

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155289	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  01/28/2013
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NAME OF PROVIDER OR SUPPLIER  COLONIAL OAKS HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 4725 S COLONIAL OAKS DR MARION, IN 46953
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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: 01/28/13</p> <p>Facility Number: 000186 Provider Number: 155289 AIM Number: 100266300</p> <p>Surveyor: Amy Kelley, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Colonial Oaks Health Care Center 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) and with 410 IAC 16.2. The original building consisting of the main dining room, Hickory Lane, Redbud Lane, Chestnut, Beechnut Ave. and Walnut Grove was surveyed with Chapter 19, Existing Health Care Occupancies.</p>	K0000	The facility respectfully requests a paper review for compliance.	
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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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	<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 corridors and hard wired smoke detectors in the resident rooms. The facility has a capacity of 127 and had a census of 101 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered. All areas providing facility services was sprinklered, except a garage used for the storage of maintenance supplies.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 01/30/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>				

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K0062 SS=E	<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>Based on record review and interview, the facility failed to ensure 1 of 1 sprinkler systems was maintained in proper working order. This deficient practice could affect any number of residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on record review with the Maintenance Supervisor on 01/28/13 at 1:10 p.m., the VFP Fire Protection documentation titled "Agreement and Report of Inspection" dated 10/15/12 stated "dry pendent's over 10 years old" with reference to 9b on the form. Question 9b asked: Do dry sprinklers appear to be less than 10 years old? (older sprinklers require sample testing) and it was answered "yes." Based on an interview with the Maintenance Supervisor at the time of inspection, he was unable to verify the location of said dry pendent sprinkler heads and he was unable</p>	K0062	The contracted fire safety inspection company (VFP) has been hired to inspect every dry pendant sprinkler head for proper operation. Any dry pendant sprinkler head that is not fully functional will be replaced. Furthermore, the Maintenance Supervisor will check the routine inspection forms each quarter for complete documentation that shows that all dry sprinkler heads are fully functional. All inspections, documentation and the replacement of sprinkler heads (should that be necessary) will be completed by March 1, 2013.	03/01/2013			

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	<p>to provide documentation confirming the sprinkler heads were tested.</p> <p>3.1-19(b)</p>			

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