STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING	X3) DATE SURVEY COMPLETED
	155289		03/16/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COLONIAL OAKS HEALTH CARE CENTER	4725 S COLONIAL OAKS DR MARION, IN 46953

(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 Bldg. 01	A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 03/16/15 Facility Number: 000186 Provider Number: 155289 AIM Number: 100266300 Surveyor: Thomas Forbes, Life Safety Code Specialist At this Life Safety Code survey, Colonial Oaks Health Care Center was found in substantial compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC) and with 410 IAC 16.2. The original building consisting of main dining room, Hickory Lane, Redbud Lane, Chestnut, Beechnut Ave. and Walnut Grove was surveyed with Chapter 19, Existing Health Care Occupancies. This one story facility was determined to be of Type V (111) construction and was	K 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	155289		03/16/2015

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COLONIAL OAKS HEALTH CARE CENTER	4725 S COLONIAL OAKS DR MARION, IN 46953

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	fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, areas open to the corridors and hard wired smoke detectors in the resident rooms. The facility has a capacity of 127 and had a census of 102 at the time of this survey. All areas where the residents have customary access were sprinklered. All areas providing facility services was sprinklered, except a garage used for the storage of maintenance supplies. Quality Review by Dennis Austill, Life Safety Code Specialist on 03/20/15. The facility was found in substantial compliance with the aforementioned regulatory requirements as evidenced by the following:			
K 021 SS=C Bldg. 01	NFPA 101 LIFE SAFETY CODE STANDARD Any door in an exit passageway, stairway enclosure, horizontal exit, smoke barrier or hazardous area enclosure is held open only by devices arranged to automatically close all such doors by zone or throughout the facility upon activation of: a) the required manual fire alarm system; b) local smoke detectors designed to detect smoke passing through the opening or a			

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	155289		03/16/2015

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	required smoke detection system; and c) the automatic sprinkler system, if installed. 19.2.2.2.6, 7.2.1.8.2 Based on observation and interview, the facility failed to ensure 2 of 2 kitchen doors with a self closing device which would cause the door to automatically close and latch into the door frame. This deficient practice can affect any resident using the dinning room and staff in the kitchen. Findings include: Based on observation during a tour of the facility with the Maintenance Supervisor on 03/16/15 at 10:35 a.m., two kitchen doors to and from the dinning room were equipped with a self closing devices, but failed to latched into the frame. Based on interview at the time of observation, the Maintenance Supervisor acknowledged the doors did not latch into the frame. 3.1-19(b)	K 021	In consideration of the survey results we respectfully request paper compliance.No residents were affected by the alleged deficient practice.All residents have the potential to be affected by the alleged deficient practice.New frames, new doors with latches have been ordered.Maintenance Supervisor will include these doors on the routine maintenance checklist to be checked monthly.Administrator will audit the routine maintenance checklist monthly ongoing.	04/15/2015
K 062 SS=B Bldg. 01	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 Based on observation and interview, the	K 062	In consideration of the survey results we respectfully request	04/15/2015

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	155289		03/16/2015

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COLONIAL OAKS HEALTH CARE CENTER	4725 S COLONIAL OAKS DR MARION, IN 46953

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	facility failed to replace 1 of 2 automatic sprinklers in room 224 which had been painted. LSC 9.7.5 requires all automatic sprinkler systems shall be inspected, tested and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 1998 edition, 2-2.1.1 requires any sprinkler shall be replaced which is painted, corroded, damaged, loaded, or in the improper orientation. This deficient practice could affect 30 residents in the Redbud Lane Hallway. Findings include: Based on observation during a tour of the facility with the Maintenance Supervisor on 03/16/15 at 10:35 a.m., one of two automatic sprinklers in the closet of room 224 on Redbud Lane had paint on the deflector and the thermal link of the sprinkler head. Based on interview, this was acknowledged by the Maintenance Supervisor at the time of observation. 3.1-19(b)		paper compliance.No residents were affected by the alleged deficient practice.All residents residing on the Redbud Lane Hallway have the potential to be affected. Replacement sprinkler heads have been ordered and will be replacedupon arrival. Sprinkler head checks to be monitored quarterly per the routine maintenance checklist by the Maintenance Supervisor.Administrator will audit the quarterly routine maintenance checklist ongoing.	
K 066 SS=C Bldg. 01	NFPA 101 LIFE SAFETY CODE STANDARD Smoking regulations are adopted and include no less than the following provisions: (1) Smoking is prohibited in any room, ward,			

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	or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area is posted with signs that read NO SMOKING or with the international symbol for no smoking. (2) Smoking by patients classified as not responsible is prohibited, except when under direct supervision. (3) Ashtrays of noncombustible material and safe design are provided in all areas where smoking is permitted. (4) Metal containers with self-closing cover devices into which ashtrays can be emptied are readily available to all areas where smoking is permitted. 19.7.4 Based on observation, record review, and interview, the facility failed to enforce 1 of 1 smoking policies for the facility. This deficient practice could affect any occupants evacuating through the Ambulance Exit. Findings include: Based on record review and observation with the Maintenance Supervisor on 03/16/15 at 11:01 a.m., the smoking policy states the campus is designated as smoke free. Outside of the Ambulance entry/exit there were at least 100 cigarette butts on the ground around the exit. Also, there were two signs saying no smoking. Based on interview at the time of observation, the Maintenance Supervisor	K 066	In consideration of the survey results we respectfully request paper compliance.No residents were affected by the alleged deficient practice.All residents have the potential to be affected by the alleged deficient practice.Nursing staff member will monitor the area outside the ambulance entry door on second and third shifts to ensure the facility no smoking policy is being followed utilizing a daily checklist.Maintenance Supervisor will audit the daily checklist weekly ongoing.Adherence to the facility no smoking policy will be reviewed monthly at Safety Meetings.	04/15/2015

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	acknowledged the cigarette butts on the ground. When asked if people were smoking by the Ambulance entry he stated "day staff does not smoke out here, but I do not know about night staff and visitors." 3.1-19(b)			
K 000 Bldg. 02	A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 03/16/15 Facility Number: 000186 Provider Number: 155289 AIM Number: 100266300 Surveyor: Thomas Forbes, Life Safety Code Specialist At this Life Safety Code survey, Colonial Oaks Health Care Center was found in substantial compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life	K 000		

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NAME OF PROVIDER OR SUPPLIER COLONIAL OAKS HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 4725 S COLONIAL OAKS DR MARION, IN 46953	

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	Safety Code (LSC) and with 410 IAC 16.2. The new section of the building consisting of the front lobby and front dining room as surveyed with Chapter 18, New Health Care Occupancies. This one story facility was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, areas open to the corridors and hard wired smoke detectors in the resident rooms. The facility has a capacity of 127 and had a census of 102 at the time of this survey. Quality Review by Dennis Austill, Life Safety Code Specialist on 03/20/15. All areas where the residents have customary access were sprinklered. All areas providing facility services was sprinklered, except a garage used for the storage of maintenance supplies.			