ez:::zkeioi	THE CONTENTS	THE SERVICES			312 31 0700 007	
STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CO	ONSTRUCTION	(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BUILDING	<u></u>	COMPLETED	
		155671	B. WING		04/26/2023	
			STREET	ADDRESS, CITY, STATE, ZIP COD		
NAME OF I	PROVIDER OR SUPPLIEF	2		3RD ST		
OAKWO	OD HEALTH CAMP	PUS		CITY, IN 47586		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE	ID	PROVIDER'S PLAN OF CORRECTION	(X5)	
PREFIX	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA'	COMPLETION	
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION	TAG	DEFICIENCY)	DATE	
E 0000						
Bldg						
		paredness Survey was	E 0000	The submission of this plan of		
		ndiana Department of Health in		correction does not indicate ar		
	accordance with 42	CFR 483.73.		admission by Oakwood Health	1	
				Campus that the findings and		
	Survey Date: 04/26	5/23		allegations contained herein a	<b>I</b>	
				accurate, true representation of		
	Facility Number: 0			the quality of care provided, ar	<b>I</b>	
	Provider Number:			living environment provided to	the	
	AIM Number: 200	278620		residents of Oakwood Health		
		_		Campus. The facility recognize		
		Preparedness survey,		its obligation to provide legally	and	
		ampus was found in		medically necessary care and		
	_	nce with Emergency		services to its residents in an		
		irements for Medicare and		economic and efficient manne		
	-	ting Providers and Suppliers, 42		The facility hereby maintains it	<b>I</b>	
	CFR 483.73			in substantial compliance with	<b>I</b>	
	TTI C 1111 1			requirements of participation for		
	-	apacity of 98 certified beds and		skilled health care facilities. To		
	nad a census of /5	at the time of this visit.		this end, the plan of correction		
	Onality Design	mulated an 05/04/22		shall serve as the credible	- II	
	Quanty Keview cor	mpleted on 05/04/23		allegation of compliance with a		
				state and federal requirements	<b>I</b>	
				governing the management of		
				facility. It is thus submitted as		
				matter of statute only. The factories respectfully requests from the	ility	
				department a desk review for		
				substantial compliance.		
				Substantial compilarice.		
E 0041	482.15(e), 483.73	(e) 485.625(e)				
SS=C		LTC Emergency Power				
Bldg		tion for Participation:				
·	- ' '	id standby power systems.				
	, ,	: implement emergency and				
		stems based on the				
		et forth in paragraph (a) of				
	this section and in					

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE

TITLE

Mary C. Blocker Executive Director 05/19/2023

Any defiency statement 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 disclodays 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.

FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: Q9WP21 Facility ID: 002512 If continuation sheet Page 1 of 21

PRINTED: 05/30/2023 FORM APPROVED

CENTERS FO	R MEDICARE & MEDIC				C	OMB NO. 0938-039
STATEME	NT OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE C	ONSTRUCTION	(X3) DAT	TE SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BUILDING	<u></u>	COM	PLETED
		155671	B. WING		04/2	26/2023
			CENTER.	ADDRESS OF A STATE TIP SOL		
NAME OF	PROVIDER OR SUPPLIE	R		ADDRESS, CITY, STATE, ZIP COI	J	
OVICINO		nue.				
UAKWU	OD HEALTH CAMP	<b>708</b>	TELL	CITY, IN 47586		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE	ID	PROVIDER'S PLAN OF CORRE	CTION	(X5)
PREFIX	(EACH DEFICIEN	NCY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APP	JLD BE	COMPLETION
TAG	REGULATORY O	R LSC IDENTIFYING INFORMATION	TAG	DEFICIENCY)		DATE
	procedures plan s	set forth in paragraphs (b)(1)				
	(i) and (ii) of this s	section.				
	§483.73(e), §485.	.625(e)				
	(e) Emergency ar	nd standby power systems.				
		and the CAH] must				
	-	ency and standby power				
		n the emergency plan set				
	1 -	(a) of this section.				
		,				
	§482.15(e)(1), §4	83.73(e)(1), §485.625(e)(1)				
	Emergency gener	rator location. The				
	generator must be	e located in accordance with				
	the location requi	rements found in the Health				
	Care Facilities Co	ode (NFPA 99 and Tentative				
	Interim Amendme	ents TIA 12-2, TIA 12-3, TIA				
	12-4, TIA 12-5, ar	nd TIA 12-6), Life Safety				
		and Tentative Interim				
	,	12-1, TIA 12-2, TIA 12-3,				
		d NFPA 110, when a new				
		or when an existing				
	structure or buildi	<u> </u>				
	482.15(e)(2). §48	3.73(e)(2), §485.625(e)(2)				
	` ' ' ' -	rator inspection and testing.				
		H and LTC facility] must				
		nergency power system				
	-	g, and [maintenance]				
		nd in the Health Care				
		IFPA 110, and Life Safety				
	Code.					
	482.15(e)(3), 848	3.73(e)(3), §485.625(e)(3)				
	` ' ' ' -	rator fuel. [Hospitals, CAHs				
		that maintain an onsite fuel				
		emergency generators must				
		ow it will keep emergency				
	•	perational during the				
		<del>-</del>				
	emergency, unles	ss it evacuates.				

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

Q9WP21 Facility ID: 002512

If continuation sheet Page 2 of 21

NAME OF PROVIDER OR SUPPLIER  OAKWOOD HEALTH CAMPUS  (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG  **[FOR hospitals at \$482.15(h), LTC at \$483.73(g), and CAHs \$485.625(g):] The standards incorporated by reference in this section are approved for incorporation by reference by the Director of the Office of the Federal Register in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. You may obtain the material from the sources listed below. You may inspect a copy at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to:  http://www.archives.gov/federal_register/code_offederal_regulations/ibr_locations.html. If any changes in this edition of the Code are incorporated by reference, CMS will publish a document in the Federal Register to announce the changes.  (1) National Fire Protection Association, 1		NT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155671	(X2) MULTIPLE C A. BUILDING B. WING	A. BUILDING		(X3) DATE SURVEY COMPLETED 04/26/2023	
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION  *[For hospitals at §482.15(h), LTC at §483.73(g), and CAHs §485.625(g):] The standards incorporated by reference in this section are approved for incorporation by reference by the Director of the Office of the Federal Register in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. You may obtain the material from the sources listed below. You may inspect a copy at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to:  http://www.archives.gov/federal_register/code_of_federal_regulations/lbr_locations.html. If any changes in this edition of the Code are incorporated by reference, CMS will publish a document in the Federal Register to announce the changes.				1143 23RD ST				
*[For hospitals at §482.15(h), LTC at §483.73(g), and CAHs §485.625(g):] The standards incorporated by reference in this section are approved for incorporation by reference by the Director of the Office of the Federal Register in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. You may obtain the material from the sources listed below. You may inspect a copy at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: http://www.archives.gov/federal_register/code _of_federal_regulations/ibr_locations.html. If any changes in this edition of the Code are incorporated by reference, CMS will publish a document in the Federal Register to announce the changes.	PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE API	ULD BE COMPROPRIATE	IPLETION	
§483.73(g), and CAHs §485.625(g):]  The standards incorporated by reference in this section are approved for incorporation by reference by the Director of the Office of the Federal Register in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. You may obtain the material from the sources listed below. You may inspect a copy at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to:  http://www.archives.gov/federal_register/code of_federal_regulations/ibr_locations.html. If any changes in this edition of the Code are incorporated by reference, CMS will publish a document in the Federal Register to announce the changes.	TAG			TAG	DEFICIENCY)	I	DATE	
The standards incorporated by reference in this section are approved for incorporation by reference by the Director of the Office of the Federal Register in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. You may obtain the material from the sources listed below. You may inspect a copy at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to:  http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html. If any changes in this edition of the Code are incorporated by reference, CMS will publish a document in the Federal Register to announce the changes.			- ' '					
this section are approved for incorporation by reference by the Director of the Office of the Federal Register in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. You may obtain the material from the sources listed below. You may inspect a copy at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to:  http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html. If any changes in this edition of the Code are incorporated by reference, CMS will publish a document in the Federal Register to announce the changes.			- 1-7-					
reference by the Director of the Office of the Federal Register in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. You may obtain the material from the sources listed below. You may inspect a copy at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: http://www.archives.gov/federal_register/code _of_federal_regulations/ibr_locations.html. If any changes in this edition of the Code are incorporated by reference, CMS will publish a document in the Federal Register to announce the changes.			· ·					
Federal Register in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. You may obtain the material from the sources listed below. You may inspect a copy at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: http://www.archives.gov/federal_register/code _of_federal_regulations/ibr_locations.html. If any changes in this edition of the Code are incorporated by reference, CMS will publish a document in the Federal Register to announce the changes.		· ·	•					
552(a) and 1 CFR part 51. You may obtain the material from the sources listed below. You may inspect a copy at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to:  http://www.archives.gov/federal_register/code _of_federal_regulations/ibr_locations.html.  If any changes in this edition of the Code are incorporated by reference, CMS will publish a document in the Federal Register to announce the changes.								
the material from the sources listed below. You may inspect a copy at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: http://www.archives.gov/federal_register/codeof_federal_regulations/ibr_locations.html. If any changes in this edition of the Code are incorporated by reference, CMS will publish a document in the Federal Register to announce the changes.		_						
You may inspect a copy at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: http://www.archives.gov/federal_register/codeof_federal_regulations/ibr_locations.html. If any changes in this edition of the Code are incorporated by reference, CMS will publish a document in the Federal Register to announce the changes.		` '						
Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: http://www.archives.gov/federal_register/code _of_federal_regulations/ibr_locations.html. If any changes in this edition of the Code are incorporated by reference, CMS will publish a document in the Federal Register to announce the changes.		You may inspect a	a copy at the CMS					
Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: http://www.archives.gov/federal_register/code _of_federal_regulations/ibr_locations.html. If any changes in this edition of the Code are incorporated by reference, CMS will publish a document in the Federal Register to announce the changes.		Information Resou	rce Center, 7500 Security					
(NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to:  http://www.archives.gov/federal_register/code _of_federal_regulations/ibr_locations.html.  If any changes in this edition of the Code are incorporated by reference, CMS will publish a document in the Federal Register to announce the changes.		Boulevard, Baltim	ore, MD or at the National					
this material at NARA, call 202-741-6030, or go to: http://www.archives.gov/federal_register/code _of_federal_regulations/ibr_locations.html. If any changes in this edition of the Code are incorporated by reference, CMS will publish a document in the Federal Register to announce the changes.								
go to: http://www.archives.gov/federal_register/code _of_federal_regulations/ibr_locations.html. If any changes in this edition of the Code are incorporated by reference, CMS will publish a document in the Federal Register to announce the changes.								
http://www.archives.gov/federal_register/code _of_federal_regulations/ibr_locations.html.  If any changes in this edition of the Code are incorporated by reference, CMS will publish a document in the Federal Register to announce the changes.								
_of_federal_regulations/ibr_locations.html.  If any changes in this edition of the Code are incorporated by reference, CMS will publish a document in the Federal Register to announce the changes.		•	<i>"</i>					
If any changes in this edition of the Code are incorporated by reference, CMS will publish a document in the Federal Register to announce the changes.								
incorporated by reference, CMS will publish a document in the Federal Register to announce the changes.								
document in the Federal Register to announce the changes.								
announce the changes.								
· · · · · · · · · · · · · · · · · · ·			_					
(1) National 1 110 1 10 10 10 10 110 110 110 110 11			-					
Batterymarch Park,		l ' '						
Quincy, MA 02169, www.nfpa.org,		I						
1.617.770.3000.		•	. 1 3,					
(i) NFPA 99, Health Care Facilities Code,			th Care Facilities Code,					
2012 edition, issued August 11, 2011.		2012 edition, issue	ed August 11, 2011.					
(ii) Technical interim amendment (TIA) 12-2 to		(ii) Technical inter	im amendment (TIA) 12-2 to					
NFPA 99, issued August 11, 2011.			<b>G</b>					
(iii) TIA 12-3 to NFPA 99, issued August 9,		' '	FPA 99, issued August 9,					
2012.								
(iv) TIA 12-4 to NFPA 99, issued March 7,		` '	-PA 99, issued March 7,					
2013.			TDA OO issued Avenue 4					
(v) TIA 12-5 to NFPA 99, issued August 1, 2013.		` '	PA 99, Issued August 1,					
(vi) TIA 12-6 to NFPA 99, issued March 3,			FPA QQ issued March 3					
2014.		` '	i A 33, issueu ividitii 3,					
(vii) NFPA 101, Life Safety Code, 2012			fe Safety Code, 2012					
edition, issued August 11, 2011.		, ,	-					
(viii) TIA 12-1 to NFPA 101, issued August			<u> </u>					

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

Q9WP21 Facility ID: 002512

If continuation sheet Page 3 of 21

	MENT OF DEFICIENCIES  AN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155671	A. BUII	(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING		(X3) DATE SURVEY COMPLETED 04/26/2023	
	OF PROVIDER OR SUPPLIES		STREET ADDRESS, CITY, STATE, ZIP COD 1143 23RD ST TELL CITY, IN 47586				
(X4) II PREFI	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE SICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION	P	IID PROVIDER'S PLAN OF COL REFIX (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE TAG DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
	11, 2011. (ix) TIA 12-2 to N 30, 2012. (x) TIA 12-3 to NF 22, 2013. (xi) TIA 12-4 to N 22, 2013. (xiii) NFPA 110, S Standby Power S including TIAs to 2009 Based on record re failed to implemen inspection, testing, found in the Health 110, and Life Safet CFR 483.73(e)(2).  Based on record re failed to provide oc testing of 1 of 1 En System in accordar for Emergency and Section 8.4.9, as re Facilities Code, Se Section 8.4.9 states Power Systems sha every three years. greater than 4 hour terminate the test a 6.4.1.1.6.1 states th electrical system pa at Type 10, Class 2 deficient practice oc occupants.  Findings include:	FPA 101, issued October  FPA 101, issued October  Standard for Emergency and ystems, 2010 edition, chapter 7, issued August 6, view and interview, the facility the emergency power system and maintenance requirements a Care Facilities Code, NFPA by Code in accordance with 42  View and interview, the facility omplete documentation for the mergency Power Standby are with NFPA 110, Standard Standby Power Systems, quired by NFPA 99 Health Care ction 6.4.1.1.6.1. NFPA 110 of that all Level 1 Emergency all be tested at least once within Where the assigned class is so, it shall be permitted to fiter 4 hours. NFPA 99 Section at Type 1 and Type 2 essential ower sources shall be classified K, Level 1 generator sets. This ould affect all building	E 004		ity failed to egress gress locks e for all isitors. No e that states inds. Door seconds.  ction(s) will those ave eent int ated on cutive -2012 2.2, 5. int cted the ervice hall courtyard	06/09/2023	

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

Q9WP21 Facility ID: 002512

If continuation sheet Page 4 of 21

PRINTED: 05/30/2023 FORM APPROVED OMB NO. 0938-039

	OF CORRECTION	IDENTIFICATION NUMBER  155671	A. BUILDING B. WING		COMPLETED 04/26/2023
	PROVIDER OR SUPPLIER		1143 2	ADDRESS, CITY, STATE, ZIP COD 3RD ST CITY, IN 47586	
(X4) ID PREFIX TAG	(EACH DEFICIEN REGULATORY OR	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROP DEFICIENCY)	COMPLETION
	a sister facility prese documentation for a emergency generate documentation prov calculation for the p four hour load test.	ector of Plant Operations from ent, the facility provided a four hour test of the or on 04/05/23, however, the rided did not include the percentage of load during the This was confirmed by the f Plant Operations at the time of		2: How other residents have the potential to be affected the same deficient practice be identified and what corrective action will be tank to residents were affected all have the potential to be affected.	l by e will ken?
		viewed with both Director's of ring the exit conference.		3: What measures will be printo place or what systemichanges will be made to ensure that the deficient practice does not recur?  •DPO or designee will complete weekly rounds to ensure proper functioning the door.	c o
				4: How the corrective action will be monitored to ensure deficient practice will not rouse. What quality assurance program will be put into plants. DPO or designee will consume weekly rounds times 4 week. Then every other week week weeks. Then monthly.  For quality assurance, the or designee will review any findings and subsequent confusion quarterly for at least sometime months in the campus quality assurance meetings (QAPI) identified issues will be revied detail by the QAPI committee new processes put in place	e the recur e ace? nplete ks. ks 4 e DPO rrective six ty . Any ewed in se and to

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

Q9WP21 Facility ID: 002512

If continuation sheet

Page 5 of 21

	T OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155671	(X2) MULTIPLE CO A. BUILDING B. WING	ONSTRUCTION	(X3) DATE SURVEY COMPLETED 04/26/2023	
	PROVIDER OR SUPPLIER		1143 2	ADDRESS, CITY, STATE, ZIP COD 3RD ST CITY, IN 47586		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	(X5) COMPLETION DATE	
				regulation.		
K 0000						
Bldg. 01	Licensure Survey w Department of Heal 483.90(a).  Survey Date: 04/26  Facility Number: 0 Provider Number: 2002  At this Life Safety C Campus was found Requirements for P Medicare/Medicaid Life Safety from Fir National Fire Protect Life Safety Code (L Health Care Occupa  This one story facil: Type V (111) const sprinklered. The fa with hard wired sme spaces open to the c sleeping rooms. Th and had a census of  All areas where resi were sprinklered an services were sprint	02512 155671 278690  Code survey, Oakwood Health not in compliance with articipation in , 42 CFR Subpart 483.90(a), re and the 2012 edition of the ction Association (NFPA) 101, LSC), Chapter 19, Existing ancies and 410 IAC 16.2.  The city was determined to be of rruction and was fully cility has a fire alarm system toke detectors in the corridors, corridors, and all resident the facility has a capacity of 98 to 75 at the time of this survey.  The control of the customary access defends a customary access defends a customary access defends.	K 0000	The submission of this plan of correction does not indicate an admission by Oakwood Health Campus that the findings and allegations contained herein ar accurate, true representation of the quality of care provided, ar living environment provided to residents of Oakwood Health Campus. The facility recognize its obligation to provide legally medically necessary care and services to its residents in an economic and efficient manner. The facility hereby maintains it in substantial compliance with requirements of participation for skilled health care facilities. To this end, the plan of correction shall serve as the credible allegation of compliance with a state and federal requirements governing the management of facility. It is thus submitted as a matter of statute only. The faci respectfully requests from the department a desk review for substantial compliance.	re of od the es and . is the or	
	Quality Review con	npleted on 05/04/23				

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

Q9WP21 Facility ID: 002512

If continuation sheet

Page 6 of 21

	T OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION (X3) DATE SURV					
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER		ЛLDING	01	COMPLETED	
		155671	B. W	ING		04/26/	2023
	ROVIDER OR SUPPLIER		•	1143 23	ADDRESS, CITY, STATE, ZIP COD BRD ST ITY, IN 47586		
(X4) ID	SUMMARY S	STATEMENT OF DEFICIENCIE		ID			(X5)
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL		PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE		COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION		TAG	CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	16	DATE
K 0222	NFPA 101						
SS=E	Egress Doors						
Bldg. 01	Egress Doors						
Bidg. 01	•	d means of egress shall not					
	•	a latch or a lock that					
		f a tool or key from the					
	•	s using one of the following					
	special locking arr	-					
		OR SECURITY THREAT					
	LOCKING						
		king arrangements for the					
	•	eds of the patient are					
	-	king device shall be					
	•	door and provisions shall					
	-	apid removal of occupants					
		of locks; keying of all					
	-	ed by staff at all times; or					
	•	e means available to the					
	staff at all times.						
	18.2.2.2.5.1, 18.2.	2.2.6, 19.2.2.2.5.1,					
	19.2.2.2.6						
	SPECIAL NEEDS	LOCKING					
	ARRANGEMENTS	S					
	Where special lock	king arrangements for the					
	safety needs of the	e patient are used, all of					
	the Clinical or Sec	urity Locking requirements					
	are being met. In a	addition, the locks must be					
	electrical locks tha	nt fail safely so as to					
	release upon loss	of power to the device; the					
	building is protecte	ed by a supervised					
	automatic sprinkle	r system and the locked					
		l by a complete smoke					
		or is constantly monitored					
		ation within the locked					
		he sprinkler and detection					
	-	ged to unlock the doors					
	upon activation.						
	18.2.2.2.5.2, 19.2.						
	DELAYED-EGRES						
	ARRANGEMENTS	3					

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

Q9WP21 Facility ID: 002512

If continuation sheet

Page 7 of 21

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155671	(X2) MUL A. BUIL B. WINC	DING	nstruction  01	(X3) DATE : COMPL 04/26/	ETED
NAME OF PROVIDER OR SUPPLIER  OAKWOOD HEALTH CAMPUS		STREET ADDRESS, CITY, STATE, ZIP COD 1143 23RD ST TELL CITY, IN 47586				
PREFIX (EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION	PF	ID REFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	Έ	(X5) COMPLETION DATE
systems installed 7.2.1.6.1 shall be assemblies servin contents in buildin an approved, super detection system of automatic sprinkle 18.2.2.2.4, 19.2.2. ACCESS-CONTR LOCKING ARRAN Access-Controlled installed in accord be permitted. 18.2.2.2.4, 19.2.2. ELEVATOR LOBE LOCKING ARRAN Elevator lobby exit accordance with 7 on door assemblied throughout by an automatic fire detection approved, supervisystem. 18.2.2.2.4, 19.2.2. Based on observation failed to ensure 1 of arrangements were LSC 7.2.1.6.1(3) will process shall release egress within 15 sec approved by the automatic fire detection of the supervision of the supe	g low and ordinary hazard gs protected throughout by ervised automatic fire or an approved, supervised er system.  2.4  OLLED EGRESS NGEMENTS I Egress Door assemblies ance with 7.2.1.6.2 shall  2.4  BY EXIT ACCESS NGEMENTS It access door locking in 1.2.1.6.3 shall be permitted es in buildings protected approved, supervised ection system and an sed automatic sprinkler  2.4  On and interview, the facility of 12 delayed egress locking installed in accordance with thich states an irreversible et the lock in the direction of conds, or 30 seconds where thority having jurisdiction,	K 022		K 222 Egress Doors  This Requirement is not met as evidenced by the facility failed ensure the means of egress through all delayed egress lock was readily accessible for all	to ks	06/09/2023
required in 7.2.1.5.1 conditions:  (a) The force shall r  (67 N).  (b) The force shall r  continuously applie	a force to the release device 10 under all of the following not be required to exceed 15 lbf not be required to be d for more than 3 seconds. The release process shall			residents, staff, and visitors. No signage was available that state "Push until alarm sounds. Doo can be opened in 15 seconds."  1: What corrective action(s) where the second is the second of the se	tes r	

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

Q9WP21 Facility ID: 002512

If continuation sheet Page 8 of 21

STATEMEN	NT OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION (X3) DATE SU		SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	JILDING	01	COMPLETED	
		155671	B. W	ING		04/26/2023	
				STREET	ADDRESS, CITY, STATE, ZIP COD		
NAME OF 1	PROVIDER OR SUPPLIEI	₹			3RD ST		
OAKWO	OD HEALTH CAME	PLIC			SITY, IN 47586		
OARWO				I LLL O			
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	1	ICY MUST BE PRECEDED BY FULL		PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		.ΤΕ	COMPLETION
TAG		R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
		signal in the vicinity of the			affected by the deficient		
	door opening.				practice?		
	1 1	as been released by the			·The Director of Plant		
		e to the releasing device,			Operations was educated on		
	_	by manual means only. This			5/16/2023 by the Executive		
	_	ould affect mostly staff, plus			Director on NFPA 101-2012		
	•	ell as staff and visitors while in			edition sections; 19.2.2.2,		
	the service hall.				7.2.1.5.10, and 7.2.1.6.		
	F' 1' ' 1 1				·The Director of Plant		
	Findings include:				Operations has contacted the		
	D4h	04/26/22 h - + 11.45			vendor to repair the service ha		
		ons on 04/26/23 between 11:45			door across from the courtyar		
	_	during a tour of the facility with at Operations and Director of			door on 5/19/2023 to arrange	3	
		om a sister facility, the Service			repairs.		
	_	ss from the courtyard door was			2. How other residents havin		
		yed egress. When the panic			2: How other residents having the potential to be affected by		
		s pushed for 15 seconds			the same deficient practice v	-	
		oor did not release from the			be identified and what	VIII	
		ted at the top of the door.			corrective action will be take	n?	
	_	netic hold did release the door			·No residents were affected		
	_	pushed on the keypad located		all have the potential to be		, but	
		ased on interview at the time of			affected.		
		cility's Director of Plant					
		s door was just worked on					
	_	k by the fire alarm system			3: What measures will be pu	t	
	_	but must not have been fixed			into place or what systemic		
	properly.				changes will be made to		
					ensure that the deficient		
	This finding was re	viewed with both Director's of			practice does not recur?		
	Plant Operations du	uring the exit conference.			DPO or designee will		
					complete weekly rounds to		
	3.1-19(b)				ensure proper functioning of	f	
					the door.		
					4: How the corrective action		
					will be monitored to ensure	he	
					deficient practice will not red	cur	
					i.e., what quality assurance		
					program will be put into place	;e?	

PRINTED: 05/30/2023 FORM APPROVED OMB NO. 0938-039

	NT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155671	· /	ILDING	ONSTRUCTION 01	(X3) DATE SURVEY COMPLETED 04/26/2023	
		133071	B. W1	_		04/20/	2023
	PROVIDER OR SUPPLIE			1143 23	ADDRESS, CITY, STATE, ZIP COD 3RD ST 2ITY, IN 47586		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	NTE.	(X5) COMPLETION DATE
K 0293 SS=E Bldg. 01	NFPA 101 Exit Signage Exit Signage Exit Signage 2012 EXISTING Exit and direction accordance with illumination also s lighting system. 19.2.10.1 (Indicate N/A in o occupancies with where the line of Based on observati failed to ensure 2 c courtyards of the fa facility exits. LSC passage, or stairwa way of exit access so that it is likely to be identified by a s EXIT. The NO EX	al signs are displayed in 7.10 with continuous served by the emergency	K 02		DPO or designee will composeekly rounds times 4 weeks. Then every other week weeks weeks. Then every other week weeks weeks. Then monthly.  For quality assurance, the look or designee will review any findings and subsequent correaction quarterly for at least six months in the campus quality assurance meetings (QAPI). A identified issues will be review detail by the QAPI committee new processes put in place to ensure compliance with this regulation.  K293- Exit Signage Compliance Date: 5/16/2023 Immediate Intervention The Director of Plant Operation installed "not an exit" signage the 400-hall dining room door middle courtyard door. The Director of Plant Operation was educated by the Executive Director NFPA 101 Exit Signal	DPO ective Any ved in and ons ons	05/16/2023

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

Q9WP21 Facility ID: 002512

If continuation sheet

Page 10 of 21

	IT OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155671	 UILDING	instruction <u>01</u>	(X3) DATE : COMPL <b>04/26</b> /	ETED
	ROVIDER OR SUPPLIER		1143 23	ADDRESS, CITY, STATE, ZIP COD BRD ST ITY, IN 47586		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	ΓE	(X5) COMPLETION DATE
mo	inch, and the word I unless such sign is a	EXIT below the word NO, an approved existing sign. ice could affect at least 15	mo	2012 Existing on 5/16/2023. E and directional signs are displain accordance with 7.10.8.3.1. The deficient practice did not affect legacy residents or staff has the potential to affect all.	ayed	Bill
	a.m. and 2:30 p.m. of the Director of Plant Plant Operations from following was noted a. The 400 Hall din courtyard was not provided the time of the facility's Director of the door was not a requision of the Service Hall was not posted with interview at the time facility's Director of the door was not a requision of the facility's Director of the facility's Director of the facility of the facili	ons on 04/26/23 between 11:45 during a tour of the facility with t Operations and Director of om a sister facility, the d: ing room outside door to the osted with a NO EXIT sign. ared a key to open. Based on the of the observation, the f Plant Operations said this ired exit and agreed there KIT" sign on the door. I outside door to the courtyard a NO EXIT sign. Based on the of the observation, the f Plant Operations said this ired exit and agreed there KIT" sign on the door. I outside door to the courtyard a NO EXIT sign. Based on the of the observation, the f Plant Operations said this ired exit and agreed there KIT" sign on the door.  Wiewed with both Director's of tring the exit conference.				
K 0353 SS=F Bldg. 01	Sprinkler System - Automatic sprinkle are inspected, test accordance with N Inspection, Testing Water-based Fire	Maintenance and Testing Maintenance and Testing and standpipe systems ted, and maintained in IFPA 25, Standard for the g, and Maintaining of Protection Systems. In design, maintenance,				

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

Q9WP21 Facility ID: 002512

If continuation sheet

Page 11 of 21

STATEMENT OF DEFICIENCE AND PLAN OF CORRECTION	ES X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155671	(X2) MULTIPLE C A. BUILDING B. WING	ONSTRUCTION  01	(X3) DATE SURVEY  COMPLETED  04/26/2023	
NAME OF PROVIDER OR SUPPLIER  OAKWOOD HEALTH CAMPUS		1143 2	STREET ADDRESS, CITY, STATE, ZIP COD 1143 23RD ST TELL CITY, IN 47586		
PREFIX (EACH DEF	ARY STATEMENT OF DEFICIENCIE ICIENCY MUST BE PRECEDED BY FULL RY OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE	
inspection an secure location a) Date spring b) Who provide in RE coverage for automatic spring 9.7.5, 9.7.7, 9.1. Based on refacility failed to in accordance all automatics and maintained Standard for the Maintenance of Systems. This residents, staff.  Findings inclust Based on recordance all automatics and maintained Standard for the Maintenance of Systems. This residents, staff.  Findings inclust Based on recordance and 11:45. Operations and a sister facility inspection report indicated note #2, it read Southwest Me Test. Does not is aware of ant at note #3, it resouthwest Me Test. Does not is aware of ant Based on intersection in the section of the secti	d testing are maintained in a on and readily available. Inkler system last checked lided system test stem supply source smarks information on any non-required or partial inkler system. 10.7.8, and NFPA 25 second review and interview, the ormaintain 1 of 1 sprinkler systems with LSC 9.7.5. LSC 9.7.5 requires prinkler systems shall be inspected in accordance with NFPA 25, the Inspection, Testing, and if Water-Based Fire Protection deficient practice could affect all and visitors in the facility.  In different protection of Plant o	K 0353	K353 K353—Anti-Freeze Testing What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?  No residents were affected by deficient practice. DPO was educated on NFPA 25 regarding maintaining water-based fire protection systems.  How other residents having a potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken.  All Residents have the potential be affected by the deficient practice.  What measures will be put in place and what systemic	06/09/2023 I the ng the ne ne e al to	
review, the fac	ility's Director of Plant Operations		changes will be made to		

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

Q9WP21 Facility ID: 002512

If continuation sheet Page 12 of 21

	NT OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155671	(X2) MULTIPLE C A. BUILDING B. WING	onstruction <u>01</u>	(X3) DATE S COMPL 04/26/	ETED		
	PROVIDER OR SUPPLIER		1143 2	STREET ADDRESS, CITY, STATE, ZIP COD 1143 23RD ST TELL CITY, IN 47586				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE  (EACH DEFICIENCY MUST BE PRECEDED BY FULL  REGULATORY OR LSC IDENTIFYING INFORMATION		ID PROVIDER'S PLAN OF CORRECTION  PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)		ECTION ULD BE PROPRIATE	(X5) COMPLETION DATE		
	_	s aware of the deficiency and it resolved by the sprinkler		ensure that the deficier practice does not recur	-			
	This finding was re Plant Operations du 3.1-19(b)  2. Based on observ facility failed to ensemble compartment overhangs were cowwere replaced. NFI sprinklers shall not be free of corrosion physical damage; accorrect orientation (	viewed with both Director's of uring the exit conference.  ation and interview, the sure sprinkler heads in 1 of 8 ts and 1 of 7 covered vered with corrosion or loaded, PA 25, 2011 edition, at 5.2.1.1.1 show signs of leakage; shall , foreign materials, paint, and and shall be installed in the (e.g., up-right, pendent, or		DPO contacted contractor repair and contractor is sto be out on 6/5/2023. Attesting in the fall of 2023 report any deficiencies from the fall of 2023 report and the fall of 2023 report any deficiency defic	scheduled Annual B; DPO will ound from ED will agement ound from  fon(s) sure the			
	that shows signs of replaced: (1) Leaks Damage (4) Loss of responsive element unless painted by the This deficient pract	any of the following shall be age (2) Corrosion (3) Physical f fluid in the glass bulb heat (5) Loading (6) Painting as sprinkler manufacturer. ice could affect kitchen staff and visitors		into place.  The DPO will communic and Facilities Manageme sprinkler contractor has antifreeze.  K353- Corrosion on Sprinead	ent once replaced			
	a.m. and 2:30 p.m. the Director of Plant Plant Operations for following was note: a. There was one so Closet within the kit.	ons on 04/26/23 between 11:45 during a tour of the facility with at Operations and Director of om a sister facility, the disprinkler head in the Janitor's techen covered with corrosion. prinkler head under 400 Hall red with corrosion/loading (a		Immediate intervention The Director of Plant Op contacted the sprinkler's contractor to come and it the sprinkler heads on 4 exit overhang and it was on 5/16/2023. The Director of Plant Op was educated by the Ex Director on K 353 NFPA Sprinkler System – Main and Testing.	system replace 00 hall repaired perations ecutive			

STATEMENT OF DEFICIENCIES X1) PROVIDER		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		ONSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER	A. BUILDING <u>01</u>		01	COMPLETED	
		155671	B. WING			04/26/2023	
				CTREET	ADDRESS CITY STATE ZID COD		
NAME OF F	PROVIDER OR SUPPLIER	L			ADDRESS, CITY, STATE, ZIP COD		
0.41614161		110		1143 23			
OAKWO	OD HEALTH CAMP	05		I LELL C	ITY, IN 47586		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
	Based on interview	at the time of each			LSC 9.7.5 NFPA 25, 2	011	
	observation, the fac	ility's Director of Plant			edition, at 5.2.1.1.1 sprinklers		
	Operations agreed t	he previously mentioned			shall not show signs of leakag	e;	
	sprinkler heads wer	e covered with			shall be free of corrosion, fore	ign	
	corrosion/loading as	nd should be replaced.			materials, paint, and physical		
					damage; and shall be installed	d in	
	This finding was re	viewed with both Director's of			the correct orientation (	∍.g.,	
	Plant Operations du	ring the exit conference.			up-right, pendent or sidewall).		
					Furthermore at 5.2.1.1.2 any		
	3.1-19(b)				sprinkler that shows si	gns	
					of any of the following shall be	;	
	3. Based on observ	ation and interview, the			replaced: (1) Leakage (2)		
	facility failed to ens	sure the ceiling in 1 of 8			Corrosion (3) Physical		
	sprinklered smoke of	compartments was maintained		Damage (4) Loss of fluid in the			
	to allow sprinkler h	eads to function to their full		glass bulb heat responsive			
	capability. This det	ficient practice could affect at	element (5) Loading (6) Painting				
	least 20 residents, s	taff, and visitors.			unless painted by the		
					sprinkler manufacturer.		
	Findings include:				The Director of Plant Operations		
					will inspect facility sprinkler he	ads	
	Based on observation	ons on 04/26/23 between 11:45		for any signs of leakage,			
	a.m. and 2:30 p.m.	during a tour of the facility with		corrosion, or other damage and			
		t Operations and Director of		react appropriately as needed.			
	•	om a sister facility, there was a		The deficient practice did not			
	· · ·	a large cable wire penetrating		affect any residents or staff but			
		0 Hall sprinkler riser room. The			has the potential to affect all		
		t properly fire stopped. Based			parties.		
		time of observation, the					
	facility's Director of	-			K353- Wire penetrating ceiling	ng	
	I -	4/4 inch gap as said it would be			in sprinkler riser room.		
	fire stopped as soon	as possible.					
					What corrective action(s) wil	I	
	_	viewed with both Director's of			be accomplished for those		
	Plant Operations du	ring the exit conference.			residents found to have beer	า	
					affected by the deficient		
	3.1-19(b)				practice.		
		ation and interview, the			No residents were affected by	the	
	1	sure 2 of 2 sprinkler systems			deficient practice. DPO was		
spare sprinkler cabinets were properly maintained.				educated on the importance o	f not		

AND PLAN OF CORRECTION  AND PLAN OF CORRECTION  155671		(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING			(X3) DATE SURVEY COMPLETED 04/26/2023		
NAME OF PROVIDER OR SUPPLIER OAKWOOD HEALTH CAMPUS			STREET ADDRESS, CITY, STATE, ZIP COD 1143 23RD ST TELL CITY, IN 47586				
	SUMMARY (EACH DEFICIENT REGULATORY OF NFPA 25, Standard and Maintenance of Systems, 2011 Edit supply of spare sprishall be maintained sprinklers that have any way can be proshall correspond to ratings of the sprink sprinklers shall be be the temperature in the temperature in the temperature in the temperature in the sprinkler wrench should be used it of sprinklers. This all residents and state of sprinklers and state in the difference of Plant Operations for sprinkler cabinets in had seven spare sprinkler cabinets in had seven spare sprinkler heads cabinet door. Based	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL RESC IDENTIFYING INFORMATION for the Inspection, Testing, Water-Based Fire Protection ion, Section 5.4.1.4 states a nklers (never fewer than six) on the premises so that any been operated or damaged in mptly replaced. The sprinklers the types and temperature therefore the property. The teept in a cabinet located where which they are subjected will at degrees Fahrenheit. A special all be provided and kept in the in the removal and installation deficient practice could affect ff in the facility.  The property of the facility with the provided and Director of the property of the facility with the provided and Director of the provided and Director of the provided and Director of the facility, both spare the two sprinkler riser rooms inkler heads laying loosely ich could cause breakage to if falling out when opening the don interview at the time of		1143 23	BRD ST	the lee lee lee lee lee lee lee lee lee l	(X5) COMPLETION DATE
	Operations acknow cabinets were not la spare sprinkler head	he facility's Director of Plant ledged the two spare sprinkler urge enough for the number of ds in the current cabinets.			into place.  The DPO survey campus for a other areas of penetration and take actions as needed.	any	
	_	viewed with both Director's of uring the exit conference.			Completion Date: 5/16/2023  K353—Spare Sprinkler Head		
	3.1-17(0)				Cabinets  What corrective action(s) wil		

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

Q9WP21 Facility ID: 002512

If continuation sheet Page 15 of 21

PRINTED: 05/30/2023 FORM APPROVED OMB NO. 0938-039

	OF CORRECTION	IDENTIFICATION NUMBER  155671	A. BUILDING B. WING	01	COMPLETED 04/26/2023
	PROVIDER OR SUPPLIER		1143 2	ADDRESS, CITY, STATE, ZIP COD 3RD ST CITY, IN 47586	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	(X5) COMPLETION DATE
				be accomplished for those residents found to have bee affected by the deficient practice.	en
				No residents were affected by deficient practice. DPO education NFPA 25, 2011 Edition, Section 5.4.1.4 relating to sparsprinkler head storage. DPO ordered additional sprinkler historage cabinets.  How other residents having potential to be affected by the same deficient practice will identified and what correctivaction(s) will be taken.  All Residents have the potential be affected by the deficient practice.  What measures will be put it place and what systemic changes will be made to ensure that the deficient practice does not recur.  DPO educated on proper spring head storage. DPO to conducated audits to ensure interventions.	ated are ead the he be ve tial to  inkler ict
K 0712 SS=C Bldg, 01	NFPA 101 Fire Drills Fire Drills			in place.	

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

Q9WP21 Facility ID: 002512

If continuation sheet

Page 16 of 21

	STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155671		A. BU	(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING			(X3) DATE SURVEY COMPLETED 04/26/2023	
NAME OF PROVIDER OR SUPPLIER OAKWOOD HEALTH CAMPUS			STREET ADDRESS, CITY, STATE, ZIP COD 1143 23RD ST TELL CITY, IN 47586					
	(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE  (EACH DEFICIENCY MUST BE PRECEDED BY FULL  REGULATORY OR LSC IDENTIFYING INFORMATION			ID PREFIX CROSS-REFERENCED TO THE APPROPRIATE  TAG  PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		TE	(X5) COMPLETION DATE
		Fire drills include to alarm signal and so conditions. Fire drills include to an an unexpected to conditions, at least The staff is familia aware that drills a routine. Where drills aroutine. Where drills aroutine. Where drills aroutine. Where drills aroutine and 6:00 announcement manualible alarms. 19.7.1.4 through the Based on record revigialled to ensure 1 of complete document fire alarm signal to department during the 19.7.1.4 requires fire occupancies shall in fire alarm signal and conditions. This deresidents.  Findings include:  Based on review of on 04/26/23 between the Director of Plant Plant Operations from 19/29/22 fire drill proposed to the transmission company. Based on record review, the formation on the formation of the formation on the formation of the formation	the transmission of a fire simulation of emergency fire fills are held at expected mes under varying at quarterly on each shift. It with procedures and is repart of established fills are conducted between AM, a coded and be used instead of the monitoring company/fire the past twelve months. LSC are drills in health care include the transmission of the dismulation of emergency efficient practice could affect all to Operations and Director of om a sister facility present, the erformed during the third shift to provided with documentation of the alarm to the monitoring in interview at the time of facility's Director of Plant ledged there was no 109/29/22 fire drill report to sion of the alarm was received	K 0	712	K712- Fire Drills  Completion Date: 5/16/2023  1. No residents were affected the alleged deficient practice.  2. All residents have the poter to be affected. DPO educated fire drill process (transmission signatures, and the fire drill re on 5/16/2023. DPO conducted simulated fire drill on 9/29/22 and did not pull alarm during waking hours the next day which is with the deficient practice was. Fire alarm report shows that other subsequent drills being transmitted to vendor.  3. As a measure of ongoing compliance, the ED or designed will complete an audit for verification of all documents of fire drill process are completed 1x/month x6 months.  4. As a quality measure, the E or designee will review any findings and corrective action least quarterly and ongoing uncampus achieves one hundred.	etial I on port) d a but ng nat e	05/16/2023

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

Q9WP21 Facility ID: 002512

If continuation sheet Page 17 of 21

PRINTED: 05/30/2023 FORM APPROVED OMB NO. 0938-039

AND PLAN OF CORRECTION  IDENTIFICATION NUMBER  155671		(X2) MULTI A. BUILDI B. WING		01	COMPL 04/26/	ETED	
	ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP COD 1143 23RD ST TELL CITY, IN 47586				
(X4) ID	SUMMARY S	STATEMENT OF DEFICIENCIE	ID				(X5)
PREFIX		CY MUST BE PRECEDED BY FULL	PREI		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT	-	COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION	TA	.G	DEFICIENCY)		DATE
	Plant Operations du	ring the exit conference.			percent compliance in the cam	-	
	3-1.19(b)				Quality Assurance Performance Improvement meetings.	e	
K 0914	NFPA 101						
SS=E		- Maintenance and					
Bldg. 01	Testing						
	Electrical Systems	- Maintenance and					
	Testing						
		eptacles at patient bed					
		re deep sedation or general					
		inistered, are tested after replacement or servicing.					
		s performed at intervals					
	_	ented performance data.					
	•	sted as hospital-grade at					
	-	e tested at intervals not					
	exceeding 12 mon	ths. Line isolation monitors					
	, ,	are tested at intervals of					
	•	to 1 month by actuating					
		n per 6.3.2.6.3.6, which					
		al and audible alarm. For					
		utomated self-testing, this formed at intervals less					
	•	2 months. LIM circuits are					
	•	2 after any repair or					
	•	electric distribution system.					
	Records are maint	ained of required tests and					
	associated repairs	or modifications,					
		oom or area tested, and					
	results.						
	6.3.4 (NFPA 99)	1 . 1	TT 0014		1644 51 11 10 1		0.5/0.0/0.00
		on, record review, and ty failed to ensure all	K 0914		K914 – Electrical Systems – Maintenance and Testing		05/09/2023
		lectrical receptacles in 10 of 62			Compliance Date: 5/9/2023		
		ons were tested at least			Immediate Intervention		
		, Health Care Facilities Code			The Director of Plant Operation	าร	
	•	on 6.3.4.1.3 states receptacles			has begun testing all electrical		
	_	l-grade, at patient bed			outlets on the 200 hall on		
locations and in locations where deep sedation or				4/27/2023 and has completed	all		

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

Q9WP21 Facility ID: 002512

If continuation sheet

Page 18 of 21

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA  AND PLAN OF CORRECTION IDENTIFICATION NUMBER  155671		(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING		(X3) DATE SURVEY  COMPLETED  04/26/2023	
	PROVIDER OR SUPPLIER		1143 2	ADDRESS, CITY, STATE, ZIP COD 3RD ST CITY, IN 47586	
(X4) ID PREFIX TAG	(EACH DEFICIEN REGULATORY OR	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	DATE
IAU	general anesthesia i at intervals not exce Additionally, Sectic in Patient Care Roo integrity of each receivisual inspection. T grounding circuit in be verified. Correct connections in each confirmed; and reteiblade of each electric locking-type recepta 115 grams (4 ounce could affect at least Findings include:  Based on record revial. And the section of the section of the ten 200 Hall reserved at the ten 200 Hall reserved at the time Director of Plant Of other resident room must have missed the Based on observation 2:30 p.m. during a time Director's of Plant Community of the control of the six electrical room in the 200 Hall. This finding was reconstructed.	s administered, shall be tested beding 12 months. on 6.3.3.2, Receptacle Testing mis requires the physical peptacle shall be confirmed by the continuity of the each electrical receptacle shall be polarity of the hot and neutral electrical receptacle shall be intion force of the grounding fical receptacle (except facles) shall be not less than soldered. This deficient practice 20 residents.  This deficient practice 20 residents.  The word of Plant Operations from the past 12 month period for ident rooms electrical the not hospital-grade to for review. Based on the of record review, the facility's perations said she tested all the electrical receptacles, but the 200 Hall resident rooms. One shewen 11:45 a.m. and our of the facility with both operations there were at least a receptacles in each resident.	IAU	testing. DPO had completed a electrical outlet testing for rest campus prior to Life Safety vis The Director of Plant Operation was educated by the Executiv Director on NFPA 99- 2012 Edectrical Systems – Maintena and Testing of receptacles. The Director of Plant Operation will conduct inspection and test of non-hospital grade electricated outlets once per year on all resident care areas and act appropriately as needed. No residents were affected by deficient practice but have the potential to affect all residents the facility.	all f of sit. ns e dition ance ns sting al

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

Q9WP21 Facility ID: 002512

If continuation sheet Page 19 of 21

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155671		(X2) MULTIPLE CO A. BUILDING B. WING	onstruction 01	(X3) DATE SURVEY COMPLETED 04/26/2023	
OAKWO	PROVIDER OR SUPPLIER		1143 23	ADDRESS, CITY, STATE, ZIP COD BRD ST ITY, IN 47586	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE
K 0918	NFPA 101	LESC IDENTIFY TING INFORMATION	IAG		DATE
SS=C	-	s - Essential Electric Syste			
Bldg. 01		s - Essential Electric			
Blug. 01	System Maintenar				
		other alternate power			
	-	ated equipment is capable			
		ce within 10 seconds. If the			
		n is not met during the			
		ocess shall be provided to			
		his capability for the life			
	-	branches. Maintenance			
	and testing of the	generator and transfer			
	switches are perfo	rmed in accordance with			
	NFPA 110.				
	Generator sets are	e inspected weekly,			
	exercised under lo	oad 30 minutes 12 times a			
		intervals, and exercised			
	once every 36 mo	nths for 4 continuous hours.			
		der load conditions include			
	a complete simula				
		ual transfer of all EES			
		nducted by competent			
	· ·	nance and testing of stored			
		rces (Type 3 EES) are in			
		IFPA 111. Main and feeder			
		e inspected annually, and a dically exercising the			
		ablished according to			
		irements. Written records			
	·	nd testing are maintained			
		ole. EES electrical panels			
	-	arked, readily identifiable,			
		normal power circuits.			
		ssibility of damage of the			
		source is a design			
	consideration for r				
	6.4.4, 6.5.4, 6.6.4	(NFPA 99), NFPA 110,			
	NFPA 111, 700.10	•			
	Based on record rev	riew and interview, the facility mplete documentation for the	K 0918	K 918 – Electrical Systems – Essential Electric Systems	05/09/2023

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

Q9WP21 Facility ID: 002512

If continuation sheet

Page 20 of 21

PRINTED: 05/30/2023 FORM APPROVED OMB NO. 0938-039

STATEMENT OF DEFICIENCIES		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		ONSTRUCTION	(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BUILDING <u>01</u>		COMPLETED		
155671		B. W	B. WING		04/26	04/26/2023	
NAME OF PROVIDER OR SUPPLIER  OAKWOOD HEALTH CAMPUS				1143 23	ADDRESS, CITY, STATE, ZIP COD BRD ST EITY, IN 47586		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	BROWINEDIS DI ANI OF CORDECTION		(X5)
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL		PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	тс	COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)	VIE.	DATE
TAG	testing of 1 of 1 Em System in accordant for Emergency and Section 8.4.9, as rec Facilities Code, Sec Section 8.4.9 states Power Systems shall every three years. Very three years. Sugreater than 4 hours terminate the test af 6.4.1.1.6.1 states the electrical system post at Type 10, Class X deficient practice of occupants.  Findings include:  Based on record revalum. And 11:45 a.m. Operations and Direct a sister facility presidocumentation for a emergency generated documentation provical culation for the properties of the propert	ergency Power Standby ce with NFPA 110, Standard Standby Power Systems, quired by NFPA 99 Health Care ction 6.4.1.1.6.1. NFPA 110 that all Level 1 Emergency Il be tested at least once within Where the assigned class is s, it shall be permitted to cter 4 hours. NFPA 99 Section at Type 1 and Type 2 essential ower sources shall be classified for Level 1 generator sets. This could affect all building  riew on 04/26/23 between 8:45 with the Director of Plant ector of Plant Operations from ent, the facility provided a four hour test of the or on 04/05/23, however, the rided did not include the bercentage of load during the This was confirmed by the f Plant Operations at the time of  viewed with both Director's of uring the exit conference.		TAG	Maintenance and Testing Compliance Date- 5/5/2023 DPO was educated by the Executive Director on K 918 N 101 Electrical Systems — Essential Electrical Systems Maintenance and Testing in re to documenting load every ho while conducting 4-hour load of A 4-hour load test had been conducted by DPO on 9/19/20 but did not include the hourly of calculations. DPO conducted a 4-hour load again on 5/5/2023 to include local calculations once every hour of the 4-hour test. DPO will document test in TELS. ED will audit for completion. The deficient practice did not affect any residents but has the potential to affect all.	egard ur test. 022 load I test oad	DATE
	3.1-19(b)						

FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: Q9WP21 Facility ID: 002512 If continuation sheet Page 21 of 21