

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/27/2025  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  154014	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R 01/17/2025	
NAME OF PROVIDER OR SUPPLIER  OTIS R BOWEN CENTER FOR HUMAN SERVICES INC			STREET ADDRESS, CITY, STATE, ZIP CODE  9 PEQUIGNOT DR PIERCETON, IN 46562		
(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
{E 000}	Initial Comments  A Post Survey Revisit (PSR) to the Emergency Preparedness Survey that exited on 12/06/24 was conducted by the Indiana Department of Health in accordance with 42 CFR 482.15.  Survey Date: 01/17/25  Facility Number: 005179 Provider Number: 154014 AIM Number: 100273260A  At this PSR survey, Otis Bowen Center for Human Services was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 482.15. The facility has 16 certified beds. At the time of the survey, the census was 7.  Quality Review completed on 01/17/25		{E 000}		

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

TITLE

(X6) DATE

01/17/2025

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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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  154014	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - OTIS R BOWEN CENTER  B. WING _____		(X3) DATE SURVEY COMPLETED  R 01/17/2025
NAME OF PROVIDER OR SUPPLIER  OTIS R BOWEN CENTER FOR HUMAN SERVICES INC		STREET ADDRESS, CITY, STATE, ZIP CODE  9 PEQUIGNOT DR PIERCETON, IN 46562		
(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
{K 000}	<p>INITIAL COMMENTS</p> <p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification Survey that exited on 12/06/24 was conducted by the Indiana Department of Health in accordance with 42 CFR 482.41(b).</p> <p>Survey Date: 01/17/25</p> <p>Facility Number: 005179 Provider Number: 154014 AIM Number: 100273260A</p> <p>At this PSR survey, Otis Bowen Center for Human Services (Bld. 02) was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 485.482.41(b), 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.</p> <p>(Bld. 02) This one-story facility was determined to be of Type II (000) construction and was fully sprinklered. The facility is separated between health care occupancies and a mix occupancy of business, storage, and assembly. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors and patient rooms. The facility is fully protected by a 150-kW diesel generator. The facility has a capacity of 16 and had a census of 7 at the time of this survey.</p> <p>Quality Review completed on 01/17/25</p>	{K 000}		

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