

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155671	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  01/16/2013
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NAME OF PROVIDER OR SUPPLIER  OAKWOOD HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 1143 23RD ST TELL CITY, IN 47586
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K0000	<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: 01/16/13</p> <p>Facility Number: 002512 Provider Number: 155671 AIM Number: 200278690</p> <p>Surveyor: Lex Brashear, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Oakwood Health Campus 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), 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)</p>	K0000		
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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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	<p>construction and was fully sprinklered. The facility has a fire alarm system with hard wired smoke detectors in the corridors, spaces open to the corridors, and in all resident sleeping rooms. The facility has a capacity of 99 and had a census of 77 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.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 01/22/13.</p> <p>The facility was found in substantial compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K0144 SS=C	<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 provide complete documentation for the testing of 1 of 1 emergency generators providing power to the emergency lighting systems. LSC 7.9.2.3 and NFPA 99, Health Care Facilities, 3-4.4.1.1(a) requires monthly testing of the generator set shall be in accordance with NFPA 110, the Standard for Emergency and Standby Power Systems. NFPA 110, 6-4.2 requires generator sets in Level 1 and 2 service shall be exercised under operating conditions or not less than 30 percent of the EPS (Emergency Power Supply) nameplate rating at least monthly, for a minimum of 30 minutes. NFPA 99, 3-5.4.2 requires a written record of inspection, performance, exercising period and repairs shall be regularly maintained and available for inspection by the authority having jurisdiction. This deficient practice could affect all</p>	K0144	<p>K144There were no residents, staff or visitors affected by the alleged deficient practice and through corrective measures will ensure that generators are inspected weekly and exercised under load for 30 minutes per month. Completion Date 2-15-13Monthly generator inspections has been modified by implementation of a new generator log form which includes the generator exercised under load X's 30 minutes and load calculation completed and documented. Completion Date 2-15-13DPO/Designee will complete monthly generator under load X's 30 minutes plus the load calculation and document results on the new form. Audits will be performed monthly to ensure that the inspection/testing has been performed. Completion Date 2-15-13Results will be forwarded to the QA committee monthly who will evaluate and act upon on the information. RESPECTFULLY REQUESTING A DESK REVIEW.</p>	02/15/2013

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	<p>residents, as well as staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on review of the facility's Generator Log on 01/16/13 at 10:45 a.m. with the Director of Plant Operations and the Campus Support person # 1 present, the generator log form documented the generator was tested weekly under load, however, there was no documentation on the form showing the generator was exercised under operating conditions or not less than 30 percent of the Emergency Power Supply (EPS) nameplate rating for a minimum of 30 minutes since January of 2012. During an interview at the time of record review, the Director of Plant Operations confirmed the weekly generator log did not include documentation the generator was exercised under operating conditions or not less than 30 percent of the EPS nameplate rating for a minimum of 30 minutes.</p> <p>3.1-19(b)</p>				

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