

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 06/22/2015
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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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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: 06/22/15</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. The original building consisting of everything except the Transitional Care Suites was surveyed with Chapter 19, Existing Health Care Occupancies.</p> <p>This one story facility was determined to be Type V (111) construction and was fully sprinklered. 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 rooms. The facility has a</p>	K 0000		
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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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K 0070 SS=E Bldg. 01	<p>capacity of 80 and had a census of 69 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. All areas which provide facility services were sprinklered.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Portable space heating devices are prohibited in all health care occupancies, except in non-sleeping staff and employee areas where the heating elements of such devices do not exceed 212 degrees F. (100 degrees C) 19.7.8</p> <p>Based on observation, interview and record review, the facility failed to regulate the use of 1 of 1 portable space heaters observed in nonresident rooms. This deficient practice could affect any resident on 200 center hall as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observation on 06/22/15 at 12:15 p.m. with the Maintenance Supervisor, one portable space heater was plugged in and ready for use in the front Receptions office on 200 center hall. Based on interview on 06/22/15 concurrent with the observation, it was acknowledged by the Maintenance Supervisor the space heater was not allowed in the facility.</p>	K 0070	The portable space heater, which was not in use at the time of the survey, was removed from the Medical Records office. Any resident, visitor or family member on 200 hall had the potential to be affected. Staff have been inserviced regarding use of these devices.No residents, staff or visitors of the facility were affected by this alleged deficient practice. The Director of Plant Operations (DPO), or his designee, will make weekly rounds for two months, then monthly rounds for four months, documenting his findings, to ensure that no portable space heating devices are in use in the campus. His documented findings will be provided to the QA Committee monthly for review, and the committee will determine if any action should be taken to correct those	07/22/2015

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K 0147 SS=E Bldg. 01	<p>3.1-19(b)</p> <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 10 surge protectors observed including extension cords, non-fused extension cords and/or multiplug adapters were not used to power medical appliances. NFPA 70, National Electrical Code, 1999 Edition. NFPA 70, Article 400-8 requires that, 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 14 residents on 100 hall north as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observation on 06/22/15 at 12:44 p.m. a power strip was used to provide power to an oxygen concentrator in resident room 106 on 100 hall north. Based on interview on 06/22/15 concurrent with the observation it was acknowledged by the Maintenance Supervisor, a power strip was used to power the aforementioned medical</p>	K 0147	<p>findings. The Executive Director will monitor to ensure the rounding information is gathered and reported.</p> <p>The extension cord was removed and griddle was inserted in a hard wired outlet. Nine residents had the potential to be affected by this practice. The DPO rounded the campus to ensure no extension cords were in use. The Director of Plant Operations (DPO), or his designee, will make rounds in the facility weekly for two months, then monthly for 4 months to ensure no extension cords are being used. No residents were affected by this alleged deficient practice. The DPO will document findings and report them to the QA Committee monthly. The QA Committee will monitor and review findings to determine if further action should be taken.</p>	07/22/2015

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K 0000 Bldg. 02	<p>appliance.</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: 06/22/15</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. The Transitional Care Suites, Rooms 601 to 618 were surveyed with Chapter 18, New Health Care Occupancies.</p> <p>This one story facility was determined to</p>	K 0000		

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K 0147 SS=E Bldg. 02	<p>be Type V (000) construction and was fully sprinklered. 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 rooms. The facility has a capacity of 80 and had a census of 69 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. All areas which provide facility services were sprinklered.</p> <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 extension cords were not used to power kitchen equipment. NFPA 70, National Electrical Code, 1999 Edition. NFPA 70, Article 400-8 requires that, 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 9 residents on 600 south hall as well as visitors and staff.</p> <p>Findings include:</p>	K 0147	The extension cord was removed and griddle was inserted in a hard wired outlet. Nine residents had the potential to be affected by this practice. The DPO rounded the campus to ensure no extension cords were in use. The Director of Plant Operations (DPO), or his designee, will make rounds in the facility weekly for two months, then monthly for 4 months to ensure no extension cords are being used. No residents were affected by this alleged deficient practice. The DPO will document findings and report them to the QA Committee monthly. The QA	07/22/2015	

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	<p>Based on observation on 06/22/15 at 1:04 p.m. an extension cord was used to provide power to a griddle cooker in the kitchenette located on 600 south hall.</p> <p>Based on interview on 06/22/15 concurrent with the observation it was acknowledged by the Maintenance Supervisor, an extension cord was used to power the aforementioned kitchen appliance.</p> <p>3.1-19(b)</p>		Committee will monitor and review findings to determine if further action should be taken.		