

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155671	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	X3) DATE SURVEY COMPLETED 04/14/2015
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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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K 000 Bldg. 01	<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: 04/14/15</p> <p>Facility Number: 002512 Provider Number: 155671 AIM Number: 200278690</p> <p>At this Life Safety Code survey, Oakwood Health Campus was found in not 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, spaces open to the corridors, and all resident sleeping rooms. The facility has a capacity of 98 and had a census of 79 at the time of this survey.</p>	K 000		
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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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K 062 SS=E Bldg. 01	<p>All areas where residents have customary access were sprinklered and all areas providing facility services were sprinklered.</p> <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>1. Based on record review, observation and interview; the facility failed to ensure 1 of 2 sprinkler systems was continuously maintained in reliable operating condition and was maintained to allow sprinkler heads to function to their full capability. LSC 9.7.5 requires all automatic sprinkler systems shall be inspected, tested and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. This deficient practice could affect all residents, staff and visitors, except on the 600 unit.</p> <p>Findings include:</p> <p>Based on record review on 04/14/15 at 10:20 a.m. with the Director of Plant Operations present, the four most current quarterly sprinkler system inspection</p>	K 062	Corrective action - old sprinkler heads will be removed and openings will be sealed per Fire code. Others effected - no other residents would be effected Measures put into place - Old Sprinklers will be removed and openings will be sealed per Life Safety Monitored - With Old sprinkler heads removed we will no longer be out of compliance. Date of compliance - Work will be started on 6-1-2015, and deficiency will be corrected on 6-14-2015.	06/14/2015

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	<p>reports dated 01/30/15, 10/29/14, 07/30/14, and 04/28/14 all stated "Old heads need to be removed" in the comments section. Furthermore, there was documentation which indicated a new wet pipe sprinkler system was installed right next to the original dry pipe system throughout the facility, except for the 600 unit, in April of 2012. Based on observations on 04/14/15 between 11:15 a.m. and 1:15 p.m. during a tour of the facility with the Director of Plant Operations, the new (2012) sprinkler system piping and sprinkler heads were installed right next to the existing sprinkler piping and sprinkler heads throughout the entire facility, except for the 600 unit. Almost all of the new sprinkler heads were placed within one to twelve inches from the existing sprinkler heads, which in many cases could create an obstruction to the new sprinkler heads working to their fullest capabilities. Furthermore, it could not be determined just by observing the sprinkler heads which ones were new (active) and existing (non-active). Based on interview at the time of observations, the Director of Plant Operations acknowledged the aforementioned sprinkler condition.</p> <p>3.1-19(b)</p>			

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	<p>2. Based on observation and interview, the facility failed to ensure ordinary-temperature-rated sprinklers were used in 12 of 12 resident sleeping rooms in the south section 600 hall Rehab to Home unit. NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems refers to NFPA 13. NFPA 13, 1999 Edition at 5-3.1.4.1 states Ordinary-temperature-rated sprinklers shall be used throughout buildings. This deficient practice could affect up to 12 residents in the south section of the 600 hall Rehab to Home unit.</p> <p>Findings include:</p> <p>Based on observation on 04/14/15 between 11:15 a.m. and 1:15 p.m. during a tour of the facility with the Director of Plant Operations, all twelve resident sleeping rooms in the south section of the 600 hall Rehab to Home unit were equipped with green vial pendent type sprinkler heads which were intermediate type sprinkler heads with a temperature rating of 200 degrees F. This was acknowledged by the Director of Plant Operations at the time of observations.</p> <p>3.1-19(b)</p>			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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