

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 03/31/2014
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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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K010000	<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: 03/31/14</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) construction and was fully sprinklered. The facility has a fire alarm system with hard wired smoke detectors in the corridors, in spaces open to the corridors, and in all resident</p>	K010000		
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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>sleeping rooms. The facility has a capacity of 98 and had a census of 72 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 04/03/14.</p> <p>The facility was found in substantial compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			
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K010062 SS=B	<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 2 of 2 automatic sprinkler head storage cabinets were provided with at least two of each type of sprinkler head 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 up to 32 residents as well as staff and visitors from the 100, 200 and 300 halls while in the main dining room.</p> <p>Findings include:</p> <p>Based on observations on 03/31/14 between 11:45 a.m. and 1:30 p.m. during a tour of the facility with the Director of Plant Operations, the two spare sprinkler head cabinets in the facility had more than six spare sprinkler heads each, however, there was only one spare side wall sprinkler head available (observed in the main dining room), and no spare quick response pendent type with green tube and factory paint (observed under outside overhangs). This was</p>	K010062	<p>No residents were found to be effected. Only residents within the dinning room had the potential to be effected. Administrator or designee will ensure there are xtra spare sprinkler heads for each type of head within the campus at all times. QA will monitor monthly x 12We respectfully request paper compliance for the above deficiency. Compliance date is 4-18-14</p>	04/18/2014
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	<p>acknowledged by the Director of Plant Operations at the time of observations, furthermore, the Director of Plant Operations indicated there were no other spare sprinkler heads in the facility.</p> <p>3-1.19(b)</p>			

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K010069 SS=A	<p>NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96 Based on observation and interview, the facility failed to ensure the minimum safety requirements for cooking equipment were provided for 1 of 1 deep fat fryers. LSC 9.2.3 refers to NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations. NFPA 96 at 9-1.2.3 requires all deep fat fryers shall be installed with at least a 16 inch space between the fryer and surface flames from adjacent cooking equipment. Exception: Where a steel or tempered glass baffle plate is installed at a minimum 8 inches in height between the fryer and surface flames of the adjacent appliance. This deficient practice could affect mostly kitchen staff.</p> <p>Findings include:</p> <p>Based on observation on 03/31/14 at 1:00 p.m. during a tour of the facility with the Director of Plant Operations, the kitchen deep fryer was placed directly between and against the surface flames of the gas fueled stove and the gas fueled grill. There was steel baffle plate more than eight inches high between the deep fryer and the gas fueled stove, however, there was no steel or tempered glass baffle plate between the deep fryer and the gas</p>	K010069	No residents were found to be effected, just kitchen personel.No residents had the potential to be effected.Administrator or designee will have a divider installed between grease and open flame to meet requirment.QA will monitor monthly x 3We respectfully request paper compliance on the above deficiency.Compliance date 4-18-14	04/18/2014			

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	fueled grill. This was acknowledged by the Director of Plant Operations at the time of observation. 3.1-19(b)				