 at 10:55 am, record review of the facility fire drill record for the past 12 months revealed that fire drills were not conducted at varied times. More than two drills were conducted in the same shift within an hour of each other. The facility's fire drill records from February 2013 to January 2014 indicated that, 3 (1st, 3rd and 4th quarter) of 4, 1st-shift drills were held at between 10:30 AM to 11:08 AM, 2 (1st and 3rd quarter) of 4, 2nd shift drills were held at between 3:00 PM to 3:30 PM, 2 (1st and 3rd quarter) of 4, 3rd-shift drills were held at 11:00 PM. This situation is not compliant with NFPA 101 (2000 ed.), 18.7.1.2. This condition was confirmed at the time of discovery by a concurrent interview with staff B (Maintenance</p>	K 050		

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K 050	Continued From page 5 Coordinator), staff C (Maintenance Technician) and staff D (Maintenance Technician).	K 050			
K 052 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4 This STANDARD is not met as evidenced by: Surveyor: 29942 Based on interview and a review of documents, the facility did not maintain the fire alarm system according to NFPA 70 and 72 requirements with complete inspection documentation, and compliant fire alarm testing. This deficiency occurred in 6 of the 6 smoke compartments, and had the potential to affect 115 of the 120 residents that the facility was licensed to serve, as well as an undetermined number of staff and visitors. FINDINGS INCLUDE: 1. On 02/13/2014 at 10:35 am, during a review of documents it was discovered that the quarterly visual inspections and performance tests of the fire alarm system were not conducted as required by the code. The last quarterly fire alarm visual	K 052			

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K 052	Continued From page 6 inspections and performance tests was done by Design Build Fire Protection Inc. on September 25th, 2013. This situation was not compliant with NFPA 101 (2000 ed.), 9.6.1.7 and NFPA 72 (1999 ed.), Chapter 7-5.2.2. This condition was confirmed at the time of discovery by a concurrent interview with staff B (Maintenance Coordinator), staff C (Maintenance Technician) and staff D (Maintenance Technician). 2. On 02/13/2014 at 10:40 am, during a review of documents it was discovered that the semi-annual visual inspections and performance tests of the fire alarm system were not conducted as required by the code. Sealed lead acid type batteries for the Fire Alarm System were only tested once, on 4/23/1013 by Cintas. This situation was not compliant with NFPA 101 (2000 ed.), 9.6.1.7 and NFPA 72 (1999 ed.), Chapter 7-3.2. This condition was confirmed at the time of discovery by a concurrent interview with staff B (Maintenance Coordinator), staff C (Maintenance Technician) and staff D (Maintenance Technician).	K 052		
K 062 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 18.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by:	K 062		

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K 062	<p>Continued From page 7</p> <p>Surveyor: 29942</p> <p>Based on observation, record review and interview, the facility did not maintain the sprinkler system in a reliable operating condition that included a complete inspection program as required by NFPA 25. The sprinkler system did not have verification of all quarterly tests, and sprinklers free of lint. This deficiency occurred in 6 of the 6 smoke compartments, and had the potential to affect 115 of the 120 residents that the facility is licensed to serve, as well as an undetermined number of staff and visitors.</p> <p>FINDINGS INCLUDE:</p> <p>1. On 02/13/2014 at 10:30 am, during a review of documents it was discovered that a quarterly sprinkler inspection was not conducted within 3 months of the previous quarterly inspection. The last quarterly sprinkler inspections and performance tests was done by Design Build Fire Protection Inc. on September 25th, 2013. This situation is not compliant with NFPA 25 (998 ed.), 2-2. and Table 2-1. This condition was confirmed at the time of discovery by a concurrent interview with staff B (Maintenance Coordinator), staff C (Maintenance Technician) and staff D (Maintenance Technician).</p> <p>2. On 02/13/2014 at 1:45 PM, observation revealed on the 1st floor in the Freezer inside the Kitchen, that a sprinkler was not kept free of lint or other foreign material and maintained to keep the system fully operable as designed. This observed situation is not compliant with NFPA 25 (1998 ed.), 2-2.1.1. This condition was confirmed at the time of discovery by a concurrent observation interview with staff A (Administrator), staff B (Maintenance Coordinator), staff C</p>	K 062			

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K 062	Continued From page 8 (Maintenance Technician), and staff D (Maintenance Technician).	K 062		
K 147 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by: Surveyor: 29942 Based on observation and interview, the facility did not provide and maintain an electrical installation compliant with NFPA 70, National Electrical Code with electrical panels with complete directories. This deficiency occurred in 1 of the 6 smoke compartments and has the potential to affect 30 of the 120 residents that the facility was licensed to serve, as well as an undetermined number of staff and visitors. FINDINGS INCLUDE: On 02/13/2014 at 3:00 PM, observation revealed on the 1st floor in the Electrical room 652, that electrical panel breakers were not labeled to identify the loads they fed. Circuit breaker number 43, 45, 47, 49, 51, 53, 55, and 57 inside the panel LA3 did not have identification which circuit they fed. This observed situation is not compliant with NFPA 70 (1999 ed.), Section 110-22. This condition was confirmed at the time of discovery by a concurrent observation and interview with staff A (Administrator), staff B (Maintenance Coordinator), staff C (Maintenance	K 147		

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K 147	Continued From page 9 Technician), and staff D (Maintenance Technician).	K 147			

PLAN OF CORRECTION

Name - Provider/Supplier:	
Lakeland Health Care Center	
Street Address/City/Zip Code:	
1922 Cty Rd Nn, Elkhorn, WI 53121	
License/Certification/ID Number (X1):	525625
Survey Date (X3):	02/13/2014
Survey Event ID Number:	U7UA21

ID Prefix Tag (X4)	Provider's Plan of Correction (Each corrective action must be cross-referenced to the appropriate deficiency.)	Completion Date (X5)
K027	The smoke-barrier doors near mechanical room 736 and oxygen room 708 had gaps greater than 1/8" at their meeting edges. Silicone seal UL tested and classified for fire and smoke door astragals have been ordered and will be installed. All smoke-barrier doors throughout the building will be checked monthly by the maintenance technicians to be sure gaps have not grown beyond 1/8". The Senior Maintenance Technician will conduct bi-monthly inspections of all double doors to be sure astragals are properly in place and that gaps have not grown beyond 1/8". He will share findings with the Quality Assurance Committee on a quarterly basis.	03/15/2014
K029	Observation in the main laundry room revealed penetrations not sealed according to an approved method. The two penetrations have been sealed with HILTI brand UL approved fire stop. As maintenance staff performs their daily, weekly and monthly rounds throughout the building they will continue to monitor the building to ensure penetrations are properly sealed. The Senior Maintenance Technician will conduct bi-monthly inspections throughout the building - monitoring for compliance. He will share findings with the Quality Assurance Committee on a quarterly basis.	02/14/2014
K050	Fire drills were not conducted at varied times. More than two drills were conducted in the same shift within an hour of each other. Maintenance staff will conduct fire drills according to the fire drill schedule developed for the year. In addition to reviewing the fire drill reports to determine if staff needs further education regarding the emergency preparedness plan, the Senior Maintenance Technician along with the Quality Operations Manager, will review the times of the fire drills to ensure that drills are conducted at the required varied times. Fire drill report forms have been revised. The Senior Maintenance Technician will submit a report regarding compliance to the Quality Assurance Committee on a quarterly basis.	02/19/2014
K052	The last quarterly fire alarm visual inspection and performance test was not conducted. In addition, the semi-annual inspection of sealed lead acid type batteries for the fire alarm system was not done. The batteries were only tested one time. The Senior Maintenance Technician will ensure that vendors arrive on time and perform all of the required work. A spreadsheet will be developed showing which vendor should arrive at what time to perform which specific tasks. The actual arrival date and time will be	03/10/2014

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Survey Date (X3):	02/13/2014
Survey Event ID Number:	U7UA21

	<p>recorded on the spreadsheet. This report will be submitted to the Quality Assurance Committee on a quarterly basis</p> <p>The Walworth County Purchasing Department will work directly with the Lakeland Health Care Center Nursing Home Administrator and Senior Maintenance Technician to ensure building maintenance contracts include all of the items required of a nursing home.</p>	
K062	<p>The last quarterly sprinkler inspection and performance test was not conducted. The Senior Maintenance Technician will ensure that vendors arrive on time and perform all of the required work. A spreadsheet will be developed showing which vendor should arrive at what time to perform which specific tasks. The Walworth County Purchasing Department will work directly with the Lakeland Health Care Center Nursing Home Administrator and Senior Maintenance Technician to ensure building maintenance contracts include all of the items required of a nursing home.</p> <p>A sprinkler in the freezer inside the main kitchen was not kept free of foreign material. Sprinkler heads in the main kitchen will be inspected by the maintenance technicians on a monthly basis. The Senior Maintenance Technician will conduct quarterly inspections of sprinkler heads throughout the building to ensure that sprinklers are kept free of lint or other foreign materials. He will submit his findings to the Quality Assurance Committee on a quarterly basis.</p>	03/10/2014
K 147	<p>Electrical panel breakers were not labeled to identify the loads they fed. Maintenance Technicians have tested and written the word "spare" on breakers that are not being used. All breakers are properly identified.</p>	02/29/2014

The individual signing the first page of the SOD (CMS-2567) is indicating their approval of the plan of correction being submitted on this form.