

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155693	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	X3) DATE SURVEY COMPLETED 06/08/2016
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NAME OF PROVIDER OR SUPPLIER SILVER OAKS HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 2011 CHAPA STREET COLUMBUS, IN 47203
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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: 06/08/16</p> <p>Facility Number: 002955 Provider Number: 155693 AIM Number: 200346570</p> <p>At this Life Safety Code survey, Silver Oaks 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 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This one story facility was determined to be of Type V (111) construction and fully sprinkled. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors, and hard wired smoke detectors in all resident sleeping rooms. The healthcare portion of the facility has a capacity of 80 and had a census of 59 at the time of this</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 0000 Bldg. 02	<p>visit.</p> <p>All areas where residents have customary access were sprinkled and all areas providing facility services were sprinkled.</p> <p>Quality Review completed on 06/10/16 - DA</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: 06/08/16</p> <p>Facility Number: 002955 Provider Number: 155693 AIM Number: 200346570</p> <p>At this Life Safety Code survey, Silver Oaks 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) and 410 IAC 16.2.</p>	K 0000		

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K 0038 SS=E Bldg. 02	<p>The 2004 Transitional Care Unit addition was surveyed with Chapter 18, New Health Care Occupancies. This 2004 addition to the one story facility was determined to be of Type V (111) construction and fully sprinkled. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors and hard wired smoke detectors in all resident sleeping rooms. The healthcare portion of the facility has a capacity of 80 and had a census of 59 at the time of this survey.</p> <p>All areas where residents have customary access were sprinkled and all areas providing facility services were sprinkled.</p> <p>Quality Review completed on 06/10/16 - DA</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Exit access is so arranged that exits are readily accessible at all times in accordance with 7.1. 18.2.1, 19.2.1</p> <p>Based on observation and interview, the facility failed to ensure not more than one delayed egress lock device was provided in any egress path as permitted by 18.2.2.2.4 Exception No. 2 in 1 of 11 egress paths provided with delayed egress locking devices in the healthcare portion of the facility. 18.2.2.2.4 requires doors</p>	K 0038	No residents were adversely affected by this deficiency. The mag locks on the two courtyard gates have been removed. In such, they will not impede the egress of evacuation through the gates. The Director of Plant Operations (DPO) and/or his designee will monitor the gates every week for one month, then	07/01/2016			

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	<p>within a required means of egress shall not be equipped with a latch or lock that requires the use of a tool or key from the egress side. Exception No. 2 requires delayed-egress locks complying with 7.2.1.6.1 shall be permitted, provided that not more than one such device is located in any egress path. This deficient practice affects 11 residents who reside in the Transitional Care Unit 600 Hall.</p> <p>Findings include:</p> <p>Based on observation on 06/08/16 at 12:10 p.m. with the regional director of plant operations and the director of plant operations, the Transitional Care Unit 600 Hall exit door was provided with a delayed egress lock. Furthermore, the 600 Hall exit discharged onto a sidewalk surface and extended one hundred feet to an enclosed fenced in concrete pad. The enclosed fenced in concrete pad had two exits on both sides of the fenced in enclosure which were also provided with delayed egress locks. The three delayed egress locks in the 600 Hall egress path was verified by the regional director of plant operations and director of plant operations at the time of observation and acknowledged by the administrator at the exit conference on 06/08/16 at 12:40 p.m.</p> <p>3.1-19(b)</p>		<p>monthly to ensure there is nothing to interfere with egress from the courtyard. The QA Committee will review their findings in the QA Meeting every month for 6 months.</p>		

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

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FORM APPROVED

OMB NO. 0938-0391

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