

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

PRINTED: 08/31/2023

FORM APPROVED

OMB NO. 0938-039

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 02/08/2023	
NAME OF PROVIDER OR SUPPLIER  OWEN VALLEY REHABILITATION AND HEALTHCARE CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 920 W HIGHWAY 46 SPENCER, IN 47460			
(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
K 0000  Bldg. 01	<p>An investigation of Complaint Number IN00400965 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a).</p> <p>Complaint Number IN00400965 was substantiated.</p> <p>A Federal/State deficiency related to the allegation was cited at K711.</p> <p>Survey Date: 02/08/23</p> <p>Facility Number: 010892 Provider Number: 155661 AIM Number: 200229560</p> <p>At this Complaint survey, Owen Valley Rehabilitation and Healthcare Center 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 one story facility was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with hard wired smoke detectors in the corridors, spaces open to the corridors, and all resident sleeping rooms. The facility has a capacity of 113 and had a census of 77 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered and all areas providing facility services were sprinklered.</p>			K 0000	The facility requests paper compliance for this citation. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in this statement of deficiencies. The plan of correction is prepared and executed solely because it is required by the provisions of federal and state law.		

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

TITLE

(X6) DATE

Michelle Russell

Executive Director

02/24/2023

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 0711 SS=F Bldg. 01	<p>Quality Review completed on 02/13/23</p> <p>NFPA 101 Evacuation and Relocation Plan Evacuation and Relocation Plan There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. Employees are periodically instructed and kept informed with their duties under the plan, and a copy of the plan is readily available with telephone operator or with security. The plan addresses the basic response required of staff per 18/19.7.2.1.2 and provides for all of the fire safety plan components per 18/19.2.2. 18.7.1.1 through 18.7.1.3, 18.7.2.1.2, 18.7.2.2, 18.7.2.3, 19.7.1.1 through 19.7.1.3, 19.7.2.1.2, 19.7.2.2, 19.7.2.3 Based on observation, record review, and interview; the facility failed to follow the facility's fire safety plan completely for the protection of 77 of 77 residents to accurately follow all life safety systems, plus a system addressing all items required by NFPA 101, 2012 edition, Section 19.7.2.2. LSC 19.7.2.2 requires a written health care occupancy fire safety plan that shall provide for the following: (1) Use of alarms (2) Transmission of alarm to fire department (3) Emergency phone call to fire department (4) Response to alarms (5) Isolation of fire (6) Evacuation of immediate area (7) Evacuation of smoke compartment (8) Preparation of floors and building for evacuation (9) Extinguishment of fire This deficient practice could affect all occupants</p>			K 0711	<p>#1 Immediate action taken for those residents identified: a. residents were evacuated from dining room, no residents were affected by this practice. b. the fire department was called to help put out fire. zero residents were affected by this practice. #2 How the facility identified other residents a. no residents identified as being affected #3 Measures put in place/system changes a. maintenance director has reviewed the components of k711. b. an in-service was facilitated for tag k711. c. qapi meeting held d. an in-service was facilitated to</p>		02/24/2023

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	<p>in the event of an emergency.</p> <p>Findings include:</p> <p>Based on an interview with the Director of Plant Operations, Director of Food Services and Dietary Aide on 02/08/23 between 11:08 a.m. and 12:05 p.m., the Director of Plant Operations stated a grease fire occurred on the small griddle under the hood in the kitchen about 4:40 p.m. on 02/04/23. The Director of Plant Operations stated the kitchen staff used an ABC fire extinguisher, which is the wrong extinguisher, instead of the K Class fire extinguisher to extinguish the grease fire. The fire alarm activated after the fire extinguisher was discharged onto the grease fire. The local fire department arrived and placed fans in the corridor outside the kitchen for a short time to evacuate smoke to the outside. The Director of Plant Operations disconnected the small griddle, removed it from under the hood and had kitchen staff begin cleanup of the area. Based on interview with the Director of Food Services, she stated she was working on 02/04/23 when the grease fire occurred. The Director of Food Services stated that wanting to prevent a mess with a fire extinguisher, she grabbed some frozen french fries from the freezer and placed on the fire on the griddle to try and put it out. That did not work, so a Dietary Aide grabbed a fire extinguisher by the office, discharged it onto the fire and the fire distinguished.</p> <p>Based on interview with the Dietary Aide on 02/08/23, she stated she was working in the kitchen on 02/04/23 when the fire occurred. The Dietary Aide stated a couple hamburgers were being cooked on the front of the small griddle, and a fire occurred at the back of the griddle. When asked how high the flames were, the Dietary Aide stated they were up to about the nozzles under</p>				<p>address the role and use of k class fire extinguishers in providing better control of cooking fires</p> <p>e. EOP was revised</p> <p>f. A placard is conspicuously near the extinguisher stating that the fire protection system shall be activated prior to using the fire extinguisher</p> <p>#4 How the corrective action will be monitored</p> <p>a. Monitoring will be provided by the Dietary Manager and/or Maintenance Director</p> <p>The results of the audits will be reviewed at the quality assurance meeting monthly for 6 months or until 100% compliance is achieved. The QA committee will identify any trends or patterns and make recommendations to revise the plan of correction as indicated.</p> <p>#5 Date of Completion</p> <p>a. 02/24/2023</p> <p>#6 Procedure for implementing actions that will prevent recurrence</p> <p>a. 5 days a week kitchen and grease trap/equipment logs will be completed by dietary staff and monitored by the director of food services or designee for 30 days. QA committee will re-evaluate at the next QA meeting for the next 6 months.</p>		

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	<p>the hood. The Dietary Aide stated the Director of Food Services got some frozen fries from the freezer, she stepped back further away from the griddle, while they were placed on the fire to try and put it out. She stated the fries just smoked up and the fire continued. The Dietary Aide stated she grabbed the red fire extinguisher by the office and put the fire out by discharging the fire extinguisher. The Dietary Aide stated the fire went out in about 1-2 minutes. The facility fire alarm activated after the fire extinguisher was discharged, according to the Dietary Aide. The K Class fire extinguisher in the kitchen was not used, and the kitchen hood fire suppression system was not activated automatically by this event or at any time manually during this event. Based on review of the "Fire Emergency" policy from the Emergency Preparedness Manual it was not followed as written. Under section 2, 'Alert others-activate the fire alarm system (if not activated) by pulling the nearest pull station. (The fire alarm monitoring company will automatically contact the Executive Director, Director of Plant Operations or on-call maintenance upon the event they are not on the premises- the monitoring company will also call 911, which notifies your local fire department of a fire emergency.' Section 9 states: "Use an ABC extinguisher that works on all types of fire. To use the extinguisher, take the following steps: i. Hold the extinguisher upright. ii. Pull the ring pin to snal the safety seal. iii. Step back ten (10) feet from the fire. iv. Aim at the base of the fire. Do not start at the top of the fire. v. Squeeze the level. Substance will last for 6-10 seconds. vi. Sweep the hose from side to side. B. NOTE: Kitchen fire extinguishers are Type K.</p> <p>This finding was reviewed with the Executive Director and Director of Plant Operations during the exit conference.</p>						

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	3.1-19(b)  This federal tag relates to complaint number IN00400965.						