

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155782	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 03/20/2014
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NAME OF PROVIDER OR SUPPLIER WHITE OAK HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 814 S 6TH ST MONTICELLO, IN 47960
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K010000	<p>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).</p> <p>Survey Date: 03/20/14</p> <p>Facility Number: 012355 Provider Number: 155782 AIM Number: 201014410</p> <p>Surveyor: Bridget Brown, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, White Oak Health Campus was found not in 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), Chapter 18, New Health Care Occupancies and 410 IAC 16.2.</p> <p>This one story, fully sprinklered facility was determined to be Type V (111) construction. The facility has a fire alarm system with hard wired smoke detection in the corridors, in areas open to the corridors and in resident rooms. The SNF certified health care occupancy was</p>	K010000	<p>Submission of this plan of correction and credible allegation does not constitute an admission by the provider that the allegations are a true and accurate portrayal of the provisions of care in this facility. Please accept this plan as the same and our credible plan of compliance. White Oak Health Campus submits this plan of correction as its letter of credible compliance and requests a desk review with paper compliance be considered in establishing the provider is in substantial compliance. We appreciate your consideration of this request.</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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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	<p>located on the north end of the main building with a capacity of 61 residents and a census of 60 at the time of this survey.</p> <p>All areas accessible to residents and all areas providing facility services are sprinklered.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 03/25/14.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			
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K010038 SS=B	<p>NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 18.2.1</p> <p>Based on observation and interview, the facility failed to provide an exit discharge readily accessible for 1 of 2 means of egress to a public way from the 100 hall. LSC Section 19.2, Means of Egress Requirements, requires every exit discharge, exit location and access shall be in accordance with LSC Chapter 7. LSC 7.1.6.3 requires the means of egress be nominally level. This deficient practice affects visitors staff and 10 or more residents in the sunroom smoke compartment..</p> <p>Findings include:</p> <p>Based on observation with the Director of Plant Operations on 03/20/14 at 12:35 p.m., a four by eight section of the concrete sidewalk exit discharge had been removed immediately outside the exit door exposing the underlying gravel. The Director of Plant operations said at the time of observation, the extreme weather had heaved the concrete pad and prevented the exit door from opening. The concrete had been removed to allow the door to open for evacuation. He said a new pad would be poured as soon as weather conditions permitted.</p>	K010038	<p>1. No residents were affected by this alleged deficiency.2. Residents residing in the area of the sunroom smoke compartment have the potential to be at risk of alleged deficiency.3. Concrete was poured outside of these exit doors on Friday, April 4th, 2014. (See Exhibit Aa for picture)4. Director of Plant Operations (DPO) will check doors on the Trilogy Daily Rounds checklist. (See Exhibit A for audit tool). Audit results will be brought to monthly Quality Assurance (QA) meeting. QA Committee will review results for trends x 6 months or until 100% compliance is achieved.</p>	04/19/2014			

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	3.1-19(b)			
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K010062 SS=E	<p>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</p> <p>Based on observation and interview, the facility failed to ensure 3 of 6 sprinkler heads in the laundry were free of corrosion and/or foreign materials such as grime. NFPA 25, 2-2.1.1 requires sprinklers to be free of foreign materials and corrosion. This deficient practice affects staff, visitors and 20 or more residents in the dining room smoke compartment.</p> <p>Findings include:</p> <p>Based on observation with the Director of Plant Operations on 03/20/14 at 12:50 p.m., two sprinkler heads in the laundry were turning green, usually evidence of corrosion. The sprinkler head protecting the area behind the dryers was covered with a gray fuzzy grime. The Director of Plant Operations acknowledged the condition of the sprinkler heads at the time of observations.</p> <p>3.1-19(b)</p>	K010062	<p>1. No residents were affected by this alleged deficiency.2. Residents residing in the dining room smoke compartment area have the potential to be affected by this alleged deficiency.3. Vendor is scheduled to be at facility April 9th, 2014 to replace the identified sprinkler heads. 4. Vendor will now include inspection of every sprinkler head in the campus as part of their quarterly inspection report per Director of Plant Operations request. (see Exhibit B for vendor information). Report results will be brought to monthly Quality Assurance (QA) meetings. Trends will be reviewed by QA Committee x 6 months or until 100% compliance is achieved.</p>	04/19/2014			

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K010130 SS=D	<p>NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 Based on observation and interview, the facility failed to ensure 1 of 1 cylinders of nonflammable gas was secured in a cart or hand truck with appropriate chains or stays to prevent accidental damage. NFPA 99, 8-5.2.1 requires the construction for nonpatient gas cylinder carts and hand trucks shall be constructed for the intended purpose and shall be self-supporting. They shall be provided with appropriate chains or stays to retain cylinders in place. This deficient practice affects visitors and 4 kitchen staff.</p> <p>Findings include:</p> <p>Based on observation with the Director of Plant Operations on 03/20/14 at 1:30 p.m., a carbon dioxide cylinder was free standing adjacent to the exit door in the kitchen. The Director of Plant Operations agreed at the time of observation, the tank should have been secured.</p> <p>3.1-19(b)</p>	K010130	<p>1. No residents were affected by the alleged deficiency.2. Residents would be affected by the alleged deficiency if they were in the kitchen area. 3. The carbon dioxide cylinder was secured the same day as the survey. The Director of Food Services and kitchen staff were in-serviced on appropriate storage of the carbon dioxide cylinders.4. Director of Plant Operations will check for proper storage of carbon dioxide cylinders in kitchen area daily and document on the Trilogy Daily Rounds checklist. (See Exhibit A) Results of the checklist will be brought to monthly Quality Assurance (QA) meeting. Audit results will be reviewed for trends by QA Committee x 6 months or until 100% compliance is achieved.</p>	04/19/2014	

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K010147 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 flexible cords were not used as a substitute for fixed wiring. NFPA 70 National Electrical Code, 1999 Edition, Article 400-8 requires, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice could affect 2 or more residents, staff, and visitors in the beauty shop.</p> <p>Findings include:</p> <p>Based on observation with the Director of Plant Operations on 03/20/14 at 12:05 p.m., a power strip extension cord was used to supply power to two curling irons and a hair dryer in the unoccupied beauty shop. The Director of Plant Operations acknowledged at the time of observation, the power strip was in use because the number of electrical outlets was limited.</p> <p>3.1-19(b)</p>	K010147	<p>1. No residents were affected by this alleged deficiency.2. Residents in the beauty shop have the potential to be affected by this alleged deficiency.3. Director of Plant Operations will check for power strips in the Beauty Shop and offices as part of the Trilogy Daily Rounds checklist. (See Exhibit A)4. Audits will be brought to monthly Quality Assurance meetings. Results will be reviewed by the QA Committee for trends x 6 months or until 100% compliance is achieved.</p>	04/19/2014			

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