

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155289	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 04/08/2014
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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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(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
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: 04/08/14</p> <p>Facility Number: 000186 Provider Number: 155289 AIM Number: 100266300</p> <p>Surveyor: Amy Kelley, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Colonial Oaks Health Care Center 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) and with 410 IAC 16.2. The original building consisting of the main dining room, Hickory Lane, Redbud Lane, Chestnut, Beechnut Ave. and Walnut Grove was surveyed with Chapter 19, Existing Health Care Occupancies.</p> <p>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, in 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 101 at the time of this survey.</p> <p>All areas where the residents have</p>	K010000		

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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K010029 SS=E	<p>customary access were sprinklered. All areas providing facility services were sprinklered, except a garage used for the storage of maintenance supplies.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 04/14/14.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following: NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1</p> <p>Based on observation and interview, the facility failed to ensure the corridor doors to 1 of 1 Hickory Lane shower rooms used for storage of soiled linen therefore creating a hazardous area, was provided with a self closing device, and would latch into the door frame. This deficient practice could affect any of the 29 residents in Hickory Lane.</p> <p>Findings include: Based on observation with the Maintenance Supervisor on 04/08/14 at 1:53 p.m., the</p>	K010029	The facility is unable to correct the previous alleged deficient practice. All residents have the potential to be affected by the alleged deficient practice. No residents were affected by the alleged deficient practice. The alleged deficient practice in the Hickory hallway has been corrected by adding a self closing hinger to the shower door and now the door closes and latches in the frame. Residents who reside on this hallway will enter the shower only with the	04/30/2014			

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K010062 SS=E	<p>corridor door to the Hickory Lane shower room did self close but failed to latch into the door frame. There was a soiled linen barrel one third full of linen stored in the room. Based on interview at the time of observation, the Maintenance Supervisor acknowledged the barrels are stored in the shower room.</p> <p>3.1-19(b) 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</p> <p>Based on observation and interview, the facility failed to ensure the spray pattern for 1 of 1 Chestnut Hall linen closet sprinkler heads was unobstructed. LSC 9.7.5 requires all automatic sprinkler systems 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, Section 2-2.1.2 states unacceptable obstructions to spray patterns shall be corrected. This deficient practice could affect 27 residents in Chestnut hall.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Supervisor on 04/08/14 at 12:43 p.m., the spray pattern for the sprinkler head in the Chestnut hall linen closet was obstructed by pillows and bedspreads piled on the top shelf. The Maintenance Supervisor acknowledged the sprinkler head was obstructed and stated</p>	K010062	<p>assistance of the appropriate staff. Therefore all residents will not have the potential to have negative effects from the shower area. The self closing mechanisms will be inspected by the Maintenance staff weekly to ensure proper closing and latching. This correction is now in place.</p> <p>The facility is unable to correct the previous alleged deficient practice. All residents have the potential to be affected by the alleged deficient practice. No residents have been identified as being affected by the alleged deficient practice. To correct the alleged deficient practice, the shelves in the Chestnut Hallway linen closet have now been removed to prevent the obstruction of the sprinkler pattern. Therefore, no linen or other items can be placed in the 18 inch area right below the ceiling.</p>	04/30/2014			

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K010130 SS=E	<p>he has spoken with the housekeeping department concerning obstructing sprinkler heads in the closets.</p> <p>3.1-19(b) NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786</p> <p>Based on observation and interview, the facility failed to ensure penetrations in 1 of 11 fire barrier walls were maintained to ensure the fire resistance of the barrier. LSC 19.1.1.3 requires all health care facilities to be maintained and operated to minimize the possibility of a fire emergency requiring the evacuation of the occupants. LSC 8.2.3.2.4.2 requires pipes, conduits, bus ducts, cables, wires, air ducts, pneumatic tubes and ducts, and similar building service equipment that pass through fire barriers shall be protected as follows: (1) The space between the penetrating item and the fire barrier shall meet one of the following conditions: a. It shall be filled with a material that is capable of maintaining the fire resistance of the fire barrier. b. It shall be protected by an approved device that is designed for the specific purpose. (2) Where the penetrating item uses a sleeve to penetrate the fire barrier, the sleeve shall be solidly set in the fire barrier, and the space between the item and the sleeve shall meet on of the following conditions: a. It shall be filled with a material that is capable of maintaining the fire resistance of the fire barrier. b. It shall be protected by an approved device that is designed for the specific purpose. This deficient practice could affect 54</p>	K010130	<p>The facility is unable to correct the alleged deficient practice. All residents have the potential to be affected by the alleged deficient practice. No residents have been identified as being affected by the alleged deficient practice. To correct the alleged deficient practice all of the white caulk in the area in question was removed and replaced by a red fire rated sealer caulk in the eight penetration places noted. Additionally, the maintenance crew has remodeled the entire hallway area which included searching the entire hallway for other deficient practices. None were discovered. These corrections are now completed.</p>	04/30/2014

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K020000	<p>residents in the main dining room.</p> <p>Findings include:</p> <p>Based on an observation with the Maintenance Supervisor on 04/08/14 at 2:13 p.m., there were eight penetrations sealed with a white caulk above the drop down ceiling at the fire barrier separation wall between Healthcare and Assisted Living across from the main dining room. Based on an interview with the Maintenance Supervisor at the time of observation, he was unable to provide documentation to confirm the white caulk was fire rated.</p> <p>3.1-19(b)</p> <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: 04/08/14</p> <p>Facility Number: 000186 Provider Number: 155289 AIM Number: 100266300</p> <p>Surveyor: Amy Kelley, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Colonial Oaks Health Care Center 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</p>	K020000		

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	<p>Safety Code (LSC) and with 410 IAC 16.2. The new section of the building consisting of the front lobby and front dining room was surveyed with Chapter 18, New Health Care Occupancies.</p> <p>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, in 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 101 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered. All areas providing facility services were sprinklered, except a garage used for the storage of maintenance supplies.</p>				