

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

PRINTED: 01/05/2024
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 12/18/2023	
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 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: 12/18/23</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 49.</p> <p>Quality Review completed on 12/20/23</p>			E 0000	<p>This Plan of Correction constitutes the written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law.</p> <p>Oak Grove Christian Retirement Village desires this Plan of Correction to be considered the facility's Allegation of Compliance. Compliance is effective on February 2, 2024. The facility respectfully requests paper compliance. Please accept the attached as our credible allegation of compliance.</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: 12/18/23</p> <p>Facility Number: 010823 Provider Number: 155667 AIM Number: 200236630</p>			K 0000	<p>This Plan of Correction constitutes the written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law.</p>		

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

TITLE

(X6) DATE

Rosemary Weeks

VP Operations

01/04/2024

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>At this Life Safety Code survey, Oak Grove 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 49 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 12/20/23</p> <p>NFPA 101 Multiple Occupancies - Construction Type Multiple Occupancies - Construction Type</p>				<p>Oak Grove Christian Retirement Village desires this Plan of Correction to be considered the facility's Allegation of Compliance. Compliance is effective on February 2, 2024. The facility respectfully requests paper compliance. Please accept the attached as our credible allegation of compliance.</p>		

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	<p>Where separated occupancies are in accordance with 18/19.1.3.2 or 18/19.1.3.4, the most stringent construction type is provided throughout the building, unless a 2-hour separation is provided in accordance with 8.2.1.3, in which case the construction type is determined as follows:</p> <p>* The construction type and supporting construction of the health care occupancy is based on the story in which it is located in the building in accordance with 18/19.1.6 and Tables 18/19.1.6.1</p> <p>* The construction type of the areas of the building enclosing the other occupancies shall be based on the applicable occupancy chapters.</p> <p>18.1.3.5, 19.1.3.5, 8.2.1.3</p> <p>Based on record review, observation, and 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 12/18/23 at 10:38 a.m. it was determined that the</p>			K 0133	<p>It is the policy of this facility to provide protection in accordance with LSC Section 19.1.3.3.</p> <p><u>I. Specific Corrective Actions:</u></p> <p>RTM Consultants was contacted for guidance in responding to this citation, since they assisted in 2022 for the same citation. They will be here within the next 2 weeks to perform the FSES.</p> <p><u>II. Identification and correction of others:</u> N/A</p> <p><u>III. Systemic Changes:</u></p> <p>Oak Grove Christian Retirement Village is requesting a waiver or equivalency, based on an updated Fire Safety System Evaluation by Rodney McCulloh with RTM Consultants. The maintenance department will be in-serviced on the updated FSES Safety</p>		02/02/2024

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K 0351 SS=E Bldg. 01	<p>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 Director of Maintenance on the same day at 1:00 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 Fire Safety Evaluation System (FSES) survey conducted.</p> <p>3.1-19(b)</p> <p>NFPA 101 Sprinkler System - Installation Spinkler System - Installation 2012 EXISTING Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers. In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler</p>				<p>Parameters. (The FSES Worksheets will be attached once the FSES is completed.) [InServiceLSPOC2023]</p> <p><u>IV. Monitoring:</u> The plant manager or designee will inspect monthly (for the next 12 months) to ensure systems associated with the FSES Safety Parameters remain as scored. [POCLSMonitoringFSES2023]</p>		

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K 0374 SS=E	<p>Systems. 19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1) Based on observation and interview, the facility failed to maintain the ceiling construction in 1 of 1 Administrators office in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. NFPA 13, 2010 edition, Section 6.2.7.1 states plates, escutcheons, or other devices used to cover the annular space around a sprinkler shall be metallic or shall be listed for use around a sprinkler. This deficient practice could affect as many as 8 residents, 4 staff, and 2 visitors in the facility.</p> <p>Findings include:</p> <p>Based on observations made with the Plant Manager on 12/18/23 at 1:10 p.m., the Administrators office had a sprinkler escutcheon that did not fully cover the annular space around it leaving an approximate gap of 3/8ths of an inch. Based on interview at the time of observation, the Plant manager acknowledged the escutcheon and annular space adding that he would fill the space in with intumescent caulk as soon as possible.</p> <p>3.1-19(b)</p> <p>NFPA 101 Subdivision of Building Spaces - Smoke</p>			K 0351	<p>It is the policy of this facility to maintain sprinkler systems in accordance with NFPA 13, 2010 edition.</p> <p><u>I. Specific Corrective Actions:</u> The sprinkler escutcheon, in the Administrator's office, that did not fully cover the annular space around it was filled with intumescent caulk that same day.</p> <p><u>II. Identification and correction of others:</u> All other sprinkler escutcheons were checked, and no gaps were noted.</p> <p><u>III. Systemic Changes:</u> All maintenance staff will attend an in-service reviewing the requirement for sprinkler escutcheons to be checked for gaps and filled with intumescent caulk if gaps are noted. [InServiceLifeSafetyPOC2023]</p> <p><u>IV. Monitoring:</u> The plant manager or designee will perform monthly (for the next 12 months) visual inspections of the sprinkler escutcheons to ensure there are no gaps. These inspections will be submitted to the QAPI Committee at least quarterly. [POCLSMonitoring2023]</p>		02/02/2024

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Bldg. 01	<p>Barrie</p> <p>Subdivision of Building Spaces - Smoke Barrier Doors</p> <p>2012 EXISTING</p> <p>Doors in smoke barriers are 1-3/4-inch thick solid bonded wood-core doors or of construction that resists fire for 20 minutes. Nonrated protective plates of unlimited height are permitted. Doors are permitted to have fixed fire window assemblies per 8.5. Doors are self-closing or automatic-closing, do not require latching, and are not required to swing in the direction of egress travel. Door opening provides a minimum clear width of 32 inches for swinging or horizontal doors.</p> <p>19.3.7.6, 19.3.7.8, 19.3.7.9</p> <p>Based on observation and interview, the facility failed to ensure 1 of 6 sets of barrier doors would restrict the movement of smoke for at least 20 minutes. LSC, Section 19.3.7.8 requires that doors in smoke barriers shall comply with LSC, Section 8.5.4. LSC, Section 8.5.4.1 requires doors in smoke barriers to close the opening leaving only the minimum clearance necessary for proper operation which is defined as 1/8 inch to restrict the movement of smoke. This deficient practice could affect as many as 12 residents, 4 staff, and 2 visitors.</p> <p>Findings include:</p> <p>Based on observations made with the Plant Manager on 12/18/23 at 1:28 p.m., the set of barrier doors leading to the Oak Branch #1 and #2 halls failed to fully close when tested on three separate occasions. Based on an interview at the time of the observations, the Plant Manager agreed that the doors failed to fully close stating that he or one of his assistants would make adjustments to the door as needed to make sure they would fully</p>			K 0374	<p>It is the policy of this facility to ensure that all smoke barrier doors restrict the movement of smoke for at least 20 minutes.</p> <p>I. <u>Specific Corrective Actions:</u></p> <p>The smoke doors in question were adjusted to ensure that the doors would fully close to prevent the passage of smoke in a fire situation.</p> <p>II. <u>Identification and correction of others:</u></p> <p>All other smoke doors were checked and closed properly to prevent the passage of smoke.</p> <p>III. <u>Systemic Changes:</u></p> <p>All maintenance staff will attend an in-service reviewing the proper closing of smoke doors and adjusting as needed.</p>		02/02/2024

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K 0911 SS=E Bldg. 01	<p>close to prevent the passage of smoke in a fire situation.</p> <p>3.1-19(b)</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 observation and interview, the facility failed to ensure access and working space was maintained in enclosures housing electrical apparatus in 1 of 1 main electrical room. NFPA 99, Health Care Facilities Code, 2012 Edition, Section 6.3.2.1 states electrical installation shall be in accordance with NFPA 70, National Electric Code. NFPA 70, 2011 Edition, Article 110.26 states working space for equipment operating at 600 volts, nominal, or less and likely to require examination, adjustment, servicing, or maintenance while energized shall comply with the dimensions of 110.26(A)(1), (2) and (3). Distances shall be measured from the live parts if such parts are exposed or from the enclosure front or opening if such are enclosed. Article 110.26(B) states the working space required by this section shall not be used for storage. This deficient</p>			K 0911	<p>[InServiceLifeSafetyPOC2023]</p> <p>IV. Monitoring: The plant manager or designee will inspect smoke doors for proper closing monthly for the next 12 months. This will be reported at the QAPI Committee meetings. [POCLSMonitoring2023]</p> <p>It is the policy of this facility to ensure access and working space is maintained in enclosures housing electrical apparatus.</p> <p>I Specific Corrective Actions: The large floor cleaner was relocated so it was not blocking the 3 large wall mounted electrical panels in the main electrical room.</p> <p>II Identification and correction of others: All electrical rooms were checked to ensure access and working space is maintained in front of electrical panels.</p>		02/02/2024

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K 0923 SS=E Bldg. 01	<p>practice could affect as many as 12 residents, 4 staff, and 2 visitors.</p> <p>Findings include:</p> <p>Based on observations made with the Plant Manager on 12/18/23 at 1:16 p.m., a large riding floor cleaner was being stored directly in the front of three large wall mounted electrical panels in the facilities main electrical room which was within the immediate working space for the three electric panels. Based on interview at the time of the observations, the Plant Manager agreed items were stored within the working space in front of the electric panels adding that he has spoke with staff about doing this in the past to no avail.</p> <p>3.1-19(b)</p> <p>NFPA 101 Gas Equipment - Cylinder and Container Storag Gas Equipment - Cylinder and Container Storage Greater than or equal to 3,000 cubic feet Storage locations are designed, constructed, and ventilated in accordance with 5.1.3.3.2 and 5.1.3.3.3. >300 but <3,000 cubic feet Storage locations are outdoors in an enclosure or within an enclosed interior space of non- or limited- combustible construction, with door (or gates outdoors) that can be secured. Oxidizing gases are not stored with flammables, and are separated from combustibles by 20 feet (5 feet if sprinklered) or enclosed in a cabinet of noncombustible construction having a minimum 1/2 hr. fire protection rating. Less than or equal to 300 cubic feet</p>				<p>III. <u>Systemic Changes:</u> All maintenance staff will attend an in-service reviewing the need to maintain access and working space in front of electrical panels. [InServiceLifeSafetyPOC2023]</p> <p>IV. <u>Monitoring:</u> The plant manager or designee will inspect electrical rooms to ensure access and working space is maintained in enclosures housing electrical apparatus. This will be done monthly for 12 months. These inspections will be submitted to the QAPI Committee quarterly. [POCLSMonitoring2023]</p>		

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	<p>In a single smoke compartment, individual cylinders available for immediate use in patient care areas with an aggregate volume of less than or equal to 300 cubic feet are not required to be stored in an enclosure. Cylinders must be handled with precautions as specified in 11.6.2.</p> <p>A precautionary sign readable from 5 feet is on each door or gate of a cylinder storage room, where the sign includes the wording as a minimum "CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING."</p> <p>Storage is planned so cylinders are used in order of which they are received from the supplier. Empty cylinders are segregated from full cylinders. When facility employs cylinders with integral pressure gauge, a threshold pressure considered empty is established. Empty cylinders are marked to avoid confusion. Cylinders stored in the open are protected from weather.</p> <p>11.3.1, 11.3.2, 11.3.3, 11.3.4, 11.6.5 (NFPA 99)</p> <p>Based on observation and interview, the facility failed to ensure a minimum distance of at least five feet separated combustible materials from oxygen storage equipment in 1 of 1 oxygen storage areas. NFPA 99, Section 11.3.2.3 requires oxidizing gases such as oxygen shall be separated from combustibles by one of the following: (1) a minimum distance of 20 feet. (2) a minimum distance of 5 feet if the required storage location is protected by an automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. (3) Enclosed cabinet of noncombustible construction having a minimum fire protection rating of ½ hour. This deficient practice could affect any resident, staff, or visitor in the vicinity of the oxygen storage and transfilling room.</p>			K 0923	<p>It is the policy of this facility to ensure that a minimum distance of at least five feet separate combustible material from oxygen storage equipment.</p> <p><u>I. Specific Corrective Actions:</u> The carts were relocated immediately. We will look at removing/replacing the cabinets in question.</p> <p><u>II. Identification and correction of others:</u> N/A There is only one oxygen storage room.</p> <p><u>III. Systemic Changes:</u> All maintenance staff will attend an in-service to ensure they know</p>		02/02/2024

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	<p>Findings include:</p> <p>Based on observations made with the Plant Manager on 12/18/23 at 1:48 p.m., wooden kitchen cabinets were mounted on the wall within five feet of stationary liquid oxygen containers in the oxygen storage and transfilling room. Furthermore, there were two carts containing combustible items that included: bath towels, wash rags, bed sheets, blankets, and gowns. Based on interview at the time of observation, the Plant Manager acknowledged combustible materials were stored within five feet of stationary liquid oxygen containers adding that he would have the carts relocated and discuss with his Administrator how to fix the issue of the cabinets.</p> <p>3.1-19(b)</p>				<p>that a minimum distance of at least five feet must separate combustible material from oxygen storage equipment. [InServiceLifeSafetyPOC2023] <u>IV. Monitoring:</u> The plant manager or designee will perform random inspections monthly for 12 months to ensure that a minimum distance of at least five feet separate combustible material from oxygen storage equipment. These inspections will be submitted to the QAPI Committee monthly. [POCLSMonitoring2023]</p>		