

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 01/03/2012
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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: 01/03/12</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), 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</p>	K0000		
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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>sprinklered. The facility has a fire alarm system with smoke detection in the corridors and areas open to the corridors. The facility has a capacity of 127 and had a census of 97 at the time of this survey.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 01/05/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			
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K0017 SS=E	<p>Corridors are separated from use areas by walls constructed with at least ½ hour fire resistance rating. In sprinklered buildings, partitions are only required to resist the passage of smoke. In non-sprinklered buildings, walls properly extend above the ceiling. (Corridor walls may terminate at the underside of ceilings where specifically permitted by Code. Charting and clerical stations, waiting areas, dining rooms, and activity spaces may be open to the corridor under certain conditions specified in the Code. Gift shops may be separated from corridors by non-fire rated walls if the gift shop is fully sprinklered.) 19.3.6.1, 19.3.6.2.1, 19.3.6.5</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 temporary reception areas was separated from the corridors by a partition capable of resisting the passage of smoke as required in a sprinklered building, or met an Exception. LSC 19-3.6.1, Exception # 6, Spaces other than patient sleeping rooms, treatment rooms, and hazardous areas may be open to the corridor and unlimited in area provided: (a) The space and corridors which the space opens onto in the same smoke compartment are protected by an electrically supervised automatic smoke detection system, and (b) Each space is protected by an automatic sprinklers, and (c) The space is</p>	K0017	Smoke Detector installed in receptionist office. The newly installed smoke detector is electronically monitored by the fire enunciator panel twenty - four hours per day by a continuous monitoring service. This service preforms regular checks of all fire systems which include smoke detectors.	01/19/2012

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	<p>arranged not to obstruct access to required exits. This deficient practice could affect any residents in the Therapy room or near the temporary main entrance.</p> <p>Findings include:</p> <p>Based on an observation with the Maintenance Supervisor on 01/03/12 at 12:30 p.m., a four foot by four foot window was cut in the corridor wall of the temporary reception office at the temporary main entrance to the facility. The temporary reception office was not separated from the corridor. Furthermore, Exception # 6, requirement (a) of the LSC Section 19-3.6.1 was not met because the reception office was not protected by an electrically supervised automatic smoke detection system. This was acknowledged by the Maintenance Supervisor at the time of observation.</p> <p>3.1-19(b)</p>			
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K0048 SS=C	<p>There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. 19.7.1.1</p> <p>Based on record review and interview, the facility failed to provide a written fire plan that included the use of all fire extinguishers in the facility for the protection of 97 of 97 residents in the event of an emergency. LSC 19.7.2.2 requires a written health care occupancy fire safety plan that shall provide for the following:</p> <ol style="list-style-type: none"> (1) Use of alarms (2) Transmission of alarm to the fire department (3) Response to alarms (4) Isolation of fire (5) Evacuation of immediate area (6) Evacuation of smoke compartment (7) Preparation of floors and building for evacuation (8) Extinguishment of fire <p>This deficient practice could affect any number of occupants in the event of an emergency.</p> <p>Findings include:</p> <p>Based on a record review with the Maintenance Supervisor on 01/03/12 at 12:15 p.m., the</p>	K0048	A new fire extinguisher policy is now in place. The usage including type of extinguisher and location is now clearly identified throughout the building. All new hires are now given the new fire procedure inservice and the related policy as a part of new employee orientation. All current staff members will receive the related inservice on all shifts on February 2, 2012.	01/14/2012

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	<p>"Emergency Preparedness Manual" did not address the types and use of the fire extinguishers, including the K class fire extinguisher, located throughout the facility. Based on an interview with the Maintenance Supervisor at the time of record review, no other documentation was available for review.</p> <p>3.1-19(b)</p>			
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K0056 SS=E	<p>If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5</p> <p>Based on observation and interview, the facility failed to ensure complete automatic sprinkler system was installed in 1 of 1 south employee's restrooms in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. This deficient practice could affect all residents at the south nurses' station.</p> <p>Findings include:</p> <p>Based on an observation with the Maintenance Supervisor on 01/03/12 at 12:50 p.m., the south employee's restroom had a side wall mounted sprinkler head. A partial wall extended out thirty</p>	K0056	The obstruction/wall in restroom area has now been removed to allow full coverage from existing sprinkler head. Any future remodeling projects will receive consideration of placement of sprinkle heads before the project begins. The administrator will monitor all future remodeling projects for sprinkler placement.	01/15/2012			

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	<p>inches between the stool and the door preventing the sprinkler head from providing completed sprinkler coverage for the room. Measurements were provided by the Maintenance Supervisor at the time of observation.</p> <p>3.1-19(b)</p>			
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