

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155693	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 03/05/2013
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NAME OF PROVIDER OR SUPPLIER SILVER OAKS HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 2011 CHAPA DR COLUMBUS, IN 47203
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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: 03/05/13</p> <p>Facility Number: 002955 Provider Number: 155693 AIM Number: 200346570</p> <p>Surveyor: Phillip Komsiski, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Silver Oaks Health Campus 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 410 IAC 16.2. The original building consisting of everything except the Transitional Care Suites was surveyed with Chapter 19, Existing Health Care Occupancies.</p> <p>This one story facility was determined to be Type V (000) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors and</p>	K010000		
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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>hard wired smoke detectors in all resident rooms. The facility has a capacity of 191 and had a census of 101 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. All areas which provide facility services were sprinklered.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 03/13/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K020000	<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: 03/05/13</p> <p>Facility Number: 002955 Provider Number: 155693 AIM Number: 200346570</p> <p>Surveyor: Phillip Komsiski, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Silver Oaks Health Campus 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 410 IAC 16.2. The Transitional Care Suites, Rooms 601 to 618 were surveyed with Chapter 18, New Health Care Occupancies.</p> <p>This one story facility was determined to be Type V (000) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors and</p>	K020000		
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	<p>hard wired smoke detectors in all resident rooms. The facility has a capacity of 191 and had a census of 101 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. All areas which provide facility services were sprinklered.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K020056 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD There is an automatic sprinkler system, installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, with approved components, devices, and equipment, to provide complete coverage of all portions of the facility. The system is maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. There is a reliable, adequate water supply for the system. The system is equipped with waterflow and tamper switches which are connected to the fire alarm system. 18.3.5.</p> <p>Based on observation and interview, the facility failed to ensure 2 of 3 sprinkler heads in the Food Prep room were installed a minimum of 6 feet apart. NFPA 13, Section 5-6.3.4, Minimum Distance between Sprinklers, states sprinklers shall be spaced not less than 6 feet on center. This deficient practice could affect 20 residents on 600 hall south as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observation on 03/05/13 at 1:40 p.m. with the Maintenance Supervisor, the Food Prep room next to the Transitional Care Dining room on 600 hall south had two sprinkler heads on the ceiling which were four feet apart. Based on interview on 03/05/13 at 1:42 p.m.</p>	K020056	No residents were affected by the alleged deficient practice. Measures put in place and systemic changes made to ensure the alleged deficient practice does not recur: RC Fire Protection has been contacted to correct alleged deficient practice. How the corrective Measure will be monitored to ensure the alleged deficient practice does not recur: DPO will audit all sprinkler heads in remainder of Health Center to ensure there are no further sprinkler heads that measure less than the minimum of 6 feet apart. The results of the audit observations will be reported, reviewed and trended for compliance thru the campus Quality Assurance Committee.	04/04/2013

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	with the Maintenance Supervisor, it was acknowledged two of the three sprinkler heads in the Food Prep room were measured to be four feet and ten inches apart. 3.1-19(b)			