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

PRINTED: 10/30/2024 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01, 03, 04		(X3) DATE SURVEY COMPLETED	
		155539	B. WING _	B. WING		10/	28/2024
NAME OF PROVIDER OR SUPPLIER					RESS, CITY, STATE, ZIP CODE		
BERTHA D GARTEN KETCHAM MEMORIAL CENTER				601 E RACE ST ODON, IN 47562			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG				(X5) COMPLETION DATE
E 000	Initial Comments		EC	00			
	Facility Number: 000 Provider Number: 15 AIM Number: 10028	5539					
	D. Garten Ketcham M in compliance with Er Requirements for Me	eparedness survey, Bertha Memorial Center was found mergency Preparedness dicare and Medicaid rs and Suppliers, 42 CFR					
		acity of 84 certified beds 57 at the time of this visit.					
K 000	Quality Review comp INITIAL COMMENTS		KO	00			
	Licensure Survey was	lecertification and State s conducted by the Indiana in accordance with 42 CFR					
	Survey Date: 10/28/2	24					
	Facility Number: 000 Provider Number: 15 AIM Number: 100287	5539					
	Ketcham Memorial C	de survey, Bertha D. Garten enter was found in uirements for Participation in					

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

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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		155539	B. WING		10/28/2024	
NAME OF PROVIDER OR SUPPLIER BERTHA D GARTEN KETCHAM MEMORIAL CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 601 E RACE ST ODON, IN 47562		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		
K 000	Life Safety from Fire a National Fire Protectic Life Safety Code (LSG Health Care Occupar This one story facility Type V (000) construct sprinklered. The facility with hard wired smok spaces open to the consideration of the survey capacity of 10 and hard of this survey. The D of 12 and had a census survey. Combined, the facility had a census of 57 at 12 and had a census of 57 at 12 and had a census of 57 at 12 and had a census of 57 at 18 and had	2 CFR Subpart 483.90(a), and the 2012 edition of the on Association (NFPA) 101, C), Chapter 19, Existing icies and 410 IAC 16.2. was determined to be of ction and was fully ity has a fire alarm system a detectors in the corridors, orridors, and all resident main building of the facility and had a census of 39 at the time aisy House has a capacity us of 9 at the time of this thas a capacity of 84 and the time of this survey.	K 00			
K 000	were sprinklered and services were sprinkle garage used for facilit detached office buildi Quality Review comp INITIAL COMMENTS A Life Safety Code R Licensure Survey was	ecertification and State s conducted by the Indiana in accordance with 42 CFR	K 00	00		

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		155539	B. WING _			10/	28/2024
NAME OF PROVIDER OR SUPPLIER BERTHA D GARTEN KETCHAM MEMORIAL CENTER				60	TREET ADDRESS, CITY, STATE, ZIP CODE D1 E RACE ST DON, IN 47562		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG	X	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 000	health facility at Berti Memorial Center was Requirements for Pa Medicare/Medicaid, Life Safety from Fire National Fire Protect Life Safety Code (LS Care Occupancies. This one story facility Type V (111) construsting sprinklered. The fact with hard wired smoles spaces open to the cosleeping rooms. The certified beds and hard of this survey. The main building of 62 and had a census survey. The Daisy Hand had a census of Combined, the facility	ode survey, the Rose House and D Garten Ketcham found in compliance with riticipation in 42 CFR Subpart 483.90(a), and the 2012 edition of the ion Association (NFPA) 101, C), Chapter 18, New Health	K	0000			
K 000	Quality Review comp INITIAL COMMENTS A Life Safety Code F Licensure Survey wa	Recertification and State is conducted by the Indiana in accordance with 42 CFR	К	000			

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K 000	Facility Number: 000 Provider Number: 15 AIM Number: 10028 At this Life Safety Cohealth facility at Berth Memorial Center was Requirements for Par Medicare/Medicaid, 4 Life Safety from Fire National Fire Protecti Life Safety Code (LSC Care Occupancies. This one story facility Type V (111) construct sprinklered. The facility thard wired smok spaces open to the cosleeping rooms. The certified beds and had of this survey. The main building of 62 and had a census survey. The Rose Ho and had a census of Combined, the facility	de survey, the Daisy House a D Garten Ketcham found in compliance with ticipation in 2 CFR Subpart 483.90(a), and the 2012 edition of the on Association (NFPA) 101, C), Chapter 18, New Health was determined to be of ction and was fully ity has a fire alarm system e detectors in the corridors, pridors, and all resident facility has a capacity of 12 d a census of 9 at the time of this cuse has a capacity of 10 at the time of this survey. The survey of the time of this survey.	K	000				