STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155531	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING	X3) DATE SURVEY COMPLETED 05/20/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAKBROOK VILLAGE	850 ASH ST HUNTINGTON, IN 46750

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K010000	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). Survey Date: 05/20/14 Facility Number: 000569 Provider Number: 155531 AIM Number: 100267660 Surveyor: Amy Kelley, Life Safety Code Specialist At this Life Safety Code survey, Oakbrook Village 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 19, Existing Health Care Occupancies and 410 IAC 16.2. 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 smoke detection in the corridors, in areas open to the corridor and in resident rooms. The facility has a capacity of 55 and had a census of 30 at	K010000	Submission of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or correction set forth on the statement of deficiencies. This plan of correction is prepared and submitted because of requirements under state and federal law. Please accept this plan of correction as our credible allegation of compliance.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	the time of this survey. All areas where the residents have customary access were sprinklered. The facility had a detached garage providing facility services including storage for extra resident beds, a snow blower and maintenance supplies that was not sprinklered. Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 05/27/14. The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:			
K010025 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4 Based on observation and interview, the facility failed to ensure 1 of 1 ceiling	K010025	**K0025** **Corrective Action for residents affected:**	05/23/2014

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	smoke barriers was maintained to provide a one half hour fire resistance rating. LSC 8.3.2 requires smoke barriers shall be continuous from an outside wall to an outside wall. This deficient practice was not in a resident care area but could affect facility staff. Findings include: Based on an observation with the Maintenance Director on 05/20/14 at 10:55 a.m., there was an unsealed ceiling penetration measuring one half inch around the gas line in the 100 hall water heater room. Measurements were provided by the Maintenance Director at the time of observation. 3.1-19(b)		Maintenance Supervisor was re-educated on K025, Affected area was sealed by the Maintenance Supervisor on 5/20/2014. No residents were found to be affected by this alleged deficient practice. **Other residents having the potential to be affected:** No residents were found to be affected by this alleged deficient practice. Affected area was sealed by the Maintenance Supervisor on 5/20/2014. **Measures to ensure practice does not reoccur:** Maintenance Supervisor was re-educated on K025. The maintenance supervisor will inspect areas weekly as part of his Preventative Maintenance Program. **Corrective Action will be monitored by:** The results of this monitoring will be brought to the QA committee monthly meeting at which time ant issues will be discussed and corrected. Monitoring will be on-going.	
K010144 SS=F	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.			

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	Based on observation and interview, the facility failed to provide a functional remote generator annunciator panel for 1 or 1 emergency generators. NFPA 99, Section 3-4.1.1.15 requires a remote annunciator be provided in a location readily observable by operating personal at a regular work station. LSC 4.6.12.1 requires any device or equipment required for compliance with this Code shall thereafter be continuously maintained. This deficient practice could affect all occupants. Findings include: Based on observation with the Maintenance Director on 05/20/14 at 11:45 a.m., the wireless emergency generator annunciator panel screen displayed, "No Radio Signal." After starting the emergency generator the Maintenance Director confirmed the generator annunciator panel was not working properly and did not indicate the generator was running. 3.1-19(b)	K010144	**K144 Generators** **Corrective Action for residents affected:** Maintenance Supervisor reset the Annunciator panel on 5/20/2014 after reviewing manufacturer operator's manual and is now in proper working order. No residents were found to be affected by this alleged deficient practice. **Other residents having the potential to be affected:** No residents were found to be affected by this alleged deficient practice. Maintenance Supervisor reset the Annunciator panel on 5/20/2014 and is in proper working order. **Measures to ensure practice does not reoccur:** Maintenance Supervisor was re-educated on the need to monitor the Annunciator Panel for proper function by Administrator on 5/20/14. Maintenance Supervisor will monitor and document weekly Generator Annunciator function as part of weekly preventative maintenance. **Corrective Action will be monitored by:** Maintenance Supervisor will monitor and document weekly Generator Annunciator function as part of weekly preventative maintenance. Monitoring will be reviewed monthly	05/22/2014

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			at the Quality Assurance Meeting and any negative findings will be corrected and if needed any disciplinary action will be taken. Monitoring will be on-going.	