

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

PRINTED: 07/22/2016  
FORM APPROVED  
OMB NO. 0938-0391

|   |  |   |   |   |
|---|--|---|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                    |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>525625</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 03 - LAKELAND HEALTH CARE CENTER<br><br>B. WING _____                 | (X3) DATE SURVEY COMPLETED<br><br><b>07/12/2016</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>LAKELAND HEALTH CARE CTR</b> |  |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1922 CTY RD NN<br/>ELKHORN, WI 53121</b>                            |   |
| (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   | INITIAL COMMENTS<br><br>Surveyor: 33398<br>A standard Recertification Survey for Life Safety Code compliance was conducted by the Wisconsin Division of Quality Assurance on 07/12/2016. 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:<br>42 CFR Subpart 483.70 - Physical Environment was NOT MET<br>42 CFR Subpart 483.70(a) - Safety from Fire was NOT MET<br>NFPA 101- Life Safety Code was NOT MET<br>The Lakeland Health Care Center Elkhorn is a 1-story structure built in 2005, with Type V (111) wood frame protected construction. The facility was fully sprinkled and has smoke detection in all corridors. The facility had a 100 kW emergency generator that provided power to the emergency loads. The facility contained 4 patient care wings and 6 smoke compartments. Lakeland Health Care Center is licensed for 120 beds, with a census of 120 residents at the time of the survey. The facility operated outpatient functions and also had 1 outpatient in the building on that day. The facility was surveyed under the 2000 Life Safety Code, Chapter 19 for an existing health care occupancy. Two (2) federal deficiencies of the Life Safety Code were cited. | K 000   |   |   |
| K 056<br>SS=E   | NFPA 101 LIFE SAFETY CODE STANDARD<br><br>There is an automatic sprinkler system installed in accordance with NFPA13, Standard for the Installation of Sprinkler Systems, with approved components, device and equipment, to provide   | K 056   |   |   |

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

*Sernadette Jamszinski*

TITLE

*Administrator*

(X6) DATE

*8/6/16*

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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| NAME OF PROVIDER OR SUPPLIER<br><br>LAKELAND HEALTH CARE CTR |  |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>1922 CTY RD NN<br>ELKHORN, WI 53121                                    |  |
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| K 056  | Continued From page 1<br>complete coverage of all portions of the facility. Systems are equipped with waterflow and tamper switches, which are connected to the fire alarm system. In Type I and II construction, alternative protection measures shall be permitted to be substituted for sprinkler protection in specific areas where State or local regulations prohibit sprinklers. 18.3.5, 18.3.5.1.<br>This STANDARD is not met as evidenced by:<br>Surveyor: 33398<br>Based on observation and interview, the facility did not provide a sprinkler system that complies with NFPA 13 (1999 edition), 5-6.5 requirements, with unobstructed water distribution. This deficiency occurred in 1 of the 6 smoke compartments, and had the potential to affect 30 of the 120 residents, as well as an undetermined number of staff and visitors.<br><br>FINDINGS INCLUDE:<br>On 07/12/2016 at 1:45 pm it was observed in the B smoke compartment on the 1st floor in equipment room 459, that the discharge of sprinkler water was obstructed from reaching an unprotected area on the other side of a surface mounted light fixture. The light fixture was located 3" below the adjacent sprinkler deflector. The condition was confirmed at the time of discovery by a concurrent observation and interview with staff A (Maintenance Coordinator), staff B (Administrator), staff C (Maintenance Technician), and staff D (Maintenance Technician). | K 056  |   |  |
| K 147<br>SS=E  | NFPA 101 LIFE SAFETY CODE STANDARD<br>Electrical wiring and equipment shall be in  | K 147  |   |  |

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| K 147   | <p>Continued From page 2</p> <p>accordance with National Electrical Code. 9-1.2 (NFPA 99) 18.9.1, 19.9.1</p> <p>This STANDARD is not met as evidenced by:<br/>Surveyor: 33398</p> <p>Based on observation and interview, the facility did not provide and maintain an electrical installation compliant with NFPA 70 (1999 edition), National Electrical Code with non-compliance. This deficiency occurred in 1 of the 6 smoke compartments, and had the potential to affect 30 of the 120 residents, as well as an undetermined number of staff and visitors.</p> <p>FINDINGS INCLUDE:<br/>On 07/12/2016 at 2:10 pm it was observed in the D smoke compartment on the 1st floor in the soiled utility room, that the electrical code was not followed. A duplex outlet was located 24" from a sink and was not protected by a GFCI outlet or a GFCI circuit breaker. (GFCI - Ground Fault Circuit Interrupter) The condition was confirmed at the time of discovery by a concurrent observation and interview with staff A (Maintenance Coordinator), staff B (Administrator), staff C (Maintenance Technician), and staff D (Maintenance Technician).</p> | K 147   |   |                      |   |

