

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155289	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	X3) DATE SURVEY COMPLETED 05/26/2016
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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
K 0000 Bldg. 01	<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: 05/26/16</p> <p>Facility Number: 000186 Provider Number: 155289 AIM Number: 100266300</p> <p>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.</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, areas open to the corridors and</p>	K 0000		

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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K 0044 SS=B Bldg. 01	<p>hard wired smoke detectors in the resident rooms. The facility has a capacity of 127 and had a census of 97 at the time of this survey.</p> <p>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.</p> <p>Quality Review completed on 05/27/16 - DA</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Horizontal exits, if used, are in accordance with 7.2.4. 19.2.2.5</p> <p>Based on observations and interview, the facility failed to ensure 1 of 1 fire barrier doors were provided with the appropriate fire protection rating for the location in which they are installed. LSC 7.2.4 leads to LSC 7.2.4.3.4 which requires openings in fire barriers comply with LSC 8.2.3.2.3.2 which permits window assemblies in fire barriers to meet one hour rating. This deficient practice could affect 23 residents in one of seven smoke barriers.</p> <p>Findings include:</p> <p>Based on an observation during the tour of the facility with the Maintenance</p>	K 0044	<p>The facility is unable to correct the alleged deficient practice. A new piece of fire rated glass with the dimensions of 5 in. wide by 22 in. long meeting the fire rating requirements will be installed by 6-17-16. The Maintenance Supervisor has viewed all fire rated glass panels within the facility to ensure that no other areas have been affected by the alleged deficient practice. Weekly maintenance checks of all fire rated glass in the facility interior doors will be added to a weekly check off form. Check offs to be reviewed by the facility Administrator weekly ongoing to ensure the facility is in substantial compliance.</p>	06/17/2016

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K 0000 Bldg. 02	<p>Supervisor on 05/26/16 at 10:36 a.m., the fire door that separates health care from assisted living had a five inch crack in the door's vision panel reducing the fire rating of the door. Based on interview at the time of observation, the Maintenance Supervisor acknowledged the crack in the vision panel.</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: 05/26/16</p> <p>Facility Number: 000186 Provider Number: 155289 AIM Number: 100266300</p> <p>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</p>	K 0000		

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	<p>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.</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, 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 97 at the time of this survey.</p> <p>Quality Review completed on 05/27/16 - DA</p>				