

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155289	X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING	X3) DATE SURVEY COMPLETED 09/21/2023
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NAME OF PROVIDER OR SUPPLIER COLONIAL OAKS HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP COD 4725 S COLONIAL OAKS DR MARION, IN 46953
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E 0000 Bldg. --	<p>An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73.</p> <p>Survey Date: 09/21/23</p> <p>Facility Number: 000186 Provider Number: 155289 AIM Number: 100266300</p> <p>At this Emergency Preparedness survey, Colonial Oaks Health Care Center was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73. The facility has a capacity of 127 and had a census of 94 at the time of this survey.</p> <p>Quality Review completed on 09/22/23</p>	E 0000	<p>We at the facility are hereby respectfully requesting this agency consider paper compliance/desk review for compliance for the following plan of correction as opposed to a post survey revisit. We are willing to submit any and all documentation as requested to assure our credible compliance with the deficiencies noted in the following CMS-2567. We are hereby providing our plan of correction. Submission of this Plan of correction does not constitute an admission or an agreement by the provider of the truth of facts alleged or corrections set forth on the statement of deficiencies. The Plan of Correction is provided as evidence of the facilities desire to comply with regulations and continue to provide quality care. Please accept this Plan of Correction as our credible allegation of compliance.</p>	
K 0000 Bldg. 01	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a).</p> <p>Survey Date: 09/21/23</p>	K 0000	<p>We at the facility are hereby respectfully requesting this agency consider paper compliance/desk review for compliance for the following plan of correction as opposed to a post survey revisit. We are willing to</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Jaime Sevier	RN	09/29/2023

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed 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 0341 SS=E Bldg. 01	<p>Facility Number: 000186 Provider Number: 155289 AIM Number: 100266300</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 483.90(a), Life Safety from Fire, and the 2012 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 corridors and hard-wired smoke detectors in the resident rooms. The facility has a capacity of 127 and had a census of 94 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 completed on 09/22/23</p> <p>NFPA 101 Fire Alarm System - Installation Fire Alarm System - Installation A fire alarm system is installed with systems and components approved for the purpose in accordance with NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm Code to provide effective warning of fire in any part of the building. In areas not continuously occupied, detection is installed at each fire</p>		submit any and all documentation as requested to assure our credible compliance with the deficiencies noted in the following CMS-2567. We are hereby providing our plan of correction. Submission of this Plan of correction does not constitute an admission or an agreement by the provider of the truth of facts alleged or corrections set forth on the statement of deficiencies. The Plan of Correction is provided as evidence of the facilities desire to comply with regulations and continue to provide quality care. Please accept this Plan of Correction as our credible allegation of compliance.	

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	<p>alarm control unit. In new occupancy, detection is also installed at notification appliance circuit power extenders, and supervising station transmitting equipment. Fire alarm system wiring or other transmission paths are monitored for integrity.</p> <p>18.3.4.1, 19.3.4.1, 9.6, 9.6.1.8</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 fire alarm systems was installed in accordance with 19.3.4.1. LSC 9.6.1.3 requires a fire alarm system to be installed, tested, and maintained in accordance with NFPA 70, National Electrical Code and NFPA 72, National Fire Alarm Code. NFPA 72, 17.7.4.1 requires in spaces served by air handling systems, detectors shall not be located where air flow prevents operation of the detectors. This deficient practice could affect 20 residents in one smoke compartment.</p> <p>Findings include:</p> <p>Based on the facility tour and interview with the Administrator and Plant Operations Director on 09/21/23 between 12:45 p.m. and 3:15 p.m., in the Walnut Hall corridor by Room # 301 there was a smoke detector located within 3 feet of an air supply where air flow would prevent proper operation of the detector.</p> <p>The finding was reviewed with the Administrator and Plant Operations Director at the time of discovery and again during the exit conference.</p> <p>3.1-19(b)</p>	K 0341	<p>No residents were negatively affected by this deficient practice. All residents residing in the facility have the potential to be affected by this deficient practice. The smoke detector that was in the Walnut Hall corridor by room #301 was relocated to greater than three feet from the air supply vent. Facility rounds were completed by the Plant Operations Director, no additional smoke detectors were noted to be located within three feet of an air supply vent. The Plant Operations Director discussed the findings with the corporate HVAC installer and Safecare (facility smoke detector service provider). Both service providers were educated by the Plant Operations Director regarding the installation of smoke detectors in proximity to air supply vents. The Plant Operations Director and/or designee will complete TELS/Preventative Maintenance system and facility rounding observations. The observation will be completed monthly for three months, then every other month for six months, then quarterly thereafter. The</p>	09/22/2023
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DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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			<p>observations will be documented in the facility TELS/Preventative Maintenance system. Monitoring will continue until 100% compliance is achieved for a period of three consecutive quarters as determined by the Quality Assurance Performance Improvement committee. After consecutive compliance is achieved the Plant Operations Director and/or designee will complete the observation at least biannually. Any concerns noted will receive immediate follow-up. The Plant Operations Director report of monitoring will be forwarded to the Administrator for monthly Quality Assurance Performance Improvement review and the plan of action will be adjusted accordingly.</p>	