

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

PRINTED: 11/01/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155667		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED R 10/31/2022	
NAME OF PROVIDER OR SUPPLIER OAK GROVE CHRISTIAN RETIREMENT VILLAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 221 W DIVISION ST DEMOTTE, IN 46310			
(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
{K 000}	<p>INITIAL COMMENTS</p> <p>Paper compliance to the Life Safety Code Recertification and State Licensure Survey conducted on 10/03/22 was completed on 10/31/22</p> <p>Review Date: 10/31/22</p> <p>Facility Number: 010823 Provider Number: 155667 AIM Number: 200236630</p> <p>Based on review of the Fire Safety Evaluation System (FSSES) Survey conducted on 10/18/2022, Oak Grove Christian Retirement Village was found in compliance with NFPA (National Fire Protection Association) 101A, Chapter 4, Fire Safety Evaluation System for Health Care Occupancies in regard to the PSR to the Life Safety Recertification and State Licensure Survey. Achieving a passing score on the FSSES Survey for Health Care Occupancies found in Chapter 4 of NFPA 101A, Alternative Approaches to Life Safety, 2013 Edition, shows the facility provides a level of Life Safety at least equivalent to that prescribed by NFPA 101, Life Safety Code (LSC) and 410 IAC 16.2.</p>			{K 000}			
{K 133} SS=F	<p>Multiple Occupancies - Construction Type CFR(s): NFPA 101</p> <p>Multiple Occupancies - Construction Type 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: * The construction type and supporting</p>			{K 133}			

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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{K 133}	<p>Continued From page 1</p> <p>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. 18.1.3.5, 19.1.3.5, 8.2.1.3</p> <p>This REQUIREMENT is not met as evidenced by:</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 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</p>	{K 133}	Correction Obviated-Passed FSES		

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{K 133}	<p>Continued From page 2</p> <p>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>	{K 133}			