

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

PRINTED: 04/09/2012
FORM APPROVED
OMB NO. 0938-0391

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 02/21/2011
NAME OF PROVIDER OR SUPPLIER OAKBROOK VILLAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 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
K 000	<p>INITIAL COMMENTS</p> <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: 02/21/11</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 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 43 at the time of this survey.</p> <p>Quality Review by Robert Booher, REHS, Life Safety Code Specialist-Medical Surveyor on 02/25/11.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as</p>	K 000		

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 000	Continued From page 1	K 000			
K 064 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure 1 of 1 K-Class portable fire extinguisher pressure gauge readings was in the acceptable range. NFPA 10, the Standard for Portable Fire Extinguishers, Chapter 4-3.2(g) requires the periodic monthly check shall ensure the pressure gauge reading is in the operable range. 4-3.3.1 requires any fire extinguisher with a deficiency in any condition listed in 4-3.2 (g) Pressure gauge reading or indicator not in operable range or position, shall be subjected to applicable maintenance procedures. This deficient practice was not in a resident care area but could affect any kitchen staff in the event of an emergency.</p> <p>Findings include:</p> <p>Based on an observation with the Maintenance Director on 02/21/11 at 1:00 p.m., the gauge on the K-Class portable fire extinguisher in the kitchen indicated the extinguisher was overcharged. This was acknowledged by the Maintenance Director at the time of observation.</p> <p>3.1-19(b)</p>	K 064		3/15/11	

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K 144 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.</p> <p>This STANDARD is not met as evidenced by:</p> <p>1. Based on observation and interview, the facility failed to ensure 1 of 1 generators was maintained. NFPA 101, Section 4.6.12.1 requires any device, equipment or system required for compliance with the provisions of the Code shall be continuously maintained in accordance with applicable NFPA requirements. This deficient practice could affect all residents, staff, and visitors.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Director on 02/21/11 at 11:35 a.m., the trouble light was illuminated indicating the generator had a low water temperature and the audible alarm switch was turned to the silence position on the generator annunciator panel located at the nurses' station. This was acknowledged by the Maintenance Director at the time of observation.</p> <p>3.1-19(b)</p> <p>2. Based on observation and interview, the</p>	K 144		3/15/11	

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K 144	<p>Continued From page 3</p> <p>facility failed to ensure 1 of 1 emergency generators was equipped with a remote manual stop. LSC 7.9.2.3 requires emergency generators providing power to emergency lighting systems shall be installed, tested and maintained in accordance with NFPA 110, Standard for Emergency and Standby Power Systems. NFPA 110, 1999 edition, 3-5.5.6 requires Level I installations shall have a remote manual stop station of a type similar to a break-glass station located outside the room housing the prime mover. NFPA 37, Standard for the Installation and Use of Stationary Combustion Engines and Gas Turbines, 1998 Edition, at 8-2.2(c) requires engines of 100 horsepower or more have provision for shutting down the engine at the engine and from a remote location. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Director on 02/21/11 from 11:30 a.m. to 1:30 p.m., the facility did not have a remote manual stop for the emergency generator. Based on an interview with the Maintenance Director at 11:40 a.m., the generator was a V-8 Big Block Ford 400 engine which he believed to be over 100 horsepower but he could not confirm.</p> <p>3-1.19(b)</p>	K 144			