

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155714	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	X3) DATE SURVEY COMPLETED  01/28/2016
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NAME OF PROVIDER OR SUPPLIER  OAK VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 200 W FOURTH ST OAKTOWN, IN 47561
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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: 01/28/16</p> <p>Facility Number: 000517 Provider Number: 155714 AIM Number: 100266770</p> <p>At this Life Safety Code survey, Oak Village Inc 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 was surveyed with Chapter 19, Existing Health Care Occupancies.</p> <p>This one story facility with a basement was determined to be of Type III (200) construction and was fully sprinklered. The facility has a fire alarm system with hard wired smoke detectors on both levels including the corridors, spaces open to the corridors, and all resident sleeping 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 0062 SS=C Bldg. 01	<p>capacity of 50 and had a census of 26 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered, and all areas providing facility services were sprinklered, except a detached garage used for a maintenance shop.</p> <p>Quality Review completed on 01/29/16 - DA</p> <p>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 1 of 1 automatic sprinkler head storage cabinet was provided with at least two of each type of sprinkler heads used in the facility. NFPA 25, 2-4.1.4 requires a minimum of two sprinklers of each type and temperature rating installed shall be stored in a cabinet on the premises for replacement purposes. This deficient practice could affect all residents, as well as staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on observation on 01/28/16 at 10:45 a.m. during a tour of the facility</p>	K 0062	<p><b>K062</b></p> <p><b>It is the practice of this facility to assure that there is at least two of each type of sprinkler heads available as replacements for the types utilized in the facility.</b></p> <p><b>The corrective actions taken for the deficient practice include:</b></p> <p>The spare quick response pendant type sprinkler heads have been purchased to assure that replacements are available in the facility.</p> <p><b>Actions to assure no other examples of deficiency exist:</b></p> <p>A double check was completed to assure that there were two back-up sprinkler heads available for all types utilized in the facility.</p>	02/22/2016

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K 0144	<p>with the Maintenance Director, the spare sprinkler head cabinet in the sprinkler riser room had over ten spare sprinkler heads, however, there were no spare quick response pendent type heads with green glass tubes. Quick response pendent type sprinkler heads with green glass tubes were observed in the Dining Room closet during the tour of the facility with the Maintenance Director between 9:00 a.m. and 11:00 a.m. This was acknowledged by the Maintenance Director at the time of observation, furthermore, the Maintenance Director said there were no other spare sprinkler heads in the facility that he knew of.</p> <p>3-1.19(b)</p> <p>NFPA 101</p>		<p>Potentially all residents could be effected. Please refer to systems implemented to assure compliance with this tag.</p> <p><b>The measures or systematic changes that have been put into place to ensure that the deficient practice does not recur include:</b></p> <p>The preventive maintenance plan has been updated to review for back-up sprinkler heads on a routine basis. The review will assure that each type of sprinkler head utilized in the facility has 2 back-up sprinkler heads available for use. The maintenance director is responsible for assuring that the preventive maintenance plan is utilized and followed appropriately.</p> <p><b>The corrective action taken to monitor performance to assure compliance through quality assurance is:</b></p> <p>The sprinkler system including assuring back-up replacement sprinkler heads as required will be monitored by the Maintenance Director as part of the preventive maintenance program on a monthly basis. Any identified issues will be immediately corrected. The Administrator, or designee, will review the preventive maintenance documentation monthly to assure that the review is present.</p> <p><b>The date the systemic changes will be completed:</b></p> <p>February 22, 2016</p>		

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SS=F Bldg. 01	<p><b>LIFE SAFETY CODE STANDARD</b> Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.</p> <p>Based on record review and interview, the facility failed to load test the generator for the past 12 months to meet the requirements of NFPA 110, the Standard for Emergency and Standby Powers Systems, chapter 6-4.2. NFPA 99, the Standard for Health Care Facilities, Nursing Home requirements requires essential electrical distribution systems to conform to Type 2 systems as described in Chapter 3 of NFPA 99. Chapter 3-4.4.1.1 of NFPA 99 requires monthly testing of the generator serving the emergency electrical system to be in accordance with NFPA 110. Chapter 6-4.2 of NFPA 110 requires generator sets in Level 1 and Level 2 service to be exercised at least once monthly, for a minimum of 30 minutes, using one of the following methods:</p> <p>a. Under operating temperature conditions or at not less than 30 percent of the EPS nameplate rating.</p> <p>b. Loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer.</p> <p>The date and time of day for required testing shall be decided by the owner, based on facility operations.</p> <p>This deficient practice could affect all</p>	K 0144	<p><b>K144</b></p> <p><b>It is the practice of this facility to assure that the generator is checked in accordance with the regulatory guidelines.</b></p> <p><b>The corrective actions taken for the deficient practice include:</b></p> <p>The generator is now being checked monthly with documentation to show that the load test was completed.</p> <p><b>Actions to assure no other examples of deficiency exist:</b></p> <p>Potentially all residents could be affected. Please refer to systems implemented to assure compliance with this tag.</p> <p><b>The measures or systematic changes that have been put into place to ensure that the deficient practice does not recur include:</b></p> <p>The maintenance director is responsible for assuring that the generator is tested monthly with supporting load test documentation. This is part of the preventive maintenance program. Please see below for systems for monitoring.</p> <p><b>The corrective action taken to monitor performance to assure compliance through quality assurance is:</b></p> <p>The Maintenance Director, or designee, will be responsible for assuring that the generator is</p>	02/22/2016			

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K 0000  Bldg. 02	<p>residents, as well as staff and visitors.</p> <p>Findings include:</p> <p>Based on a review of the Emergency Generator Preventative Maintenance Weekly testing documentation on 01/28/16 at 11:15 a.m. with the Maintenance Director present, there was no monthly load test documentation during the past twelve months. This was confirmed by the Maintenance Director at the time of record review.</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: 01/28/16</p> <p>Facility Number: 000517 Provider Number: 155714 AIM Number: 100266770</p> <p>At this Life Safety Code survey, Oak Village Inc. was found in compliance with Requirements for Participation in Medicare, 42 CFR Subpart 483.70(a),</p>	K 0000	<p>tested monthly with load test documentation as part of the preventive maintenance program. Any identified issues will be immediately corrected. The Administrator, or designee, will review the preventive maintenance documentation quarterly for compliance as part of the QA process.</p> <p><b>The date the systemic changes will be completed:</b> February 22, 2016</p>		

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K 0062 SS=C Bldg. 02	<p>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 2012 Dining Room and two attached egress corridors addition 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 hard wired smoke detectors in the dining room and two attached corridors. The facility has a capacity of 50 and had a census of 24 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered and all areas providing facility services were sprinklered, except, a detached garage used for a maintenance shop.</p> <p>Quality Review completed on 01/29/16 - DA</p> <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 1 of 1 automatic</p>	K 0062	<b>K062</b>  It is the practice of this facility to	02/22/2016			

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	<p>sprinkler head storage cabinet was provided with at least two of each type of sprinkler heads used in the facility. NFPA 25, 2-4.1.4 requires a minimum of two sprinklers of each type and temperature rating installed shall be stored in a cabinet on the premises for replacement purposes. This deficient practice could affect all residents, as well as staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on observation on 01/28/16 at 10:45 a.m. during a tour of the facility with the Maintenance Director, the spare sprinkler head cabinet in the sprinkler riser room had over ten spare sprinkler heads, however, there were no spare quick response pendent type heads with green glass tubes. Quick response pendent type sprinkler heads with green glass tubes were observed in the Dining Room closet during the tour of the facility with the Maintenance Director between 9:00 a.m. and 11:00 a.m. This was acknowledged by the Maintenance Director at the time of observation, furthermore, the Maintenance Director said there were no other spare sprinkler heads in the facility that he knew of.</p> <p>3-1.19(b)</p>		<p><b>assure that there is at least two of each type of sprinkler heads available as replacements for the typesutilized in the facility.</b></p> <p><b><i>The corrective actions taken for thedeficient practice include:</i></b></p> <p>The spare quick response pendent typesprinkler heads have been purchased to assure that replacements are availablein the facility.</p> <p><b><i>Actions to assure no other examplesof deficiency exist:</i></b></p> <p>A double check was completed toassure that there were two back-up sprinkler heads available for all typesutilized in the facility. Potentiallyall residents could be effected. Pleaserefer to systems implemented to assure compliance with this tag.</p> <p><b><i>The measures or systematic changesthat have been put into place to ensure that the deficient practice does notrecur include:</i></b></p> <p>The preventive maintenance plan hasbeen updated to review for back-up sprinkler heads on a routine basis. The review will assure that each type ofsprinkler head utilized in the facility has 2 back-up sprinkler heads availablefor use. The maintenance director is responsiblefor assuring that the preventive maintenance plan is utilized and followedappropriately.</p> <p><b><i>The corrective action taken tomonitor performance to assure compliance through quality assurance is:</i></b></p>		

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K 0144 SS=F Bldg. 02	<p>NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.</p> <p>Based on record review and interview, the facility failed to load test the generator for the past 12 months to meet the requirements of NFPA 110, the Standard for Emergency and Standby Powers Systems, chapter 6-4.2. NFPA 99, the Standard for Health Care Facilities, Nursing Home requirements requires essential electrical distribution systems to conform to Type 2 systems as described in Chapter 3 of NFPA 99. Chapter 3-4.4.1.1 of NFPA 99 requires monthly testing of the generator serving the emergency electrical system to be in accordance with NFPA 110. Chapter</p>	K 0144	<p>The sprinkler system including assuring back-up replacement sprinkler heads as required will be monitored by the Maintenance Director as part of the preventive maintenance program on a monthly basis. Any identified issues will be immediately corrected. The Administrator, or designee, will review the preventive maintenance documentation monthly to assure that the review is present.</p> <p><b>The date the systemic changes will be completed:</b> February 22, 2016</p> <p><b>K144</b> It is the practice of this facility to assure that the generator is checked in accordance with the regulatory guidelines. <b>The corrective actions taken for the deficient practice include:</b> The generator is now being checked monthly with documentation to show that the load test was completed. <b>Actions to assure no other examples of deficiency exist:</b> Potentially all residents could be affected. Please refer to systems implemented to assure compliance with this tag. <b>The measures or systematic</b></p>	02/22/2016

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	<p>6-4.2 of NFPA 110 requires generator sets in Level 1 and Level 2 service to be exercised at least once monthly, for a minimum of 30 minutes, using one of the following methods:</p> <p>a. Under operating temperature conditions or at not less than 30 percent of the EPS nameplate rating.</p> <p>b. Loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer.</p> <p>The date and time of day for required testing shall be decided by the owner, based on facility operations.</p> <p>This deficient practice could affect all residents, as well as staff and visitors.</p> <p>Findings include:</p> <p>Based on a review of the Emergency Generator Preventative Maintenance Weekly testing documentation on 01/28/16 at 11:15 a.m. with the Maintenance Director present, there was no monthly load test documentation during the past twelve months. This was confirmed by the Maintenance Director at the time of record review.</p> <p>3.1-19(b)</p>		<p><b>changes that have been put into place to ensure that the deficient practice does not recur include:</b></p> <p>The maintenance director is responsible for assuring that the generator is tested monthly with supporting load test documentation. This is part of the preventive maintenance program. Please see below for systems for monitoring.</p> <p><b>The corrective action taken to monitor performance to assure compliance through quality assurance is:</b></p> <p>The Maintenance Director, or designee, will be responsible for assuring that the generator is tested monthly with load test documentation as part of the preventive maintenance program. Any identified issues will be immediately corrected. The Administrator, or designee, will review the preventive maintenance documentation quarterly for compliance as part of the QA process.</p> <p><b>The date the systemic changes will be completed:</b></p> <p>February 22, 2016</p>		