

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155753	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 08/29/2013
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NAME OF PROVIDER OR SUPPLIER HAMPTON OAKS HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 966 N WILSON RD SCOTTSBURG, IN 47170
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K010000	<p>A Life Safety Code Recertification, State Licensure and Environmental Preoccupancy survey for the addition of 2 SNF beds in newly constructed resident rooms 412 and 413 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 08/29/13</p> <p>Facility Number: 004902 Provider Number: 155753 AIM Number: 200813130</p> <p>Surveyor: Mark Bugni, Life Safety Code Specialist</p> <p>At this Life Safety Code and Environmental Preoccupancy survey, Hampton 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 18, New 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 sprinkled. The facility has a fire</p>	K010000	<p>September 9, 2013 Hampton Oaks Health Campus 966 North Wilson Road Scottsburg, Indiana 47170 Survey Event ID KE5W21</p> <p>The submission of this Plan of Correction does not indicate an admission by Hampton Oaks Health Campus that the findings and allegations contained herein are accurate and true representations of the quality of care and services provided to the residents of Hampton Oaks Health Campus. This facility recognized it's obligation to provide legally and medically necessary care and services to its residents in an economic and efficient manner. The facility hereby maintains it is in substantial compliance with the requirements of participation for comprehensive health care facilities (for Title 18/19 programs). Attached you will find our Plan of Correction for Hampton Oaks Health Campus for our annual revisit survey conducted on August 20, 2013. We initiated immediate intervention when concerns were identified on this date. We respectfully request paper review for this plan of correction. If you need any information or paperwork, please do not hesitate to contact us at (812) 752-2694.</p>	
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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>alarm system with smoke detection in the corridors, in 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 69 and had a census of 65 at the time of this visit.</p> <p>All areas where residents have customary access were sprinkled and all areas providing facility services were sprinkled.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 09/04/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K010046 SS=C	<p>NFPA 101 LIFE SAFETY CODE STANDARD Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9.18.2.9.1</p> <p>Based on record review and interview, the facility failed to ensure 43 of 43 battery backup lights were tested 1 of 12 months over the past year to ensure the lights would provide lighting during periods of power outages. LSC 18.2.9.1 requires emergency lighting shall be provided in accordance with Section 7.9. Section 7.9.3 requires a functional test shall be conducted on every required emergency lighting system at 30 day intervals for not less than 30 seconds. An annual test shall be conducted on every required battery powered emergency lighting system for not less than 1 1/2 hours. Equipment shall be fully operational for the duration of the test. Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction. NFPA 110, Section 5-3.1 requires EPS (Emergency Power Supply) equipment locations shall be provided with battery powered emergency lighting. This deficient practice could affect any residents in the event of a power outage and battery lighting was needed at the emergency generator.</p> <p>Findings include:</p>	K010046	Findings indicated that the emergency light inspection log lacked documentation indicating the monthly test was being completed. By 9/28/2013 all emergency exit lights will be on a program to ensure proper inspection was completed. All emergency exit lights have been assessed and are in good working order. DPO or ED will reported findings to QA monthly X next 3 months or until 100% compliance has been achieved.	09/28/2013			

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	<p>Based on record review on 08/29/13 at 9:20 a.m. with the director of plant operations, the Emergency Light Inspection Log was reviewed and lacked a monthly test on forty three battery backup emergency lights for May 2013. This was verified by the director of plant operations at the time of record review and acknowledged by the Assistant Director of Nursing at the exit conference on 08/29/13 at 1:45 p.m.</p> <p>3.1-19(b)</p>				

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K010067 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 9.2, 18.5.2.1, 18.5.2.2, NFPA 90A</p> <p>1. Based on observation, record review and interview, the facility failed to ensure 55 of 55 fire dampers located in the certified portion of the facility were inspected and provided necessary maintenance at least every four years in accordance with NFPA 90A. LSC 9.2.1 requires air conditioning, heating, ventilating ductwork (HVAC) and related equipment shall be in accordance with NFPA 90A, Standard for the Installation of Air-Conditioning and Ventilating Systems. NFPA 90A, 1999 Edition, 3.4.7, Maintenance, requires at least every 4 years, fusible links (where applicable) shall be removed; all dampers shall be operated to verify they fully close; the latch, if provided, shall be checked, and moving parts shall be lubricated as necessary. This deficient practice affects all residents who reside in the certified portion of the facility.</p> <p>Findings include:</p> <p>Based on an interview with the director of plant operations on 08/29/13 at 9:20 a.m., when asked if the facility had any fire</p>	K010067	It was identified during inspection that the fire dampers had not been inspected within the last 4 years within the entire campus. All dampers will have been inspected with a completion date of 9/28/2013. Dampers will be placed on a schedule to be inspected and changed as needed every 4 years as regulations require. Findings will be identified during QA in September 2013. It was identified on survey that 2 out of 13 rooms on the 400 Hall had a supply air duct in the ceiling with no return air duct and both rooms were using the 400 Hall corridor as a return air supply for the air conditioning system in the facility. As of 9/16/2013 the air supply duct in both rooms 412 and 413 have been removed. Findings will be addressed in QA during the month of September 2013.	09/28/2013			

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	dampers, it was stated there are fuseable link fire dampers located throughout the facility and there are no records the fire dampers have been inspected since the facility was built in 2008. Based on observations on 08/29/13 during a tour of the facility from 9:20 a.m. to 1:45 p.m. with the director of plant operations, fifty five fuseable link fire dampers were identified in the following locations; one damper in the employee breakroom, four dampers in the health campus dining room, four dampers in the kitchen, one damper in the food storage room, thirteen dampers in the Administration Hall corridor and offices, one damper in the boiler/electric room, one damper in the communication room, three dampers in the Center Hall corridor by the nurses' station, one damper in the nourishment pantry, one damper in the medication prep room, four dampers in the 300 Hall corridor, one damper in the supply storage room, two dampers in the Service Hall corridor, one damper in the clean utility room, one damper in the soiled linen room, one damper in the health service director office, three dampers in the 100 Hall corridor, one damper in the medical records room, three dampers in the 200 Hall corridor, one damper in the spa room, four dampers in the laundry room, and three dampers in the 400 Hall corridor near the newly added resident				

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	<p>rooms 412 and 413. The lack of a four year inspection on the fifty five fire dampers in the facility was verified by the director of plant operations during observation of the fire dampers and acknowledged by the Assistant Director of Nursing at the exit conference on 08/29/13 at 1:45 p.m.</p> <p>3.1-19(b)</p> <p>2. Based on observation and interview, the facility failed to ensure 2 of 13 rooms on the 400 Hall and 1 of 7 egress corridors were not being used as a portion of a return air system/plenum for heating, ventilating, or air conditioning (HVAC) ductwork serving adjoining areas. NFPA 90A, Standard for the Installation of Air Conditioning and Ventilation Systems at 2-3.11.1 requires egress corridors shall not be used as a portion of a supply return or exhaust air system serving adjoining areas. This deficient practice affects all residents who reside on the 400 Hall.</p> <p>Findings include:</p> <p>Based on observations on 08/29/13 during a tour of the 400 Hall bed addition which included the newly constructed resident rooms 412 and 413 with the director of plant operations and Assistant Director of Nursing at 1:30 p.m., room 412 and 413</p>						

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	<p>each had a supply air duct in the ceiling with no return air duct and both rooms were using the 400 Hall corridor as a return air supply for the air conditioning system in the facility. This was verified by the director of plant operations and Assistant Director of Nursing at the time of observation and acknowledged by the Assistant Director of Nursing at the exit conference on 08/29/13 at 1:45 p.m.</p> <p>3.1-19(b)</p>			