STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	155782	A. BUILDING -- B. WING	03/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
WHITE OAK HEALTH CAMPUS	814 S 6TH ST MONTICELLO, IN 47960

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
E 0000 Bldg. --	An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a). Survey Date: 03/24/25 Facility Number: 012355 Provider Number: 155782 AIM Number: 201014410 At this Emergency Preparedness survey, White Oak Health Campus was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.90(a) The facility has 61 certified beds. At the time of the survey, the census was 50. Quality Review conducted on 03/27/25	E 0000		
K 0000 Bldg. 01	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). Survey date: 03/24/25 Facility Number: 012355 Provider Number: 155782 AIM Number: 201014410 At this Life Safety Code survey, White Oak Health Campus was found not in compliance with	K 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Stephanie Anderson	Executive Director	04/15/2025

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclo 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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	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. This one story, fully sprinklered facility was determined to be Type V (111) construction. The facility has a fire alarm system with hard wired smoke detection in the corridors, areas open to the corridors, and resident rooms. The SNF certified health care occupancy was located on north end of the main building with the capacity for 61 residents and a census of 50 at the time of this survey. All areas accessible to residents and areas providing facility services are sprinklered. Quality Review conducted on 03/27/25			
K 0353 SS=C Bldg. 01	NFPA 101 Sprinkler System - Maintenance and Testing Based on record review, observation, and interview, the facility failed to document sprinkler system inspections in accordance with NFPA 25. NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 2011 Edition, Section 5.2.4.1 states gauges on wet pipe sprinkler systems shall be inspected monthly to ensure that they are in good condition and that normal water supply pressure is being maintained. Section 5.1.2 states valves and fire department connections shall be inspected, tested, and maintained in accordance with Chapter 13. Section 13.1.1.2 states Table 13.1.1.2 shall be utilized for inspection, testing and maintenance of valves, valve components and	K 0353	The submission of this plan of correction does not indicate and admission by White Oak Health Campus that the findings and allegations contained herein are accurate, true representation of the quality of care, and living environment provided to the residents of White Oak Health Campus. The facility recognizes its obligation to provide legally and medically necessary care and services to its residents in an economic and efficient manner. The facility herby maintains it is in	04/03/2025

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	trim. Section 4.3.1 states records shall be made for all inspections, tests, and maintenance of the system and its components and shall be made available to the authority having jurisdiction upon request. This deficient practice could affect all residents, staff and visitors. Findings include: Based on review of Fire Sprinkler Gauges documentation at the riser with the Director of Plant Operations at 1:35 p.m. on 03/24/25, monthly sprinkler system gauge and valve inspection documentation after 01/27/25 was not available for review. Based on interview at 1:37 p.m., the Director of Plant Operations agreed monthly sprinkler system gauge and valve inspection documentation after 01/27/25 was not available for review, stating he comes in the room where the sprinkler riser is located and checks the gauges, but the pressure has not been documented since 01/27/25. This finding was reviewed with the Administrator and Director of Plant Operations during the exit conference. 3.1-19(b)		substantial compliance with the requirements of participation for skilled health care facilities. To this end, the plan of correction shall serve as the credible allegation of compliance with all state and federal requirements governing the management of this facility. It is thus submitted as a matter of statute only. The facility respectfully requests from the department a desk review for substantial compliance. 1) No residents were found to have been affected by the deficient practice. 2) All residents have the potential to be affected by the deficient practice. The sprinkler system gauge and valve inspections were completed immediately and documented on the flow sheet and were within acceptable limits. 3) The Director of Plant Operations was educated on ensuring that the sprinkler system gauges, and value inspections have been completed by the end of each month. As a measure of ongoing compliance, the Director of Plant Operations and/or designee will conduct an audit of the sprinkler system gauge and value inspections at the end of each month for 6 months. 4)As a quality measure, the corrective action plan and audits will be monitored through our	

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			monthly QA meetings for 6 months to ensure 100% compliance. 5) April 3, 2025	
K 0914 SS=F Bldg. 01	NFPA 101 Electrical Systems - Maintenance and Testing Based on observation, record review, and interview, the facility failed to ensure all nonhospital-grade electrical receptacles at resident room locations were tested at least annually. NFPA 99, Health Care Facilities Code 2012 Edition, Section 6.3.4.1.3 states receptacles not listed as hospital-grade, at patient bed locations and in locations where deep sedation or general anesthesia is administered, shall be tested at intervals not exceeding 12 months. Additionally, Section 6.3.3.2, Receptacle Testing in Patient Care Rooms requires the physical integrity of each receptacle shall be confirmed by visual inspection. The continuity of the grounding circuit in each electrical receptacle shall be verified. Correct polarity of the hot and neutral connections in each electrical receptacle shall be confirmed; and retention force of the grounding blade of each electrical receptacle (except locking-type receptacles) shall be not less than 115 grams (4 ounces). This deficient practice could affect all residents. Findings include: Based on record review on 03/24/25 at 12:40 p.m. with the Administrator and Director of Plant Operations present, there was no record or documentation to show that annual testing per NFPA 99, Receptacle Testing requirements was met. Based on interview at 12:41 p.m., the Director of Plant Operations said the binder that has the	K 0914	The submission of this plan of correction does not indicate and admission by White Oak Health Campus that the findings and allegations contained herein are accurate, true representation of the quality of care, and living environment provided to the residents of White Oak Health Campus. The facility recognizes its obligation to provide legally and medically necessary care and services to its residents in an economic and efficient manner. The facility herby maintains it is in substantial compliance with the requirements of participation for skilled health care facilities. To this end, the plan of correction shall serve as the credible allegation of compliance with all state and federal requirements governing the management of this facility. It is thus submitted as a matter of statute only. The facility respectfully requests from the department a desk review for substantial compliance. 1) No residents were found to have been affected by the deficient practice. 2) All residents have the potential	04/03/2025

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	most recent receptacle retention testing could not be located at the time of the survey. This finding was reviewed with the Administrator and Director of Plant Operations at the exit conference. 3.1-19(b)		to be affected by the deficient practice. The receptacles were immediately checked and are all in working order. 3) The Directors of Plant Operations was educated on ensuring that the receptacles are checked and documented annually. As a measure of ongoing compliance, the Director of Plant Operations will present all annual required testing as it is due at each QA meeting for 6 months. 4) As a quality measure, the Director of Plant Operations and/or designee will review and report any findings and associated corrective action at least monthly until the campus achieves 100% compliance in the campus QA Meetings. The plan will be reviewed and updated as warranted. 5) April 3, 2025	