

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

PRINTED: 03/18/2025  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155401		X2) MULTIPLE CONSTRUCTION A. BUILDING      -- B. WING            _____		X3) DATE SURVEY COMPLETED 02/26/2025	
NAME OF PROVIDER OR SUPPLIER  BEN HUR HEALTH AND REHABILITATION				STREET ADDRESS, CITY, STATE, ZIP COD 1375 S GRANT AVE CRAWFORDSVILLE, IN 47933			
(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. --	<p>An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73.</p> <p>Survey Date: 02/26/25</p> <p>Facility Number: 000461 Provider Number: 155401 AIM Number: 100275290</p> <p>At this Emergency Preparedness survey Ben Hur Health and Rehabilitation 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 110 certified beds. At the time of the survey, the census was 99.</p> <p>Quality Review completed on 02/27/25</p>			E 0000			
K 0000  Bldg. 01	<p>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).</p> <p>Survey Date: 02/26/25</p> <p>Facility Number: 000461 Provider Number: 155401 AIM Number: 100275290</p> <p>At this Life Safety Code survey, Ben Hur Health</p>			K 0000			

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

TITLE

(X6) DATE

Makenzie Miles

Executive Director

03/14/2025

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 disclosable 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 0324 SS=E Bldg. 01	<p>and Rehabilitation was found not in compliance with 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.</p> <p>This facility, which consisted of one-story building additions with a partial basement to a two-story facility, was determined to be of Type V (111) construction and fully sprinklered. The facility also has a separate detached laundry building that is not sprinklered. The facility has a fire alarm system with smoke detection in the corridors, in all areas open to the corridor, and in resident Room 612 and 613 in Wing 9. The facility has battery operated smoke detectors in all other resident sleeping rooms. The facility has a capacity of 110 and had a census of 99 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. All areas providing facility services were sprinklered except for a detached equipment storage and maintenance building.</p> <p>Quality Review completed on 02/27/25</p> <p>NFPA 101 Cooking Facilities</p> <p>Based on observation and interview, the facility failed to provide an approved method for returning cooking appliances to where they were when the kitchen hood extinguishing equipment was designed and installed for 1 of 1 kitchen hood extinguishing system. NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations Section 2011</p>		K 0324	<p><b>Plan of Correction</b></p> <p>A plan of correction ("POC") for the deficiencies must be received by the Division by March 13, 2025. An accepted POC must contain the following:</p> <p>what corrective action(s) will</p>		03/03/2025	

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	<p>Edition Section 12.1.2.2, states cooking appliances requiring protection shall not be moved, modified, or rearranged without prior re-evaluation of the fire-extinguishing system by the system installer or servicing agent, unless otherwise allowed by the design of the fire extinguishing system. Section 12.1.2.3 states the fire-extinguishing system shall not require reevaluation where the cooking appliances are moved for the purposes of maintenance and cleaning, provided the appliances are returned to approved design location prior to cooking operations, and any disconnected fire-extinguishing system nozzles attached to the appliances are reconnected in accordance with the manufacturer's listed design manual. Section 12.1.2.3.1 states an approved method shall be provided that will ensure that the appliance is returned to an approved design location. The deficient practice could affect as many as 22 residents, 6 staff, and 2 visitors in the facility.</p> <p>Findings include:</p> <p>Based on observations made during a tour of the facility with the Maintenance Director, the facility Administrator and the Administrator-in-Training (AIT) on 02/26/25 at 12:58 p.m., the six (6) burner stove and the flat grill which was located on the cooking line under the hood in the kitchen was not provided with an approved method that would ensure that the appliance was returned to an approved design location after it had been moved for maintenance and/or cleaning. Based on interview at the time of the observation, the Maintenance Director stated that he was not aware an approved method should be provided to ensure that the appliance was returned to an approved design location after maintenance or cleaning and that he would have something done</p>				<p>be accomplished for those residents found to have been affected by the deficient practice; No residents were affected</p> <p>how other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken;</p> <p>Education provided to maintenance director and culinary manager</p> <p>what measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur;</p> <p>A correct device was installed to the floor so the cooking appliance may be returned to the appropriate palce after cleaning. (picture attached)</p> <p>how the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and</p> <p><u>During monthly rounds</u> <u>Maintenance Director will ensure device remains in place to kitchen floor</u></p> <p><u>Date of correction: 3/3/25</u></p>		

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	to the kitchen stove or floor to meet code compliance as soon as possible.  This item was discussed again with the facility Administrator, the AIT and the Maintenance Director at the exit conference on 02/26/25.  3.1-19(b)						