STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155661	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED 10/30/2013
NAME OF PROVIDER OR SUPPLIER OWEN VALLEY HEALTH CAMPUS		STREET ADDRESS, CITY, STATE, ZIP CODE 920 W HWY 46 SPENCER, IN 47460	

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
K010000	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). Survey Date: 10/30/13 Facility Number: 010892 Provider Number: 155661 AIM Number: 200229560 Surveyor: Phillip Komsiski, Life Safety Code Specialist At this Life Safety Code survey, Owen Valley 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), Chapter 19, Existing Health Care Occupancies and with 410 IAC 16.2. 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, in spaces open to the corridors and hard wired smoke detectors in resident sleeping rooms. The facility has	K010000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155661	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED 10/30/2013
NAME OF PROVIDER OR SUPPLIER OWEN VALLEY HEALTH CAMPUS		STREET ADDRESS, CITY, STATE, ZIP CODE 920 W HWY 46 SPENCER, IN 47460	

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	a capacity of 113 and had a census of 98 at the time of this survey. All areas where the residents have customary access were sprinklered and all areas providing facility services are sprinklered. Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 11/14/13. The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155661	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED 10/30/2013
NAME OF PROVIDER OR SUPPLIER OWEN VALLEY HEALTH CAMPUS		STREET ADDRESS, CITY, STATE, ZIP CODE 920 W HWY 46 SPENCER, IN 47460	

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
K010018 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3 Roller latches are prohibited by CMS regulations in all health care facilities. Based on observation and interview, the facility failed to ensure 2 of 3 sets of double leaf corridor doors could latch independently into their door frames. This deficient practice could affect 22 residents on B hall and 20 residents on D hall as well as visitors and staff. Findings include: Based on observations on 10/30/13 during the tour between 12:00 p.m. and 2:00 p.m. with the Maintenance Supervisor, the following sets of double leaf corridor doors required one door to be latched manually into the door frame before the second door would latch into the first door and secure them both tightly into the door frame:	K010018	The double leaf cooridor doors at the Dining Room and adjacent to Romm 100 on B Hall were adjusted to latch on first try independently of each other on 11/1/2013. There were no residents immediately affected by the door latching situation.By taking the corrective action, all residents are protected from the potential effects.The Director of Plant Operations will add the doors for monitoring on his weekly preventive schedule. This will be completed by 11/29/2013.The Safety Committee will add the monitoring of these doors to the monthly safety checklist and review the results at the monthly Safety Committee meeting. This will be completed by 11/29/2013.	11/29/2013

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155661	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED 10/30/2013
NAME OF PROVIDER OR SUPPLIER OWEN VALLEY HEALTH CAMPUS		STREET ADDRESS, CITY, STATE, ZIP CODE 920 W HWY 46 SPENCER, IN 47460	

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	a. The double leaf doors on B hall next to room # 100. b. The double leaf doors leading into the Main dining room adjacent to D hall. Based on interview on 10/30/13 concurrent with the observations it was acknowledged by the Maintenance Supervisor, the aforementioned corridor doors would not latch independently into their door frame. 3.1-19(b)			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155661	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED 10/30/2013
NAME OF PROVIDER OR SUPPLIER OWEN VALLEY HEALTH CAMPUS		STREET ADDRESS, CITY, STATE, ZIP CODE 920 W HWY 46 SPENCER, IN 47460	

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
K010062 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 Based on observation, record review and interview; the facility failed to ensure 1 of 1 automatic sprinkler systems was maintained in reliable operating condition. NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 1-11.1 requires maintenance shall be performed to keep the sprinkler system equipment operable or to make repairs. This deficient practice could affect all residents, as well as staff and visitors in the facility. Findings include: Based on observation on 10/30/13 during the tour between 12:05 p.m. and 1:45 p.m. with the Maintenance Supervisor, the sprinkler piping was leaking water from the Main sprinkler pipe located in the riser room in the Maintenance room on northeast hall and a sprinkler head was dripping water in the Rehabilitation dining room adjacent to the Main dining on southeast hall. Based on review of the facility's Sprinkler System Inspection reports on 10/30/13 at 2:30 p.m. with the	K010062	The main sprinkler pipe in the riser room was repaired on 10/31/2013 by Tri State Fire Protection. This was a return call to complete an installation of new piping. The water dripping from around the sprinkler head in the Rehab Dining Room was not from the sprinkler system. This water was from a HVAC condensate drain line that had become dislodged from the drain during other plumbing repair early the same morning as this inspection. The Director of Plant Operations realigned the drain line and secured it to prevent future dislodging on 10/30/2013.The Director of Plant Operations corrected both water situations so no further residents were identified.The Director of Plant Operations will monitor the sprinkler system on his weekly preventive maintenance checks. The Director of Physical Plant will secure any HVAC drain line in close proximity of any future plumbing work that he or a venodor undertake.Campus will continue to have sprinkler inspection vendor make quarterly inspections and review for any faulty parts of the system. Promptness and completion of	11/29/2013

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155661	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED 10/30/2013
NAME OF PROVIDER OR SUPPLIER OWEN VALLEY HEALTH CAMPUS		STREET ADDRESS, CITY, STATE, ZIP CODE 920 W HWY 46 SPENCER, IN 47460	

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	Maintenance Supervisor, the facility's dry sprinkler system inspection and testing reports dated 09/11/13 did not indicate any problems at the time of inspection. Based on interview on 10/30/13 concurrent with record review, it was acknowledged by the Maintenance Supervisor the water leaking from the two aforementioned sites had just begun on 10/30/13 and the facility was in the process of getting it corrected. 3-1.19(b)		inspections will be monitored by Safety Committee.	