

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

PRINTED: 05/08/2015
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 - LAKELAND HEALTH CARE CENTER B. WING _____	(X3) DATE SURVEY COMPLETED 05/01/2015
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NAME OF PROVIDER OR SUPPLIER LAKELAND HEALTH CARE CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 1922 CTY RD NN ELKHORN, WI 53121
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K 000	INITIAL COMMENTS Surveyor: 33398 A standard Recertification Survey for Life Safety Code compliance was conducted by the Wisconsin Division of Quality Assurance on 05/01/2015. The Lakeland Health Care Center Elkhorn was found to be NOT in substantial compliance with the following applicable regulations for long term care facility participation in Medicare-Medicaid: 42 CFR Subpart 483.70 - Physical Environment was NOT MET 42 CFR Subpart 483.70(a) - Safety from Fire was NOT MET NFPA 101- Life Safety Code was NOT MET 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 Elkhorn 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. Three (3) federal deficiencies of the Life Safety Code were cited.	K 000		
K 050 SS=C	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 assigned only to competent persons who are	K 050		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Bernadette Jonezewski
TITLE
Nursing Home Administrator
(X8) DATE
5/14/2015

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excluded 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 050	<p>Continued From page 1</p> <p>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: 33398</p> <p>Based on a review of facility documents 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 had the potential to affect all of the 120 residents that the facility was licensed to serve, as well as an undetermined number of staff and visitors.</p> <p>FINDINGS INCLUDE:</p> <p>On 05/01/2015 at 11:20 am surveyor noted during a review of facility documents, that the facility fire drill records showed that fire drills were conducted in a pattern so they were not always at unexpected times. On the second shift, first and fourth Quarter drills were held at 5:00 pm. This situation was not compliant with NFPA 101 (2000 edition), 18.7.1.2. The condition was confirmed at the time of discovery by a concurrent record review and interview with staff A (Maintenance Coordinator).</p>	K 050		
K 062 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Required automatic sprinkler systems are</p>	K 062		

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K 062	Continued From page 2 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: Surveyor: 33398 Based on observation 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 the appropriate quantity of spare sprinklers. This deficiency occurred in 1 of the 6 smoke compartments, and had the potential to affect 17 of the 71 staff that were working. FINDINGS INCLUDE: On 05/01/2015 at 1:20 pm it was observed in the Kitchen smoke compartment on the 1st floor in the boiler room 522, that the cabinet of spare sprinklers did not contain two spare heads for the each type of sprinkler that were observed in the facility. Spare sprinklers were not provided for the quick response green bulb sidewall sprinkler heads. There was only (1) stainless steel specialty type head. This observed situation was not compliant with NFPA 25 (1998 edition), 2-4.1.4. The condition was confirmed at the time of discovery by a concurrent observation and interview with staff A (Maintenance Coordinator), staff B (Administrator) and staff C (Maintenance Technician).	K 062		
K 143	NFPA 101 LIFE SAFETY CODE STANDARD	K 143		

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K 143 SS=E	<p>Continued From page 3</p> <p>Transferring of oxygen is:</p> <p>(a) separated from any portion of a facility wherein patients are housed, examined, or treated by a separation of a fire barrier of 1-hour fire-resistive construction;</p> <p>(b) in an area that is mechanically ventilated, sprinklered, and has ceramic or concrete flooring; and</p> <p>(c) in an area posted with signs indicating that transferring is occurring, and that smoking in the immediate area is not permitted in accordance with NFPA 99 and the Compressed Gas Association. 8.6.2.5.2</p> <p>This STANDARD is not met as evidenced by: Surveyor: 33398 Based on observation and interview, the facility did not provide space for oxygen transfer, or storage with and separation of oxygen from combustibles. This deficiency occurred in 3 of the 6 smoke compartments, and had the potential to affect 60 of the 120 residents that the facility was licensed to serve, as well as an undetermined number of staff and visitors.</p> <p>FINDINGS INCLUDE: 1. On 05/01/2015 at 1:25 pm it was observed in the Kitchen smoke compartment on the 1st floor in the oxygen room 520, that combustible materials were stored close to the storage site of the cylinders of oxygen. Two (2) stainless steel racks had many plastic wrapped packages of plastic tubing, canisters, and face masks for</p>	K 143		
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K 143	<p>Continued From page 4</p> <p>oxygen use. This room was also used for oxygen transfer. This observed situation was not compliant with NFPA 99 (1999 edition), 4-3.1.1.2. The condition was confirmed at the time of discovery by a concurrent observation and interview with staff A (Maintenance Coordinator), staff B (Administrator) and staff C (Maintenance Technician).</p> <p>2. On 05/01/2015 at 2:45 pm it was observed in the B smoke compartment on the 1st floor in the oxygen closet 308, that combustible materials were stored close to the storage site of the cylinders of oxygen. One (1) stainless steel rack had plastic wrapped packages of plastic tubing, canisters, and face masks for oxygen use located 3' from oxygen storage. This observed situation was not compliant with NFPA 99 (1999 edition), 4-3.1.1.2. The condition was confirmed at the time of discovery by a concurrent observation and interview with staff A (Maintenance Coordinator), staff B (Administrator) and staff C (Maintenance Technician).</p> <p>3. On 05/01/2015 at 3:20 pm it was observed in the C smoke compartment on the 1st floor in the oxygen closet 708, that combustible materials were stored close to the storage site of the cylinders of oxygen. One (1) stainless steel rack had plastic wrapped packages of plastic tubing, canisters, and face masks for oxygen use located 3' from oxygen storage. This observed situation was not compliant with NFPA 99 (1999 edition), 4-3.1.1.2. The condition was confirmed at the time of discovery by a concurrent observation and interview with staff A (Maintenance Coordinator), staff B (Administrator) and staff C (Maintenance Technician).</p>	K 143		
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K 143	Continued From page 5	K 143			

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):	05/06/2015
Survey Event ID Number:	37H121

ID Prefix Tag (X4)	Provider's Plan of Correction (Each corrective action must be cross-referenced to the appropriate deficiency.)	Completion Date (X5)
	BUILDING # 3	
K 050	Fire drill schedules were reviewed to ensure that fire drills are conducted at unexpected times. No fire drills will be held within 2 hours of each other within the same 12 month period (as opposed to the same calendar year). The Maintenance Coordinator and the Quality Operations Manager reviewed the fire drill schedule and will do so each year to ensure we are in compliance.	5/4/2015
K062	Spare sprinklers for the quick response green bulb sidewall sprinkler heads and a stainless steel specialty head were added to the cabinet of spare sprinklers. The Maintenance Coordinator will ensure that sprinklers used from this cabinet are replaced when used. The Maintenance Coordinator will meet with the vendor during sprinkler inspections to be sure that we receive the appropriate quantity of spare sprinklers.	05/29/2015
K 143	All oxygen combustible supplies have been removed from the oxygen rooms. Monitoring for compliance has been added to the audit list of the safety committee. The Maintenance Coordinator will ensure that these rooms are inspected on a bi-monthly basis to be sure there are no combustibles. He will submit his findings to the Quality Assurance Committee on a quarterly basis.	5/4/2015

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.