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

PRINTED: 02/20/2024 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		L IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01		(X3) DATE SURVEY COMPLETED	
		155667	B. WING			l	R 15/2024
NAME OF PROVIDER OR SUPPLIER				STR	REET ADDRESS, CITY, STATE, ZIP CODE	02/	15/2024
NAME OF FROMIDER OR SUFFLIER					W DIVISION ST		
OAK GROVE CHRISTIAN RETIREMENT VILLAGE				DEMOTTE, IN 46310			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		I	ID PROVIDER'S PLAN OF CORRI PREFIX (EACH CORRECTIVE ACTION SH TAG CROSS-REFERENCED TO THE API DEFICIENCY)			(X5) COMPLETION DATE
{K 000}	INITIAL COMMENTS	S	{K 0	(00)			
	Code Recertification conducted on 12/18/2 Indiana Department of 42 CFR 483.90(a). Survey Date: 02/15/2 Facility Number: 010 Provider Number: 15 AIM Number: 20023 At this PSR survey, be Safety Evaluation Syconducted on 01/04/2 Retirement Village with NFPA (National Fire I 101A, Chapter 4, Fire for Health Care Occup PSR to the Life Safet Licensure Survey. A the FSES Survey for found in Chapter 4 of Approaches to Life Sthe facility provides a equivalent to that present Safety Code (LSC) a The facility is located story fully sprinklered construction. The facility is construction. The facility is located story fully sprinklered construction.	pased on review of the Fire stem (FSES) Survey 2024, Oak Grove Christian as found in compliance with Protection Association) as Safety Evaluation System apancies in regard to the try Recertification and State chieving a passing score on Health Care Occupancies for NFPA 101A, Alternative afety, 2013 Edition, shows a level of Life Safety at least ascribed by NFPA 101, Life and 410 IAC 16.2. On the first floor of a two I building of Type V (111) illity has a fire alarm system					
	resident rooms, and s The building is partia diesel-powered emer second floor of the bu	te detection in the corridors, spaces open to the corridors. Ily protected by a 125-kW regency generator. The uilding is a Board and Care Assisted Living. The first					
LABORATORY	DIRECTOR'S OR PROVIDER/	SUPPLIER REPRESENTATIVE'S SIGNATURE	Ē		TITLE		(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days 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 14 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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NAME OF D	20//255 05 0//55//55	155667	B. WING _			02/	15/2024
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{K 000}	atrium. The entire bu Chapter 19, Existing I The facility has the ca certified for Medicare census of 50 at the tir All areas where the re access and areas pro sprinklered.	e separated only by a with a one-hour fire e connected by an open ilding was surveyed under Health Care Occupancies. Apacity for 73 beds dually and Medicaid and had a me of this survey. Residents have customary viding facility services were	{K 0	000			
{K 133} SS=F	with 18/19.1.3.2 or 18 construction type is publiding, unless a 2-h accordance with 8.2.1 construction type is de * The construction of the he based on the story in building in accordance 18/19.1.6.1 * The construction type building enclosing the based on the applicate 18.1.3.5, 19.1.3.5, 8.2 This REQUIREMENT by: Based on record revi	- Construction Type - Construction Type upancies are in accordance i/19.1.3.4, the most stringent rovided throughout the our separation is provided in i.3, in which case the etermined as follows: the end supporting the and supporting the alth care occupancy is which it is located in the the with 18/19.1.6 and Tables the of the areas of the the other occupancies shall be the occupancy chapters. 2.1.3 This is not met as evidenced	{K 1	33)	Correction Obviated-Passed FSES		
		ailed to failed to provide					

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{K 133}	health care facilities as classified as other or they meet all of the form are not intended to provide simultaneously for form purposes of housing access by inpatients self-preservation. (2) areas of healthcare of having a minimum 2-accordance with Charthroughout by an appropriate system. This building occupants. Findings include: During record review 12/18/23 at 10:38 a.r building construction fire resistive horizont between the first floothe second floor, Boaused for Assisted Liv facility with the Direct same day at 1:00 p.m. Occupancy included that opened to the seareas. Based on intereview and observating agreed that the Healt from the Assisted Liv 2-hour fire resistive reware of the issue are	1.3.3 states that sections of shall be permitted to be cupancies, provided that ollowing conditions: (1) They rovide services our or more inpatients for treatment, or customary incapable of They are separated from occupancies by construction hour fire resistance rating in	{K 1	33}				

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