

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155802	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>02</u> B. WING _____	X3) DATE SURVEY COMPLETED  02/22/2016
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NAME OF PROVIDER OR SUPPLIER  PROVIDENCE HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1 SISTERS OF PROVIDENCE SAINT MARY OF THE WO, IN 47876
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K 0000  Bldg. 02	<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: 02/22/16</p> <p>Facility Number: 003624 Provider Number: 155802 AIM Number: 200429840</p> <p>At this Life Safety Code survey, Providence Health Care 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), and 410 IAC 16.2. The East-West Unit was surveyed with Chapter 18, New Health Care Occupancies.</p> <p>This facility consists of two buildings, the north-south unit and the east-west unit, which are connected by a thirty foot corridor. Both buildings are one story facilities determined to be of Type V (111) construction and were fully sprinklered. The east-west unit has a partial basement. The facility has a fire</p>	K 0000		

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 0050 SS=F Bldg. 02	<p>alarm system with smoke detection in the corridors, spaces open to the corridors, and all resident sleeping rooms. The facility has a capacity of 70 and had a census of 68 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered and all areas providing facility services were sprinklered.</p> <p>Quality Review completed on 02/25/16 - DA</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at 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. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9:00 PM and 6:00 AM a coded announcement may be used instead of audible alarms. 18.7.1.2, 19.7.1.2</p> <p>1. Based on record review and interview, the facility failed to provide quarterly fire drill documentation for 1 of 3 shifts during 1 of 4 quarters. Furthermore, the facility failed to provide documentation the audible fire alarm system was activated during 9 of 14 fire drills. This deficient practice could affect all</p>	K 0050	F050 The facility will provide quarterly fire drills documentation for all three (3) shifts during the four (4) quarters of the year. The facility will provide documentation the audible fire alarm system will be activated as proscribed by fourteen (14) out of fourteen	03/01/2016			

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	<p>residents in the facility.</p> <p>Findings include:</p> <p>Based on review of the facility's fire drills on 02/22/16 at 10:00 a.m. with the Director of Operations, Maintenance Supervisor, Director of Environmental Services, and General Manager of Operations present, the facility performed fourteen fire drills during the past twelve months, however, the facility lacked fire drill documentation for the second shift (evening) of the second quarter (April, May, and June) of 2015. Furthermore, the facility failed to activate the fire alarm system while conducting fire drills during the following times: First shift; 02/06/15 @ 10:00 am, 06/09/15 @ 1:20 pm, and 07/13/15 @ 9:45 am, and second shift: 02/18/16 @ 5:40 pm. Furthermore, there was no documentation of an alarm activation for the following third shift fire drills either at the time of the drill or early the next day; 01/21/15 @ 2:30 am, 04/15/15 @ 6:00 am, 06/25/15 @ 12:30 am, 09/10/15 @ 5:40 am, and 12/07/15 @ 3:15 am. This was confirmed by the Director of Environmental Services at the time of record review.</p> <p>3.1-19(b)</p> <p>2. Based on record review and interview,</p>		<p>(14) fire drills.</p> <p><b>CORRECTIVE ACTION:</b></p> <p>Security will be notified of the scheduled fire drill by the lead maintenance technician. Security will communicate with Simplex Grinnell to inform them of the time of the drill at the facility. The time Simplex is notified and the name of the individual receiving the call will be documented on the revised fire drill reporting form. Simplex will a receipt of the notification they received to the Assistant Administrator. The receipt will be faxed or scanned to the lead maintenance technician. Fire Drills will be scheduled and conducted by the lead maintenance tech under the observation of facility security officers. The records will be stored in the facility maintenance office. All fire alarms conducted after 9:30 PM, the alarm will be tested the following morning. The Assistant Administrator will monitor the schedule and records and present the findings at the bi-monthly Risk Management meeting and the Quarterly Quality Assurance Meeting</p>		

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	<p>the facility failed to ensure each documented fire drill included complete documentation of the transmission of a fire alarm signal to the monitoring company/fire department for 14 of 14 fire drills. LSC 19.7.1.2 requires fire drills in health care occupancies shall include the transmission of the fire alarm signal and simulation of emergency conditions. This deficient practice could affect all residents in the facility.</p> <p>Findings include:</p> <p>Based on review of the facility's fire drills on 02/22/16 at 10:00 a.m. with the Director of Operations, Maintenance Supervisor, Director of Environmental Services, and General Manager of Operations present, the fire drill form the facility uses did not include information such as the name of the person spoken to at the monitoring company and the time the transmission of the fire alarm was received. Based on interview at the time of record review, the Director of Environmental Services acknowledged documentation for the transmission of the fire alarm to the monitoring company was not complete information.</p> <p>3-1.19(b)</p>				