

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

PRINTED: 08/07/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155335		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING		X3) DATE SURVEY COMPLETED 07/10/2023	
NAME OF PROVIDER OR SUPPLIER  OSSIAN HEALTH CARE AND REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 215 DAVIS RD OSSIAN, IN 46777			
(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
K 0000  Bldg. 01	<p>An investigation of Complaint Number IN00412273 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a).</p> <p>This visit was in conjunction with the Life Safety Code Recertification and Emergency Preparedness Survey conducted on 07/10/23.</p> <p>Complaint IN00412273 - Federal/State deficiency related to the allegation was cited at K911.</p> <p>Survey Date: 07/10/23</p> <p>Facility Number: 000228 Provider Number: 155335 AIM Number: 100266650</p> <p>At this Complaint survey, Ossian Health Care and Rehabilitation 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 100 and had a census of 83 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered and all areas providing</p>			K 0000	<p>This plan of correction is prepared and executed because it is required by the provisions of State and Federal law and not because Ossian Health and Rehabilitation Center agrees with the allegations and citations listed. Ossian Health and Rehabilitation maintains that the alleged deficiencies do not individually or collectively jeopardize the health and safety of our residents, nor are they of such character to limit our capability to render adequate care. As a consideration of the survey results the facility respectfully requests a paper review of the plan of correction.</p>		

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

TITLE

(X6) DATE

Tomi Cobb

HFA

07/27/2023

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 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 0911 SS=E Bldg. 01	<p>facility services were sprinklered.</p> <p>Quality Review completed on 07/17/23</p> <p>NFPA 101 Electrical Systems - Other Electrical Systems - Other List in the REMARKS section any NFPA 99 Chapter 6 Electrical Systems requirements that are not addressed by the provided K-Tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. Chapter 6 (NFPA 99) Based on record review, observation, and interview the facility failed to minimize the possibility of a fire emergency for the protection of all residents, NFPA 101 19.1.1.3.1 states: All health care facilities shall be designed, constructed, maintained, and operated to minimize the possibility of a fire emergency requiring the evacuation of occupants. This deficient practice could affect at least 10 residents on the 300 Hall.</p> <p>Findings include:</p> <p>Based on record review from the local fire department incident report, they were called to the facility on 04/27/23 and 07/04/23 to Resident room 308 to investigate a burning smell. Each time there was a problem with a different electrical outlet in room 308. On 07/04/23 there was a burning smell and the wall was hot. The fire department removed a section of drywall from the hot area and found damaged wiring. The fire department informed the facility to leave the power disconnected to the affected outlet and have an electrician inspect and repair the wiring. Based on observation during the initial tour of the</p>			K 0911	<p>This plan of correction is prepared and executed because it is required by the provisions of State and Federal law and not because Ossian Health and Rehabilitation Center agrees with the allegations and citations listed. Ossian Health and Rehabilitation maintains that the alleged deficiencies do not individually or collectively jeopardize the health and safety of our residents, nor are they of such character to limit our capability to render adequate care. As a consideration of the survey results the facility respectfully requests a paper review of the plan of correction. The facility contracted a licenses electrician to come in and inspect and review work of defective outlet in room 308. The work was inspected and all work completed was satisfactory. HFA and Maintenance director will ensure</p>		07/28/2023

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	<p>facility on 07/10/23 at 10:10 a.m. it was found that room 308 was not occupied. The drywall had been repaired and the electrical outlets were intact. Based on interview with the Regional Director of Property Management (RDPM) on 07/10/23 at 10:20 a.m, he stated that he replaced the bad wiring and tested the affected electrical circuit and found no problems. There was no documentation of the repair details available to review. He also stated that he would contact their maintenance department to inspect the wiring and document their findings.</p> <p>These findings were reviewed with the RDPM at the exit conference.</p> <p>This Federal tag relates to complaint number IN00412273</p> <p>3.1-19(b)</p>				all work is entered into our work order system and will make report to state any visits from local fire department. We will educate staff in our allstaff meetings monthly x6 months. Date of compliance July 28, 2023.		