

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 02/24/2015
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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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(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
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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: 02/24/15</p> <p>Facility Number: 000569 Provider Number: 155531 AIM Number: 100267660</p> <p>Surveyor: Thomas Forbes, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Oakbrook Village 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 smoke detection in the corridors, areas open to the corridor and resident rooms. The facility has a</p>	K010000	<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>	
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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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K010147 SS=B	<p>capacity of 55 and had a census of 30 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered. The facility had a detached garage providing facility services including extra resident beds, a snow blower and maintenance supplies that was not sprinklered.</p> <p>Quality Review by Dennis Austill, Life Safety Code Specialist on 02/27/15.</p> <p>The facility was found in substantial compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 Based on observation and interview, the facility failed to ensure 1 of 1 wet location in the Nurse's Pantry had a working ground fault circuit interrupter (GFCI) protection against electric shock. NFPA 70, Article 517, Health Care Facilities, defines wet locations as patient care areas that are subject to wet conditions while patients are present. These include standing fluids on the floor</p>	K010147	<p>K147 NFPA 101 Life Safety Code Standard electrical wiring and equipment</p> <p>Corrective Action for residents affected: Maintenance Supervisor replaced the 2 malfunctioning GFCI outlets on 3/26/2015 that are located in the Nurse's pantry. No residents were found to be affected by this alleged deficient practice.</p>	03/03/2015

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	<p>or drenching of the work area, either of which condition is intimate to the patient or staff. NFPA 70, 517-20 Wet Locations, requires all receptacles and fixed equipment within the area of the wet location to have ground-fault circuit interrupter (GFCI) protection. Note: Moisture can reduce the contact resistance of the body, and electrical insulation is more subject to failure. This deficient practice does not affect residents but affects any staff member using the pantry.</p> <p>Findings include:</p> <p>Based on observation during the tour of the facility with the Maintenance Director and Administrator on 2/24/15 at 10:30 a.m., there were two electric receptacles not GFCI protected on the wall within three feet of the pantry sink . The deficiency was located in the Nurse's Pantry between the Nurse's Station and room 102, one receptacle was on the wall left of the sink and the other receptacle was on the wall right of the sink. Based on interview and testing with the Maintenance Director at the time of observation, both receptacles had electrical GFCI outlets but both outlets failed to trip when using a GFCI tester. The Maintenance Director acknowledge that the GFCI failed to trip and stated that</p>		<p>Other residents having the potential to be affected: Maintenance Supervisor replaced the 2 malfunctioning GFCI outlets on 3/26/2015 and both are in proper working order. No residents were found to be affected by this alleged deficient practice.</p> <p>Measures to ensure practice does not reoccur: Maintenance Supervisor added GFCI Outlets to his weekly Preventative Maintenance monitoring tool (Attachment A). This will be a part of the weekly preventative maintenance program.</p> <p>Corrective Action will be monitored by: Maintenance Supervisor will monitor and document weekly GFCI outlet function as part of the weekly preventative maintenance. Monitoring will be reviewed monthly 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.</p>	

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

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	the outlets would be replaced. 3.1-19(b)				