

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

PRINTED: 12/18/2024
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155667		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING		X3) DATE SURVEY COMPLETED 10/28/2024	
NAME OF PROVIDER OR SUPPLIER OAK GROVE CHRISTIAN RETIREMENT VILLAGE				STREET ADDRESS, CITY, STATE, ZIP COD 221 W DIVISION ST DEMOTTE, IN 46310			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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. --	<p>An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73.</p> <p>Survey Date: 10/28/24</p> <p>Facility Number: 010823 Provider Number: 155667 AIM Number: 200236630</p> <p>At this Emergency Preparedness survey, Oak Grove Christian Retirement Village was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73</p> <p>The facility has 73 certified beds. At the time of the survey, the census was 48.</p> <p>Quality Review completed on 10/29/24</p>			E 0000	<p>This Plan of Correction shall serve as this facility's credible allegation of compliance. Completion and implementation of this plan is not a confirmation of the statements and facts set out in this survey, but rather an effort to continually improve services to our residents. Please consider allowing submission of education and audits as proof of compliance.</p> <p>Respectfully Submitted Beth Ingram VP of Operations Oak Grove Christian Retirement Village</p>		
K 0000 Bldg. 01	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.90(a).</p> <p>Survey Date: 10/28/24</p> <p>Facility Number: 010823 Provider Number: 155667 AIM Number: 200236630</p> <p>At this Life Safety Code survey, Oak Grove</p>			K 0000	<p>This Plan of Correction shall serve as this facility's credible allegation of compliance. Completion and implementation of this plan is not a confirmation of the statements and facts set out in this survey, but rather an effort to continually improve services to our residents. Please consider allowing submission of education and audits as proof of compliance.</p> <p>Respectfully Submitted</p>		

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

TITLE

(X6) DATE

Beth Ingram

Administrator

12/17/2024

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 0133 SS=F Bldg. 01	<p>Christian Retirement Village was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire, the 2012 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC) and 410 IAC 16.2. The original building identified as the Shepard's Care and Skilled units was located on the southeast and southwest wings of the first floor, built prior to March 1, 2003, and surveyed with Chapter 19, Existing Health Care Occupancies.</p> <p>The facility is located on the first floor of a two story fully sprinklered building of Type V (111) construction. The facility has a fire alarm system with hard wired smoke detection in the corridors, resident rooms, and spaces open to the corridors. The building is partially protected by a 125-kW diesel-powered emergency generator. The second floor of the building is a Board and Care Occupancy, used for Assisted Living. The first and second floors are separated only by a floor/ceiling assembly with a one-hour fire resistive rating and are connected by an open atrium. The entire building was surveyed under Chapter 19, Existing Health Care Occupancies. The facility has the capacity for 73 beds dually certified for Medicare and Medicaid and had a census of 48 at the time of this survey.</p> <p>All areas where the residents have customary access and areas providing facility services were sprinklered.</p> <p>Quality Review completed on 10/29/24</p> <p>NFPA 101 Multiple Occupancies - Construction Type</p> <p>Based on record review, observation, and</p>			K 0133	<p>Beth Ingram VP of Operations Oak Grove Christian Retirement Village</p> <p>The last FSES inspection and</p>		12/12/2024

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	<p>interview, the facility failed to provide protection in accordance with LSC Section 19.1.3.3. Section 19.1.3.3 states that sections of health care facilities shall be permitted to be classified as other occupancies, provided that they meet all of the following conditions: (1) They are not intended to provide services simultaneously for four or more inpatients for purposes of housing treatment, or customary access by inpatients incapable of self-preservation. (2) They are separated from areas of healthcare occupancies by construction having a minimum 2-hour fire resistance rating in accordance with Chapter 8. (3) Protected throughout by an approved, supervised automatic sprinkler system. This deficient practice affects all building occupants.</p> <p>Findings include:</p> <p>During record review with the Plant Manager on 10/28/24 at 12:10 p.m. it was determined that the building construction was V (111) with a 1-hour fire resistive horizontal floor/ceiling assembly between the first floor Healthcare Occupancy and the second floor, Board and Care Occupancy used for Assisted Living. During a tour of the facility with the Plant Manager on the same day at 12:12 p.m. the first floor Healthcare Occupancy included a lobby atrium and stairwell that opened to the second floor Assisted Living areas. Based on interview at the time of record review and observation, the Plant Manager agreed that the Healthcare areas is not separated from the Assisted Living areas by a barrier with a 2-hour fire resistive rating adding that they were aware of the issue and were going to have an F.S.E.S. survey conducted.</p> <p>This item was discussed again with the Administrator and the Plant Manager at the exit</p>				<p>audit was prepared January 16, 2024, however the new administrator did not realize it was completed within this year. A new FSES audit will be completed 12/3/2024 and the report will be ready 12/12/2024.</p>		

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K 0211 SS=E Bldg. 01	<p>conference on 10/28/24.</p> <p>3.1-19(b)</p> <p>NFPA 101 Means of Egress - General</p> <p>Based on observation and staff interview, the facility failed to maintain the means of egress free from obstructions in 3 of 12 corridors within the facility. LSC 19.2.3.4(4) states, projections into the required width shall be permitted for wheeled equipment, provided that all of the following conditions are met:</p> <p>(a) The wheeled equipment does not reduce the clear unobstructed corridor width to less than 60 in. (1525 mm.)</p> <p>(b) The health care occupancy fire safety plan and training program address the relocation of the wheeled equipment during a fire or similar emergency.</p> <p>(c) The wheeled equipment is limited to the following:</p> <p>i. Equipment in use and carts in use</p> <p>ii. Medical emergency equipment not in use</p> <p>iii. Patient lift and transport equipment</p> <p>This deficient practice could affect approximately 18 residents, 4 staff and 2 visitors.</p> <p>Findings include:</p> <p>Based on observations made with the Plant Manager on 10/28/24 from 12:10 p.m. to 1:50 p.m. during a tour the facility the following was noted:</p> <p>a) There was a plastic three drawer chest containing PPE in the corridor immediately outside of resident room #94 that was not on wheels.</p> <p>b) There was a plastic three drawer chest containing PPE in the corridor immediately outside of resident room #113 that was not on wheels.</p>		K 0211	<p>Step One: The carts identified were replaced with carts with wheels.</p> <p>Step Two: All other halls were checked for potential obstructions and none were found.</p> <p>Step Three: The plant management staff were re-educated of the importance of maintaining an unobstructed hallway.</p> <p>Step Four: the Plant Manager or his designee will audit all hallways for potential obstruction once weekly for weeks 1-4, then once every other week for weeks 5-15 then monthly weeks 15-24. Audit results will be reported to QAPI monthly. The QAPI team will amend the plan of correction if needed, as well as determine when audits may conclude.</p>		11/11/2024	

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K 0222 SS=E Bldg. 01	<p>c) There was a plastic three drawer chest containing PPE in the corridor immediately outside of resident room #119 that was not on wheels. Based on interview with the Plant Manager at the time of each observation, he confirmed the three drawer chests were being stored in the corridor, were not in use at the time of each observation and were not on wheels.</p> <p>This item was discussed again with the Administrator and the Plant Manager at the exit conference on 10/28/24.</p> <p>3.1-19(b)</p> <p>NFPA 101 Egress Doors</p> <p>Based on observation and interview, the facility failed to ensure the means of egress through 1 of 10 exits were readily accessible for residents without a clinical diagnosis requiring specialized security measures. Doors within a required means of egress shall not be equipped with a latch or lock that requires the use of a tool or key from the egress side unless otherwise permitted by LSC 19.2.2.2.4. Door-locking arrangements shall be permitted in accordance with 19.2.2.2.5.2. This deficient practice could affect over 50 residents, staff and visitors if needing to exit the facility.</p> <p>Findings include:</p> <p>Based on observation with the Plant Manager during a tour of the facility on 10/28/24 at 12:20 p.m., the "break room door" was marked as a facility exit, was magnetically locked and could be opened by entering a four-digit code but the code was not posted. The Plant Manager stated the code was not posted by the door because the</p>		K 0222	<p>Step One: The exit code was posted at the break room exit door.</p> <p>Step Two: All other doors were checked for need of posting the exit code, and none were found lacking.</p> <p>Step Three: The plant management staff were re-educated of the importance of posting exit door codes.</p> <p>Step Four: the Plant Manager or his designee will audit all exit doors for need of code once weekly for weeks 1-4, then once every other week for weeks 5-15 then monthly weeks 15-24. Audit results will be reported to QAPI monthly. The QAPI team will</p>		11/11/2024	

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K 0321 SS=E Bldg. 01	<p>door is usually only used by staff that have the code memorized but also acknowledged that there may be times where non-employees may need to use the door so he stated that he would have the code posted as soon as he could.</p> <p>This item was discussed again with the Administrator and the Plant Manager at the exit conference on 10/28/24.</p> <p>3.1-19(b)</p> <p>NFPA 101 Hazardous Areas - Enclosure</p> <p>Based on observation and interview, the facility failed to ensure the corridor door to 1 of over 6 hazardous areas, such as a House Keeping/Bio-hazard room, a storage room of combustible supplies over 50 square feet in size, was provided with a self-closing device which would cause the door to automatically close and latch into the door frame. This deficient practice could affect as many as 14 residents, 4 staff and 2 visitors.</p> <p>Findings include:</p> <p>Based on observation with the Plant Manager during a tour of the facility on 10/28/24 at 12:49 p.m., the the corridor door to the Oak Branch 1 and 2 spa room had two large 50-gallon containers: one for dirty linen and one for trash. The spa measured approximately 14 feet by 14 feet (or approximately 280 square feet in size) and the corridor door did not contain a self-closing device. Based on an interview at the time of the observation, the Plant Manager stated that he would either install a "hinge closing device" to the door or remove the two containers when he</p>			K 0321	<p>amend the plan of correction if needed, as well as determine when audits may conclude.</p> <p>Step One: A self-closing device was added to the door of the room identified during the survey.</p> <p>Step Two: All other rooms were inspected for need of a self closing device on the door, and none were found lacking.</p> <p>Step Three: The plant management staff were re-educated of the importance of monitoring for potential hazards and putting needed interventions in place.</p> <p>Step Four: the Plant Manager or his designee will audit all rooms containing potentially hazardous materials for need of door closer once weekly for weeks 1-4, then once every other week for weeks 5-15 then monthly weeks 15-24. Audit results will be reported to QAPI monthly. The QAPI team will</p>		11/11/2024

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