

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G458	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 10/09/2013
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NAME OF PROVIDER OR SUPPLIER ST VINCENT NEW HOPE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 6068 MUNSEE LN INDIANAPOLIS, IN 46208
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K010000	<p>A Life Safety Code Recertification Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.470(j).</p> <p>Survey Date: 10/09/13</p> <p>Facility Number: 000972 Provider Number: 15G458 AIM Number: 100244840</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist,</p> <p>At this Life Safety Code survey, St. Vincent New Hope, Inc. was found not in compliance with Requirements for Participation in Medicaid, 42 CFR Subpart 483.470(j), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 33, Existing Residential Board and Care Occupancies.</p> <p>This one story building was determined to be fully sprinklered. The facility has a fire alarm system with smoke detection in corridors and in all living areas. The facility has a capacity of 8 and had a census of 8 at the time of this survey.</p> <p>Calculation of the Evacuation Difficulty</p>	K010000		
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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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	<p>Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Slow with an E-Score of 3.6.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 10/15/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>						

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K01S016	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Interior wall and ceiling finish materials in accordance with 10.2 and 10.2.3 is Class A or Class B. 32.2.3.3.2, 33.2.3.3</p> <p>Based on observations and interview, the facility failed to ensure the interior finish in 4 of 11 rooms was rated Class A or Class B for a Slow rated facility. This deficient practice could affect all clients in the facility.</p> <p>Findings include:</p> <p>Based on observations with the Lead Team Assistant (LTA) during a tour of the facility from 10:30 a.m. to 11:20 a.m. on 10/09/13, wood paneling was noted in the following rooms;</p> <ul style="list-style-type: none"> a. from the floor to ceiling on two walls of the bathroom by the southwest bedroom. b. from the floor to three feet high on each of the four walls in the southwest bedroom. c. from the floor to the ceiling on each of two walls in the living room and in the dining room. Based on interview at the time of the observations, the LTA stated there was no documentation available to show the flame spread rating for the wood paneling installed in the aforementioned areas was Class A or Class B or had been treated with flame retardant material. 	K01S016	The deficiency will be corrected as follows. St. Vincent New Hope Maintenance Department has ordered flame retardant material to apply to all specified areas. Paint is expected to deliver in the next week and will be applied by 11/8/13.	11/08/2013			

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K01S051	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD A manual fire alarm system is provided in accordance with Section 9.6, 33.2.3.4.1.</p> <p>Exception No 1: Where there are interconnected smoke detectors meeting the requirements of 33.2.3.4.3 and there is not less than one manual fire alarm box per floor arranged to continuously sound the smoke detector alarms.</p> <p>Exception No. 2: Other manually activated continuously sounding alarms acceptable to the authority having jurisdiction.</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 fire alarm panels in an area not continuously occupied, was provided with automatic smoke detection to ensure notification of a fire at the location before it could be incapacitated by fire. NFPA 72, 1-5.6 requires an automatic smoke detector be provided at the location of each fire alarm control unit which is not located in an area continuously occupied to provide notification of a fire at that location. This deficient practice affects all clients, staff and visitors.</p> <p>Findings include:</p> <p>Based on observation with the Lead Team Assistant (LTA) during a tour of the facility from 10:30 a.m. to 11:20 a.m. on 10/09/13, the main fire alarm control panel (FACP) was located in the laundry</p>	K01S051	St. Vincent New Hope has contacted the fire alarm monitoring company with which we contract for service. That company has offered a proposal for the installlation of additional required smoke detector. Proposal was accepted on 10/22/13 and returned to company for installation scheduling. They are expected to complete installation and inspection of new detector within the next week. Installation date remains pending, but the company is aware that installation is expected by 11/8/13.	11/08/2013	

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	closet which was not occupied. The laundry closet had a set of entry doors from the dining room which were closed. No smoke detector was observed in the laundry closet near the FACP location. Based on interview at the time of observation, the LTA acknowledged automatic smoke detection was not installed in the laundry closet where the FACP is located.			