

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 04/19/2012
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NAME OF PROVIDER OR SUPPLIER OAKBROOK VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 850 ASH ST HUNTINGTON, IN 46750
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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: 04/19/12</p> <p>Facility Number: 000569 Provider Number: 155531 AIM Number: 100267660</p> <p>Surveyor: Amy Kelley, Life Safety Code Specialist</p> <p>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.</p> <p>This one story facility was determined to be of Type V (111) construction and was fully</p>	K0000	<p>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.</p> <p>This plan of correction is prepared and submitted because of requirements under state and federal law.</p> <p>Please accept this plan of correction as our credible allegation of compliance.</p>	

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>sprinklered. The facility has a fire alarm system with smoke detection in the corridors, areas open to the corridor and resident rooms. The facility has a capacity of 55 and had a census of 33 at the time of this survey.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 04/23/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>				

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K0029 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1</p> <p>Based on observation and interview, the facility failed to ensure 1 of 3 corridor doors to the laundry room, a hazardous area, was provided with self closing devices causing the door to automatically close and latch into the door frame. This deficient practice was not in a resident care area and could affect any number of staff.</p> <p>Findings include:</p> <p>Based on an observation with the Administrator and the Maintenance Supervisor on 04/19/12 at 12:15 p.m., the dryer side corridor door to the laundry in the service hall hit the door frame and failed to latch into the frame. Based on an interview with</p>	K0029	<p>K029 Doors</p> <p>Corrective Action for residents affected: Maintenance Supervisor Repaired Door on 4/19/2012 to proper working order. No residents were found to be affected by the deficient practice.</p> <p>Other residents having the potential to be affected and corrective measures: No residents were found to be affected by the deficient practice. Maintenance Supervisor Repaired Door on 4/19/2012 to proper working order.</p> <p>Measures to ensure practice does not recur: Maintenance Supervisor was re-educated on ensuring self-closing devices were in proper working order in all hazardous areas by Administrator on 4/19/12. Maintenance</p>	04/30/2012			

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	<p>the Maintenance Supervisor at the time of observation, the screws were loose and he would need to remove the hinge to make the repair.</p> <p>3.1-19(b)</p>		<p>Supervisor Repaired Door on 4/19/2012 to proper working order. Corporate Maintenance Director inspected door on 4/23/2012 and will be ordering a new door to ensure no future problems.</p> <p>Corrective Action will be monitored by: Maintenance Supervisor will monitor weekly all doors in the facility to ensure proper operation. See Attachment A. All non-compliance issues will be discussed and the monthly Quality Assurance meeting. Monitoring will be reviewed monthly and any negative findings will be corrected and disciplinary action will be taken. Monitoring will be on-going.</p> <p>Plan of Correction Date: 4/30/2012</p>		

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K0046 SS=C	<p>NFPA 101 LIFE SAFETY CODE STANDARD Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9.19.2.9.1.</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 emergency light fixtures of at least 1½ hour duration was tested annually in accordance with LSC 7.9. LSC 7.9.3 Periodic Testing of Emergency Lighting Equipment requires an annual test shall be conducted on every required battery powered emergency lighting system for not less than 1 ½ hour duration. 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, Standard for Emergency and Standby Power Systems, at 5-3.1 requires the Level 1 and Level 2 EPS equipment location be provided with battery powered emergency lighting. This deficient practice could affect all occupants.</p> <p>Findings include:</p>	K0046	<p>K046 Emergency Lighting</p> <p>Corrective Action for residents affected: Maintenance Supervisor tested and documented the battery operated light for 1 ½ hour on 4/24/2012. No residents were found to be affected by the alleged deficient practice.</p> <p>Other Residents having the potential to be affected and corrective action: No residents were found to be affected by the alleged deficient practice. Maintenance Supervisor tested and documented the battery operated light for 1 ½ hour on 4/24/2012.</p> <p>Measures to ensure the practice does not reoccur: Maintenance Supervisor was re-educated on the requirements of testing the emergency lighting annually by the Administrator on 4/19/2012.</p> <p>Corrective Action will be monitored by: The Maintenance Supervisor or designee will monitor and document annually the testing of the Emergency lighting. See Attachment B. All non compliance issues will be</p>	04/30/2012	

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	<p>Based on observation with the Administrator and the Maintenance Supervisor on 04/19/12 at 11:50 a.m., a battery operated emergency light was provided at the emergency generator. Based on an interview with the Maintenance Supervisor at 11:10 a.m., the battery operated light was not tested for ninety minutes the previous year.</p> <p>3.1-19(b)</p>		<p>discussed at the monthly Quality Assurance Meeting. Monitoring will be reviewed monthly and any negative findings will be corrected and disciplinary action will be taken. Monitoring will be on-going.</p> <p>Plan of Correction Date: 4/30/2012</p>		

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K0074 SS=B	<p>NFPA 101 LIFE SAFETY CODE STANDARD Draperies, curtains, including cubicle curtains, and other loosely hanging fabrics and films serving as furnishings or decorations in health care occupancies are in accordance with provisions of 10.3.1 and NFPA 13, Standards for the Installation of Sprinkler Systems. Shower curtains are in accordance with NFPA 701.</p> <p>Newly introduced upholstered furniture within health care occupancies meets the criteria specified when tested in accordance with the methods cited in 10.3.2 (2) and 10.3.3. 19.7.5.1, NFPA 13</p> <p>Newly introduced mattresses meet the criteria specified when tested in accordance with the method cited in 10.3.2 (3) , 10.3.4. 19.7.5.3</p> <p>Based on observation and interview, the facility failed to ensure 10 of 35 resident rooms had window curtains that were flame retardant. This deficient practice could affect 9 of 33 residents.</p> <p>Findings include:</p> <p>Based on observations with the Administrator and the Maintenance Supervisor on 04/19/12 from 11:10 a.m. to 12:40 p.m., the window curtains in resident rooms 102, 103, 105,</p>	K0074	<p>K074 Curtains</p> <p>Corrective Action for residents affected: Window curtains in all 10 resident rooms were removed on 4/19/2012. No residents were found to be affected by this alleged deficient practice.</p> <p>Other residents having the potential to be affected and corrective action: No residents were found to be affected by this alleged deficient practice. Window curtains in all 10 resident rooms were removed on 4/19/2012.</p> <p>Measures to ensure practice does not reoccur:</p>	04/30/2012			

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	<p>110, 201, 204, 210, 212, 216 and 219 lacked attached documentation confirming they were inherently flame retardant. Based on interview with the Maintenance Supervisor at 12:40 p.m., there was no documentation regarding flame retardancy for these window curtains available for review.</p> <p>3.1-19(b)</p>		<p>Any and all future curtains, draperies, and other loosely hanging fabrics and films serving as furnishings or decorations shall have proper flame retardant documentation.</p> <p>Corrective Action will be monitored by: The Administrator or designee shall monitor any new furnishings before installation to ensure documentation is available. All non-compliance issues will be discussed at the Monthly Quality Assurance meeting. Monitoring will be on-going.</p> <p>Plan of Correction Date: 4/30/2012</p>		

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K0144 SS=F	<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 observation and interview, the facility failed to ensure 1 of 1 emergency generators was provided with an alarm annunciator in a location readily observed by operating personnel at a regular work station such as a nurses' station. NFPA 99, Health Care Facilities, 3-4.1.1.15 requires a remote annunciator, storage battery powered, shall be provided to operate outside of the generating room in a location readily observed by operating personnel at a regular work station. The annunciator shall indicate alarm conditions of the emergency or auxiliary power source as follows:</p> <p>(a) Individual visual signals shall indicate:</p> <ol style="list-style-type: none"> 1. When the emergency or auxiliary power source is operating to supply power to load. 2. When the battery charger is malfunctioning. <p>(b) Individual visual signals plus a common audible signal to warn of</p>	K0144	<p>K144 Generators</p> <p>Corrective Action for residents affected: Corporate Electrician repaired the Annunciator panel on 4/30/2012 and is in proper working order. No residents were found to be affected by this alleged deficient practice.</p> <p>Other residents having the potential to be affected: No residents were found to be affected by this alleged deficient practice. Corporate Electrician repaired the Annunciator panel on 4/30/2012 and is in proper working order.</p> <p>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 4/19/12.</p> <p>Corrective Action will be monitored by: Maintenance Supervisor or designee will monitor and document weekly Generator Annunciator function. See Attachment A. Any negative</p>	04/30/2012	

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	<p>an engine-generator alarm condition shall indicate:</p> <ol style="list-style-type: none"> 1. Low lubricating oil pressure. 2. Low water temperature. 3. Excessive water temperature. 4. Low fuel – when the main fuel storage tank contains less than a 3-hour operating supply. 5. Overcrank (failed to start). 6. Overspeed. <p>Where a regular work station will be unattended periodically, an audible and visual derangement signal, appropriately labeled, shall be established at a continuously monitored location. This derangement signal shall activate when any of the conditions in 3-4.1.1.15(a) and (b) occur but need not display these conditions individually. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on an observation with the Administrator and the Maintenance Supervisor on 04/19/12 at 11:40 a.m., the emergency generator did have a remote annunciator panel but it was not working at this time. Based on an interview with the</p>		<p>finding will be discussed at the monthly Quality Assurance meeting. Monitoring will be reviewed monthly and any negative findings will be corrected and disciplinary action will be taken. Monitoring will be on-going.</p> <p>Plan of Correction Date: 4/30/2012</p>	

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	<p>Administrator and Maintenance Supervisor at the time of observation, they were both aware of this issue.</p> <p>3-1.19(b)</p>			