

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155720	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  05/12/2015
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NAME OF PROVIDER OR SUPPLIER  CATHEDRAL HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 520 W 9TH ST JASPER, IN 47546
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(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  Bldg. 01	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 05/12/15</p> <p>Facility Number: 000315 Provider Number: 155720 AIM Number: 100289030</p> <p>At this Life Safety Code survey, Cathedral Health Care Center was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 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 two story facility with a basement was determined to be of Type II (222) construction and was fully sprinklered. The facility has a fire alarm system with hard wired smoke detectors in the corridors, spaces open to the corridors, and all resident sleeping rooms. The facility has a capacity of 60 and had a census of 34 at the time of this survey.</p>	K 000	<p>By submitting the enclosed material we are not admitting the truth or accuracy of any specific findings or allegations. We reserve the right to contest the findings or allegations as part of any proceedings and submit these responses pursuant to our regulatory obligations. The facility requests that the plan of correction be considered our allegation of compliance effective May 22, 2015 to the Life Safety Code Recertification Survey conducted on May 12, 2015. The facility also requests consideration for desk review.</p>	

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 147 SS=D Bldg. 01	<p>All areas where residents have customary access were sprinklered and all areas providing facility services were sprinklered, except a generator building, and a greenhouse.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p> <p>Based on observation and interview, the facility failed to ensure 1 of 5 wet location resident care areas was provided with Ground-fault circuit interrupter (GFCI) protection against electric shock. NFPA 101, 19.5.1 requires utilities to comply with Section 9.1. NFPA 101, 9.1.2 requires electrical wiring and equipment shall be in accordance with NFPA 70, National Electrical Code. NFPA 70, Article 517, Health Care Facilities, defines wet locations as patient care areas that are subject to wet conditions while patients are present. These include standing fluids on the floor or drenching of the work area, either of which condition is intimate to the patient or staff. 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</p>	K 147	<p><b>K147 It is the practice of this facility to assure that wet locations are provided with ground-fault circuit interrupter (GFCI) protection against electric shock. The correction action taken for those residents found to be affected by the deficient practice include:</b> There are no specific residents identified. The electrical receptacles on the wall in the beauty salon have been provided GFCI protection. Licensed electricians have provided this service. <b>Other residents that have the potential to be affected have been identified by:</b> Potentially all residents could be affected. No additional areas were identified per review. Please refer to systems implemented to assure compliance with this tag. <b>The measures or systematic changes that have been put into place to ensure that the deficient practice does</b></p>	05/22/2015

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	<p>resistance of the body, and electrical insulation is more subject to failure. This deficient practice could affect one resident and one staff while at the hair washing sink in the Beauty Salon.</p> <p>Findings include:</p> <p>Based on observation on 05/12/15 at 9:15 a.m. during a tour of the facility with the Environmental Director, the Beauty Salon had two electric receptacles on the wall within five feet of the hair washing sink. The receptacles were not provided with GFCI protection either at the receptacle or the breaker in the breaker box. This was acknowledged by the Environmental Director at the time of observation.</p> <p>3.1-19(b)</p>		<p><b>notrecur include:</b> The maintenance department has been in-serviced related to assuring that there is proper GFCI protection in required areas. Please see below for means of monitoring. <b>The corrective action taken to monitor performance to assure compliance through quality assurance is:</b> Assuring that there is GFCI protection in required areas will be monitored as part of the preventive maintenance review at the quarterly QA meetings. The Maintenance Director, or designee, will be responsible for assuring all areas are protected appropriately. Any identified issues will be immediately addressed. The Administrator, or designee, will review the preventive maintenance documentation quarterly for compliance with recommendations as needed. <b>The date the systemic changes will be completed:</b> May 22, 2015</p>		