

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

PRINTED: 10/31/2022

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 10/03/2022	
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 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
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: 10/03/22</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 46.</p> <p>Quality Review completed on 10/05/22</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 November 3, 2022. 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 Department of Health in accordance with 42 CFR 483.90(a).</p> <p>Survey Date: 10/03/22</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

10/28/2022

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 46 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 10/05/22</p> <p>NFPA 101 Multiple Occupancies - Construction Type Multiple Occupancies - Construction Type</p>				Oak Grove Christian Retirement Village desires this Plan of Correction to be considered the facility's Allegation of Compliance. Compliance is effective on November 3, 2022. The facility respectfully requests paper compliance. Please accept the attached as our credible allegation of compliance.		

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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 Director of Maintenance on 10/03/22 at 10:48 a.m. it was</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>I. Specific Corrective Actions:</p> <p>RTM Consultants was contacted for guidance in responding to this citation, since they assisted in 2019 and 2020 for the same citation. They will be here October 18, 2022 to perform the FSES. [RTM Approved Proposal for FSES]</p> <p>II. Identification and correction of others: N/A</p>		11/03/2022

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K 0353 SS=E Bldg. 01	<p>determined that the 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 12:01 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 Director of Maintenance agreed that the Healthcare areas is not separated from the Assisted Living areas by a barrier with a 2-hour fire resistive rating.</p> <p>These findings were reviewed with the facility Administrator and Director of Maintenance at the exit conference.</p> <p>3.1-19(b)</p> <p>NFPA 101 Sprinkler System - Maintenance and Testing Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available.</p> <p>a) Date sprinkler system last checked</p> <p>b) Who provided system test</p> <p>c) Water system supply source</p>				<p>III. Systemic Changes:</p> <p>Oak Grove Christian Retirement Village is requesting a waiver or equivalency, based on an updated Fire Safety System Evaluation by a consultant with RTM Consultants. The maintenance department will be in-serviced on the updated FSES Safety Parameters. [OGCRV FSES Scoresheets 2022] [InServiceLSPOC2022]</p> <p>IV. Monitoring:</p> <p>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. [POCLSMonitoringFSES2022]</p>		

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	<p>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 Based on observation and interview, the facility failed to ensure 1 of 1 sprinkler systems were provided with spare sprinklers, and a spare sprinkler cabinet large enough to fit all spare sprinkler heads. NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 2011 Edition, Section 5.4.1.4 states a supply of spare sprinklers (never fewer than six) shall be maintained on the premises so that any sprinklers that have been operated or damaged in any way can be promptly replaced. The sprinklers shall correspond to the types and temperature ratings of the sprinklers on the property. The sprinklers shall be kept in a cabinet located where the temperature in which they are subjected will at no time exceed 100 degrees Fahrenheit. A special sprinkler wrench shall be provided and kept in the cabinet to be used in the removal and installation of sprinklers. This deficient practice could affect all residents and staff in the facility.</p> <p>Findings include:</p> <p>Based on observations made with the Director of Maintenance on 10/03/22 during a tour of the facility at 12:07 p.m., there was one spare sprinkler cabinet located in the sprinkler riser room, and it was not large enough to contain all the spare sprinkler heads and prevent damage to them. When the cabinets in riser room was opened, the cabinets contained seven more sprinkler heads than available protected slots. Based on interview at the time of the observation, the Director of Maintenance agreed the sprinkler cabinet was not</p>			K 0353	<p>It is the policy of this facility to maintain fire alarm systems in accordance with NFPA 25.</p> <p>I. <u>Specific Corrective Actions:</u> A spare sprinkler cabinet was installed to accommodate at least 6 spare sprinklers corresponding to the types and temperature ratings of the sprinklers on the property.</p> <p>II. <u>Identification and correction of others:</u> N/A There is only one sprinkler system.</p> <p>III. <u>Systemic Changes:</u> All maintenance staff will attend an in-service reviewing the requirement for a spare sprinkler cabinet to exist that accommodates at least 6 spare sprinklers corresponding to the types and temperature ratings of the sprinklers on the property. [InServiceLifeSafetyPOC2022]</p> <p>IV. <u>Monitoring:</u> The plant manager or designee will perform monthly (for the next 12 months) visual inspections of the sprinkler cabinets to ensure they contain at least 6 spare sprinklers corresponding to the types and temperature ratings of the sprinklers on the property. These</p>		11/03/2022

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K 0355 SS=E Bldg. 01	<p>large enough to contain all spare sprinkler heads safely therein and added that he would have his vendor add another spare sprinkler box as soon as he could.</p> <p>These findings were reviewed with the facility Administrator and Director of Maintenance at the exit conference.</p> <p>3.1-19(b)</p> <p>NFPA 101 Portable Fire Extinguishers Portable Fire Extinguishers Portable fire extinguishers are selected, installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers. 18.3.5.12, 19.3.5.12, NFPA 10 Based on observation and interview, the facility failed to ensure 1 of 1 portable fire extinguishers was installed in accordance with NFPA 10. NFPA 10, Standard for Portable Fire Extinguishers, 2010 Edition, Section 6.1.3.8.1 states fire extinguishers having a gross weight not exceeding 40 lb. shall be installed so that the top of the fire extinguisher is not more than five feet above the floor. This deficient practice could affect 4 staff working in the kitchen.</p> <p>Findings include:</p> <p>Based on observations made with the Director of Maintenance on 10/03/22 during a tour of the facility at 12:18 p.m., the K Class portable fire extinguisher located in the Kitchen was mounted on the wall with the top of the extinguisher 5 feet 4 inches (64 inches) above the floor. Based on interview at the time of observation, the Director of Maintenance stated that he would have the K</p>			K 0355	<p>inspections will be submitted to the QAPI Committee at least quarterly. [POCLSMonitoring2022]</p> <p>It is the policy of this facility to ensure that all fire extinguishers are installed in accordance with NFPA 10.</p> <p><u>I. Specific Corrective Actions:</u> The fire extinguisher in question was relocated so that the top of the fire extinguisher is not more than five feet above the floor.</p> <p><u>II. Identification and correction of others:</u> All other fire extinguishers were inspected to ensure that the top of the fire extinguisher is not more than five feet above the floor.</p>		11/03/2022

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K 0372 SS=E Bldg. 01	<p>class extinguisher lowered to 60 inches above the floor, or lower so that it met the code requirements.</p> <p>These findings were reviewed with the facility Administrator and Director of Maintenance at the exit conference.</p> <p>3.1-19(b)</p> <p>NFPA 101 Subdivision of Building Spaces - Smoke Barrie Subdivision of Building Spaces - Smoke Barrier Construction 2012 EXISTING Smoke barriers shall be constructed to a 1/2-hour fire resistance rating per 8.5. Smoke barriers shall be permitted to terminate at an atrium wall. Smoke dampers are not required in duct penetrations in fully ducted HVAC systems where an approved sprinkler system is installed for smoke compartments adjacent to the smoke barrier. 19.3.7.3, 8.6.7.1(1) Describe any mechanical smoke control system in REMARKS. Based on observation and interview, the facility failed to ensure the penetrations caused by the passage of wire and/or conduit through 1 of 4 smoke barrier walls were protected to maintain the smoke resistance of each smoke barrier. LSC Section 19.3.7.5 requires smoke barriers to be constructed in accordance with LSC Section 8.5 and shall have a minimum ½ hour fire resistive</p>			K 0372	<p>III. Systemic Changes: All maintenance staff will attend an in-service reviewing the proper location of fire extinguishers. [InServiceLifeSafetyPOC202]</p> <p>IV. Monitoring: The plant manager or designee will inspect fire extinguishers monthly for 12 months. This will be reported at the QAPI Committee meetings. [POCLSMonitoring2022]</p> <p>It is the policy of this facility to ensure penetrations in smoke barrier walls are protected to maintain the smoke resistance of each smoke barrier.</p> <p>I. Specific Corrective Actions: The opening that the sprinkler pipe</p>		11/03/2022

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K 0920 SS=E Bldg. 01	<p>rating. This deficient practice could affect as many as 18 residents, 3 staff, and 2 visitors.</p> <p>Findings include:</p> <p>Based on observations made with the Director of Maintenance on 10/03/22 during a tour of the facility at 12:32 p.m., the barrier doors on the Oak Branch 1 Hall B also identified as S. D. Hall- B had a three-inch orange P.V.C. sprinkler pipe passing through the drywall above it. The hole that the sprinkler pipe passed through was approximately four inches in diameter leaving one inch of annular space around the drywall wall penetration that was not fully sealed and smoke tight. Based on an interview at the time of the observation, the Director of Maintenance agreed that there was annular space around the sprinkler piping that was not sealed and stated that he would have the penetration sealed as soon as he had time to do so.</p> <p>These findings were reviewed with the facility Administrator and Director of Maintenance at the exit conference.</p> <p>3.1-19(b)</p> <p>NFPA 101 Electrical Equipment - Power Cords and Extens Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assemblies that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in</p>				<p>passed through was caulked immediately to ensure that it was fully sealed and smoke tight.</p> <p>- II. <u>Identification and correction of others:</u> All smoke barrier walls were inspected to ensure that any penetrations were fully sealed and smoke tight.</p> <p>III. <u>Systemic Changes:</u> All maintenance staff will attend an in-service reviewing the procedure to ensure any penetrations in smoke barrier walls are sealed. [InServiceLifeSafetyPOC2022]</p> <p>IV. <u>Monitoring:</u> The plant manager or designee will inspect smoke barrier walls to ensure no unsealed penetrations exist. This will be done monthly for 12 months. These inspections will be submitted to the QAPI Committee quarterly. [POCLSMonitoring2022]</p>		

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	<p>the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4. 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 laundry room did not use flexible cords as a substitute for fixed wiring. LSC 9.1.2 requires electrical wiring and equipment shall be in accordance with NFPA 70, National Electrical Code. NFPA 70, 2011 Edition, Article 400.8 requires that, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice affects as many as 8 staff.</p> <p>Findings include:</p> <p>Based on observations made with the Director of Maintenance on 10/03/22 during a tour of the facility at 12:03 p.m., a dryer located in the laundry room was plugged into an extension cord. Based on an interview at the time of the observation, the Director of Maintenance stated that he would add an electrical outlet behind the dryer and remove the extension cord as soon as he was able to do so.</p>			K 0920	<p>It is the policy of this facility not to use flexible cords as a substitute for fixed wiring.</p> <p><u>I. Specific Corrective Actions:</u> The extension cord in the laundry room was removed and the dryer is out of service until an electrical outlet can be installed.</p> <p><u>II. Identification and correction of others:</u> After a thorough inspection no other extension cords were found to be in use.</p> <p><u>III. Systemic Changes:</u> All maintenance staff will attend an in-service to ensure they know not to use an extension cord as a substitute for fixed wiring. [InServiceLifeSafetyPOC2022]</p> <p><u>IV. Monitoring:</u> The plant manager or designee will perform random inspections monthly for 12 months to ensure</p>		11/03/2022

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	These findings were reviewed with the facility Administrator and Director of Maintenance at the exit conference. 3.1-19(b)				there are no extension cords in use. These inspections will be submitted to the QAPI Committee monthly. [POCLSMonitoring2022]		