

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

PRINTED: 08/05/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155335	X2) MULTIPLE CONSTRUCTION A. BUILDING -- _____ B. WING _____	X3) DATE SURVEY COMPLETED 07/17/2024
--	---	--	---

NAME OF PROVIDER OR SUPPLIER OSSIAN HEALTH CARE AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP COD 215 DAVIS RD OSSIAN, IN 46777
--	--

(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: 07/17/24</p> <p>Facility Number: 000228 Provider Number: 155335 AIM Number: 100266650</p> <p>At this Emergency Preparedness survey, Ossian Health Care and Rehabilitation Center was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73. The facility has a capacity of 100 and had a census of 84 at the time of this survey.</p> <p>Quality Review completed on 07/19/24</p>	E 0000		
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: 07/17/2024</p> <p>Facility Number: 000228 Provider Number: 155335 AIM Number: 100266650</p> <p>At this Life Safety Code survey, Ossian Health Care and Rehabilitation Center was found not in compliance with Requirements for Participation in</p>	K 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Tomi	Cobb	08/02/2024

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155335	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 07/17/2024
--	---	--	---

NAME OF PROVIDER OR SUPPLIER OSSIAN HEALTH CARE AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 215 DAVIS RD OSSIAN, IN 46777
--	---

(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 0324 SS=E Bldg. 01	<p>Medicare/Medicaid, 42 CFR Subpart 483.90(a), Life Safety from Fire and the 2012 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This one-story facility was determined to be of Type V(111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, areas open to the corridors and in the resident sleeping rooms. The facility has a capacity of 100 and had a census of 84 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered. All areas providing facility services were sprinklered.</p> <p>Quality Review completed on 07/19/24</p> <p>NFPA 101 Cooking Facilities Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless: * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or * cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4. Cooking facilities protected according to</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155335	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 07/17/2024
--	---	--	---

NAME OF PROVIDER OR SUPPLIER OSSIAN HEALTH CARE AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP COD 215 DAVIS RD OSSIAN, IN 46777
--	--

(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
	<p>NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor.</p> <p>18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2</p> <p>Based on observation and interview, the facility failed to ensure staff had access to the shutoff switch for 1 of 1 cook tops in the therapy gym.</p> <p>LSC 19.3.2.5.4 states within a smoke compartment, residential or commercial cooking equipment that is used to prepare meals for 30 or fewer persons shall be permitted, provided that the cooking facility complies with all of the following conditions:</p> <p>(1) The space containing the cooking equipment is not a sleeping room.</p> <p>(2) The space containing the cooking equipment shall be separated from the corridor by partitions complying with 19.3.6.2 through 19.3.6.5.</p> <p>(3) The requirements of 19.3.2.5.3(1) through (10) and (13) are met.</p> <p>19.3.2.5.3(9) states A switch meeting all of the following is provided:</p> <p>(a) A locked switch, or a switch located in a restricted location, is provided within the cooking facility that deactivates the cooktop or range.</p> <p>(b) The switch is used to deactivate the cooktop or range whenever the kitchen is not under staff supervision.</p> <p>This deficient practice could affect staff and five residents in the therapy gym.</p> <p>Findings include:</p> <p>Based on observation with the Administrator and Director of Plant Operations during a tour of the facility on 07/17/24 at 12:25 p.m., there was a stove in the therapy area that was separated from the corridor, but the stove was not able to be deactivated from within the cooking facility. A</p>	K 0324	<p>K324-E Cooking Facilities</p> <p>This plan of correction is prepared and executed because it is required by the provisions of state and federal law and not because Ossian Health and Rehabilitation Center agrees with the allegations and citations listed. Ossian Health and Rehabilitation Center maintains that the alleged deficiencies do not individually or collectively jeopardize the health and safety of our residents, nor are they of such character to limit our capability to render adequate care. As consideration of the survey results the facility respectfully request paper review of the plan of correction.</p> <p>-A work order was submitted to the corporate electrician to install a restricted or locked shut off switch in same location as stove. Work was completed on 8/1/2024 . The deficient practice could have the potential to affect the 5 residents in the therapy gym. Maintenance director or designee will educate staff on placement and use of the stove shut off switch. HFA and Maintenance directors have been educated on having a locked or restricted switch that deactivates the cooktop or range and also having</p>	08/02/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155335	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 07/17/2024
--	---	--	---

NAME OF PROVIDER OR SUPPLIER OSSIAN HEALTH CARE AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP COD 215 DAVIS RD OSSIAN, IN 46777
--	--

(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
K 0361 SS=E Bldg. 01	<p>sign that read: "Shut off to stove is located in mechanical room on 400 Hallway by nurses' medication room. Breaker 76/78 is the shut off for stove." was posted on the wall behind and above the stove. This would require staff to leave the cooking facility to deactivate the stove. Based on interview at the time of observation, the Administrator stated that she believed that posting the location of the shut off was compliant and was not aware that the shutoff had to be located within the cooking facility.</p> <p>This finding was reviewed with the Administrator and Director of Plant Operations at the exit conference.</p> <p>3.1-19(b)</p> <p>NFPA 101 Corridors - Areas Open to Corridor Corridors - Areas Open to Corridor Spaces (other than patient sleeping rooms, treatment rooms and hazardous areas), waiting areas, nurse's stations, gift shops, and cooking facilities, open to the corridor are in accordance with the criteria under 18.3.6.1 and 19.3.6.1. 18.3.6.1, 19.3.6.1</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 copier rooms was separated from the corridors by a partition capable of resisting the passage of smoke as required in a sprinklered building, or met an Exception per 19.3.6.1(7). LSC 19.3.6.1(7) states that spaces other than patient sleeping rooms, treatment rooms, and hazardous areas shall be open to the corridor and unlimited in area, provided: (a) The space and corridors which the space opens onto in the same smoke compartment are protected by an electrically supervised automatic smoke</p>	K 0361	<p>the cooktop off when not under staff supervision. Maintenance director or designee will audit cooktop and switches weekly x4 weeks and then monthly x5 months. IDT will review results in QAPI. Date of compliance August 2, 2024.</p> <p>K361-E Areas open to Corridor This plan of correction is prepared and executed because it is required by the provisions of state and federal law and not because Ossian Health and Rehabilitation Center agrees with the allegations and citations listed. Ossian Health and Rehabilitation Center maintains that the alleged deficiencies do not individually or collectively jeopardize the health</p>	08/02/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155335		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 07/17/2024	
NAME OF PROVIDER OR SUPPLIER OSSIAN HEALTH CARE AND REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 215 DAVIS RD OSSIAN, IN 46777			
(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			
K 0511 SS=E Bldg. 01	<p>detection system in accordance with 19.3.4, and (b) Each space is protected by an automatic sprinklers, and (c) The space does not obstruct access to required exits. This deficient practice could affect staff and up to 10 residents in the smoke compartment.</p> <p>Findings include:</p> <p>Based on observation with the Administrator and Director of Plant Operations on 07/17/24 at 12:40 p.m., the corridor door to the copier room was removed. LSC 19.3.6.1(7) was not met because the room was not protected by an electrically supervised automatic smoke detection system. Based on interview at the time of observation, the Administrator and Director of Plant Operations stated no door had been there since they had started several years previously. During the tour of the facility maintenance from the assisted living facility replaced the door to the copy room.</p> <p>This finding was reviewed with the Administrator and Director of Plant Operations at the exit conference.</p> <p>3.1-19(b)</p> <p>NFPA 101 Utilities - Gas and Electric Utilities - Gas and Electric Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life. 18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2 Based on observation and interview, the facility failed to ensure 1 of 3 shower rooms were</p>	K 0511	<p>and safety of our residents, nor are they of such character to limit our capability to render adequate care. As consideration of the survey results the facility respectfully request paper review of the plan of correction.</p> <p>-This deficient practice has happened in the past and the copier door was replaced before exit of survey. HFA and Maintenance director were educated on the requirement of doors that open to corridors. Date of compliance August 2, 2024.</p> <p>K511-E Gas and Electric This plan of correction is prepared</p>	08/02/2024			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155335	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	X3) DATE SURVEY COMPLETED 07/17/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER OSSIAN HEALTH CARE AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP COD 215 DAVIS RD OSSIAN, IN 46777
--	--

(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
	<p>provided with ground fault circuit interrupter (GFCI) protection against electric shock. LSC 19.5.1.1 requires utilities comply with Section 9.1. LSC 9.1.2 requires electrical wiring and equipment to comply with NFPA 70, National Electrical Code. NFPA 70, NEC 2011 Edition at 210.8 Ground-Fault Circuit-Interrupter Protection for Personnel, states, ground-fault circuit-interruption for personnel shall be provided as required in 210.8(A) through (C). The ground-fault circuit-interrupter shall be installed in a readily accessible location. (B) Other Than Dwelling Units. All 125-volt, single-phase, 15- and 20-ampere receptacles installed in the locations specified in 210.8(B)(1) through (8) shall have ground-fault circuit-interrupter protection for personnel.</p> <p>(1) Bathrooms (2) Kitchens (3) Rooftops (4) Outdoors</p> <p>Exception No. 1 to (3) and (4): Receptacles that are not readily accessible and are supplied by a branch circuit dedicated to electric snow-melting, deicing, or pipeline and vessel heating equipment shall be permitted to be installed in accordance with 426.28 or 427.22, as applicable.</p> <p>Exception No. 2 to (4): In industrial establishments only, where the conditions of maintenance and supervision ensure that only qualified personnel are involved, an assured equipment grounding conductor program as specified in 590.6(B)(2) shall be permitted for only those receptacle outlets used to supply equipment that would create a greater hazard if power is interrupted or having a design that is not compatible with GFCI protection.</p> <p>(5) Sinks - where receptacles are installed within 1.8 m (6 ft.) of the outside edge of the sink.</p> <p>Exception No. 1 to (5): In industrial laboratories,</p>		<p>and executed because it is required by the provisions of state and federal law and not because Ossian Health and Rehabilitation Center agrees with the allegations and citations listed. Ossian Health and Rehabilitation Center maintains that the alleged deficiencies do not individually or collectively jeopardize the health and safety of our residents, nor are they of such character to limit our capability to render adequate care. As consideration of the survey results the facility respectfully request paper review of the plan of correction.</p> <p>-Work order was submitted to corporate electrician to repair GFI outlet in shower room. Work is scheduled to be completed 8/1/2024 and was completed with no issues. Maintenance director or designee will check GFI outlets monthly to ensure all are working properly. Results will be review in QAPI to ensure compliance. Date of compliance August 2, 2024.</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155335	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	X3) DATE SURVEY COMPLETED 07/17/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER OSSIAN HEALTH CARE AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 215 DAVIS RD OSSIAN, IN 46777
--	---

(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
	<p>receptacles used to supply equipment where removal of power would introduce a greater hazard shall be permitted to be installed without GFCI protection.</p> <p>Exception No. 2 to (5): For receptacles located in patient bed locations of general care or critical care areas of health care facilities other than those covered under</p> <p>210.8(B)(1), GFCI protection shall not be required.</p> <p>(6) Indoor wet locations (7) Locker rooms with associated showering facilities (8) Garages, service bays, and similar areas where electrical diagnostic equipment, electrical hand tools, or portable lighting equipment are to be used.</p> <p>NFPA 70, 517-20 Wet Locations, requires all receptacles and fixed equipment within the area of the wet location to have ground-fault circuit interrupter (GFCI) protection. Note: Moisture can reduce the contact resistance of the body, and electrical insulation is more subject to failure.</p> <p>This deficient practice could affect staff only.</p> <p>Findings include:</p> <p>Based on observation with the Administrator and Director of Plant Operations during a tour of the facility on 07/17/24 at 12:09 p.m., there was one electric receptacle within three feet of the sink in the shower room on the 300 Hall. The electric receptacle was provided with a ground fault circuit interrupter (GFCI), but it failed to function properly when tested. The GFCI tester indicated "bad ground" and would not trip when tested multiple times. Based on interview the Director of Plant Operations stated they had just completed testing all receptacles recently but agreed the GFCI tester indicated "bad ground" and would</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155335	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 07/17/2024
--	---	--	---

NAME OF PROVIDER OR SUPPLIER OSSIAN HEALTH CARE AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP COD 215 DAVIS RD OSSIAN, IN 46777
--	--

(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
K 0712 SS=F Bldg. 01	<p>not trip.</p> <p>This finding was reviewed with the Administrator and Director of Plant Operations at the exit conference.</p> <p>3.1-19(b)</p> <p>NFPA 101 Fire Drills Fire Drills</p> <p>Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms.</p> <p>19.7.1.4 through 19.7.1.7</p> <p>1.) Based on record review and interview, the facility failed to vary conditions at unexpected times during fire drills for 4 of 4 quarters. LSC 19.7.1.6 states drills shall be conducted quarterly on each shift to familiarize facility personnel (nurses, interns, maintenance engineers, and administrative staff) with the signals and emergency action required under varied conditions. This deficient practice affects all visitors, staff and residents.</p> <p>Findings include:</p> <p>Based on records review with the Administrator and Director of Plant Operations on 07/17/24 from 9:35 a.m. to 11:30 a.m., the following fire drills were documented:</p>	K 0712	<p>K712-F Fire Drills</p> <p>This plan of correction is prepared and executed because it is required by the provisions of state and federal law and not because Ossian Health and Rehabilitation Center agrees with the allegations and citations listed. Ossian Health and Rehabilitation Center maintains that the alleged deficiencies do not individually or collectively jeopardize the health and safety of our residents, nor are they of such character to limit our capability to render adequate care. As consideration of the survey results the facility</p>	08/02/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155335	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 07/17/2024
--	---	--	---

NAME OF PROVIDER OR SUPPLIER OSSIAN HEALTH CARE AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP COD 215 DAVIS RD OSSIAN, IN 46777
--	--

(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
	<p>a) A first shift fire drill in the first quarter on 01/30/24 at 10:33 a.m.</p> <p>b) A first shift fire drill in the second quarter on 04/25/24 at 11:33 a.m.</p> <p>c) A first shift fire drill in the third quarter on 07/28/23 at 11:30 a.m.</p> <p>d) A first shift fire drill in the fourth quarter on 10/30/23 at 9:40 a.m.</p> <p>e) A second shift fire drill in the first quarter on 02/29/24 at 2:16 p.m.</p> <p>f) A second shift fire drill in the third quarter 08/31/23 at 2:30 p.m.</p> <p>g) A second shift fire drill in the fourth quarter 11/30/23 at 2:15 p.m.</p> <p>h) A third shift fire drill in the first quarter on 03/29/24 at 5:16 p.m.</p> <p>i) A third shift fire drill in the first quarter on 06/28/24 at 3:16 p.m.</p> <p>j) A third shift fire drill in the third quarter 09/26/23 at 3:40 p.m.</p> <p>k) A third shift fire drill in the fourth quarter 12/12/23 at 4:13 p.m.</p> <p>Based on record review ,10 of 11 of fire drills listed above were conducted within the last week of each month and the time conducted on each shift was near the same time. Based on interview at the time of exit, the Director of Plant Operations stated the dates and times were when the fire drills were conducted.</p> <p>2.) Based on record review and interview, the facility failed to conduct 1 of 3 fire drills for 1 of 4 quarters. LSC 19.7.1.6 states drills shall be conducted quarterly on each shift to familiarize facility personnel (nurses, interns, maintenance engineers, and administrative staff) with the signals and emergency action required under varied conditions. This deficient practice affects all visitors, staff and residents.</p>		<p>respectfully request paper review of the plan of correction.</p> <p>-Maintenance director's and HFA were educated on Facility Fire Plan and Procedure Policy was reviewed by IDT and staff. The deficient practice could have the potential to affect all occupants of facility. Maintenance director and HFA were educated on proper scheduling of fire drills to ensure a drill on each shift is conducted every quarter. The maintenance director or designee will audit fire drills monthly x6 months with audit sheet and maintain thereafter. Results will be reviewed in QAPI. Date of Compliance August 2, 2024.</p>	

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

PRINTED: 08/05/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155335	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 07/17/2024
--	---	--	---

NAME OF PROVIDER OR SUPPLIER OSSIAN HEALTH CARE AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP COD 215 DAVIS RD OSSIAN, IN 46777
--	--

(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 0920 SS=E Bldg. 01	<p>Findings include:</p> <p>Based on records review with the Administrator and Director of Plant Operations on 07/17/24 from 9:35 a.m. to 11:30 a.m., there was documentation for a fire drill conducted in the second quarter on 5/30/24 at 1:00 p.m. and it was documented that the monitoring company received the signal at 1:10 p.m.; however, the title of the documentation says, "Perform a 2nd Shift Fire Drill" Based on interview the Administrator stated the second shift times were 2:00 p.m. to 10:00 p.m. Based on interview the Director of Plant Operations stated that the fire drill time was not within the time frame of the second shift.</p> <p>These findings were reviewed with the Administrator and Director of Plant Operations at the exit conference.</p> <p>3.1-19(b) 3.1-51(c)</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 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</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155335	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 07/17/2024
--	---	--	---

NAME OF PROVIDER OR SUPPLIER OSSIAN HEALTH CARE AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP COD 215 DAVIS RD OSSIAN, IN 46777
--	--

(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
	<p>(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 56 resident rooms. 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 staff and up to 10 residents in the center smoke compartment.</p> <p>Findings include:</p> <p>Based on observation with the Administrator and Director of Plant Operations on 07/17/24 at 12:02 p.m., an extension cord was found powering a microwave in the Ossian store. Based on interview at the time of observation, the Administrator acknowledged the extension cord was being used when she advised the Director of Plant Operations that a microwave was plugged into an extension cord, at the time of observation.</p> <p>This finding was reviewed with the Administrator and Director of Plant Operations at the exit conference.</p> <p>3.1-19(b)</p>	K 0920	<p>K920-E Electrical Equipment-Power Cords and Extension Cords This plan of correction is prepared and executed because it is required by the provisions of state and federal law and not because Ossian Health and Rehabilitation Center agrees with the allegations and citations listed. Ossian Health and Rehabilitation Center maintains that the alleged deficiencies do not individually or collectively jeopardize the health and safety of our residents, nor are they of such character to limit our capability to render adequate care. As consideration of the survey results the facility respectfully request paper review of the plan of correction. -Extension cord located in resident/staff store was removed and store rearranged to ensure no cords are needed for the microwave and refrigerator. Picture will show the microwave and refrigerator plugged directly into the wall. Staff will be in serviced on use of extension cords in</p>	08/02/2024

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

PRINTED: 08/05/2024
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155335	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 07/17/2024
NAME OF PROVIDER OR SUPPLIER OSSIAN HEALTH CARE AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 215 DAVIS RD OSSIAN, IN 46777		
(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	
			facility and IDT will audit during room rounds. Results will be reviewed in QAPI. Date of compliance: August 2, 2024.		