

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155825	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 08/10/2015
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NAME OF PROVIDER OR SUPPLIER ST AUGUSTINE HOME FOR THE AGED	STREET ADDRESS, CITY, STATE, ZIP CODE 2345 W 86TH ST INDIANAPOLIS, IN 46260
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K 0000 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: 08/10/15</p> <p>Facility Number: 000389 Provider Number: 155825 AIM Number: 100288920</p> <p>At this Life Safety Code survey, St. Augustine Home for the Aged 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 facility, located on the 2nd and 3rd floor of a three story building was determined to be of Type II (222) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and in all areas open to the corridor. The facility has smoke detectors hard wired to the fire alarm system in all resident</p>	K 0000		
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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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K 0034 SS=E Bldg. 01	<p>rooms. The facility has a capacity of 42 and had a census of 41 at the time of this visit.</p> <p>All areas where the residents have customary access were sprinklered. All areas providing facility services were sprinklered.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Stairways and smokeproof towers used as exits are in accordance with 7.2. 19.2.2.3, 19.2.2.4</p> <p>Based on observation and interview, the facility failed to ensure items stored in 1 of 9 interior fire escape stairways would not interfere with egress. LSC 7.2.2.5.3 requires usable space within an exit enclosure, including under stairs, or any open space within the enclosure shall not be used for any other purpose which could interfere with egress. This deficient practice could affect 20 residents, visitors and staff using the northwest exit stairwell on the first floor for evacuation.</p> <p>Findings include:</p> <p>Based on observation with the Building Engineer during a tour of the facility from 11:35 a.m. to 1:35 p.m. on 08/10/15, the northwest stairwell on the</p>	K 0034	The Northwest Interior fire escape stairway has been cleared of all materials in accordance with NFPA 101 Life Safety Code Standards.	08/28/2015			

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K 0048 SS=D Bldg. 01	<p>first floor which was marked as a first floor exit was used to store a weed trimmer/edger, two upholstered patio seat cushions, three boxes of Miracle Gro, two wicker baskets, three decorative gnomes each standing eighteen inches in height, an empty kitty litter plastic container and a plastic container storing seed for bird food were stored next to one another next to the exit door to the outside of the building. Based on interview at the time of observation, the Building Engineer acknowledged the northwest stairwell on the first floor was used for storage of the aforementioned items which could interfere with egress.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. 19.7.1.1 Based on record review, observation and interview; the facility failed to include the use of kitchen fire extinguishers in 1 of 1 written fire safety plans for the facility in the event of an emergency. LSC 19.2.2.2 requires a written health care occupancy fire safety plan that shall provide for the following: (1) Use of alarms</p>	K 0048	The written fire safety plan has been amended to include the proper sequence in discharging of overhead fire suppression equipment prior to the use of the K class fire extinguisher and Kitchen staff has been instructed in the use of the fire suppression equipment in accordance with NFPA 101 Life Safety Code Standards.	08/28/2015			

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	<p>(2) Transmission of alarm to the fire department</p> <p>(3) Response to alarms</p> <p>(4) Isolation of fire</p> <p>(5) Evacuation of immediate area</p> <p>(6) Evacuation of smoke compartment</p> <p>(7) Preparation of floors and building for evacuation</p> <p>(8) Extinguishment of fire</p> <p>This deficient practice could affect three staff and visitors in the kitchen.</p> <p>Findings include:</p> <p>Based on review of "Fire and Disaster Preparedness" and "General Fire Plan" documentation with the Building Engineer during record review from 9:30 a.m. to 11:35 a.m. on 08/10/15, the written fire safety plan did not address the use of the K class fire extinguisher located in the kitchen in relationship with the use of the kitchen overhead extinguishing system. Based on observation with the Building Engineer during a tour of the facility from 11:35 a.m. to 1:35 p.m. on 08/10/15, one K class fire extinguisher was located in the kitchen. Based on interview at the time of record review, the Building Engineer acknowledged the written fire safety plan for the facility did not include kitchen staff training to activate the overhead hood extinguishing system to suppress a</p>			

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K 0050 SS=F Bldg. 01	<p>fire before using the K class fire extinguisher.</p> <p>3.1-19(a)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD 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 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2</p> <p>Based on record review and interview, the facility failed to document activation of the fire alarm system for third shift fire drills conducted between 6:00 a.m. and 9:00 p.m. for 1 of 4 quarters. LSC 19.7.1.2 states fire drills in health care occupancies shall include the transmission of the fire alarm signal and simulation of emergency fire conditions. When drills are conducted between 9:00 p.m. (2100 hours) and 6:00 a.m. (0600 hours), a coded announcement shall be permitted to be used instead of audible alarms. This deficient practice could affect all residents, staff and visitors in</p>	K 0050	Coded announcements used in Fire drills will only be substituted for audible alarms during the period from 9:00p.m. (2100 hours) and 6:00a.m. (0600 hours).	08/28/2015

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K 0064 SS=D Bldg. 01	<p>the facility.</p> <p>Findings include:</p> <p>Based on review of "Fire Drill Report" documentation with the Building Engineer during record review from 9:30 a.m. to 11:35 a.m. on 08/10/15, documentation for the third shift fire drill conducted on 06/03/15 at 6:15 a.m. did not include activation of the fire alarm system and transmission of the fire alarm signal. The aforementioned fire drill documentation stated "night shift," "silent drill" and "N/A" in response to "reset fire alarm pull station, main panel, keypad" and "notify alarm monitoring (Koorsen) of drill completion." Based on interview at the time of record review, the Building Engineer acknowledged documentation for the aforementioned third shift fire drill conducted after 6:00 a.m. but before 9:00 p.m. did not include activation of the fire alarm system and transmission of the fire alarm signal.</p> <p>3.1-19(b) 3.1-51(c)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10</p>			

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	<p>Based on observation and interview, the facility failed to maintain 1 of 1 portable fire extinguishers in the kitchen cooking area in accordance with the requirements of NFPA 10, Standard for Portable Fire Extinguishers, 1998 Edition. NFPA 10, 2-3.2 requires fire extinguishers provided for the protection of cooking appliances use combustible cooking media (vegetable or animal oils and fats) shall be listed and labeled for Class K fires. NFPA 10, 2-3.2.1 requires a placard shall be conspicuously placed near the extinguisher which states the fire protection system shall be activated prior to using the fire extinguisher. Since the fixed fire extinguishing system will automatically shut off the fuel source to the cooking appliance, the fixed system should be activated before using a portable fire extinguisher. In this instance, the portable fire extinguisher is supplemental protection. This deficient practice could affect three staff and visitors in the kitchen.</p> <p>Findings include:</p> <p>Based on observation with the Building Engineer during a tour of the facility from 11:35 a.m. to 1:35 p.m. on 08/10/15, a portable K Class fire extinguisher was located in the kitchen and a placard was not conspicuously</p>	K 0064	Conspicuous signage has been posted in the Kitchen next to the K class fire extinguisher regarding the proper sequence in the discharging of fire suppression equipment in accordance with NFPA 101 Life Safety Code Standards.	08/28/2015

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K 0069 SS=D Bldg. 01	<p>placed near the extinguisher which states the fire protection system shall be activated prior to using the fire extinguisher. Based on interview at the time of observation, the Building Engineer acknowledged a placard was not conspicuously placed near the extinguisher which states the fire protection system shall be activated prior to using the fire extinguisher.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96 Based on record review, observation and interview; the facility failed to ensure 1 of 1 kitchen exhaust systems was inspected semiannually. NFPA 96, 1998 Edition, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, 8-3.1 requires the entire exhaust system shall be inspected by a properly trained, qualified, and certified company or person(s) in accordance with Table 8-3.1. Table 8-3.1, Exhaust System Inspection Schedule, requires systems serving moderate volume cooking operations</p>	K 0069	Kitchen exhaust hood inspection and cleaning was not completed at one 6-month interval due to faulty records of the contractor. Records have been updated with correct contact information in accordance with NFPA 1-1 Life Safety Code Standards.	08/28/2015

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	<p>shall be inspected semiannually. NFPA 96, 8-3.1.1 says, upon inspection, if found to be contaminated with deposits from grease laden vapors, the entire exhaust system shall be cleaned in accordance with Section 8-3. NFPA 8-3.1 requires hoods, grease removal devices, fans, ducts, and other appurtenances shall be cleaned to bare metal at frequent intervals prior to surfaces becoming heavily contaminated with grease or oily sludge. After the exhaust system is cleaned to bare metal, it shall not be coated with powder or other substance. This deficient practice could affect three staff and visitors in the kitchen.</p> <p>Findings include:</p> <p>Based on review of Koorsen Environmental Services "Kitchen Exhaust Systems Cleaning Work Order" documentation dated 04/15/15 during record review with the Building Engineer from 9:30 a.m. to 11:35 a.m. on 08/10/15, documentation of kitchen exhaust system inspection every six months was not available for review. The aforementioned documentation was the only kitchen exhaust system inspection record for the most recent twelve month period. Based on observation with the Building Engineer</p>			

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K 0147 SS=E Bldg. 01	<p>during a tour of the facility from 11:35 a.m. to 1:35 p.m. on 08/10/15, a Koorsen Environmental Services inspection sticker dated 04/15/15 was the only sticker affixed to the range hood in the kitchen. Based on interview at the time of record review, the Building Engineer contacted Koorsen Environmental Services by telephone who stated they could not gain access to the building for the semiannual kitchen exhaust systems inspection six months prior to 04/15/15. The Building Engineer stated Koorsen Environmental Services dialed the wrong telephone number for building access and acknowledged documentation of semiannual kitchen exhaust system inspection every six months was not available for review.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 Based on observation and interview, the facility failed to ensure 4 of 4 extension</p>	K 0147	A number of resident medical and high amperage devices were not powered from the proper	08/28/2015

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	<p>cords including power strips were not used as a substitute for fixed wiring. NFPA 70, Article 400-8 requires, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. LSC Section 4.5.6 states any building service equipment or safeguard provided for life safety shall be designed, installed and approved in accordance with all applicable NFPA standards. NFPA 99, Standard for Health Care Facilities, 1999 edition, defines patient care areas as any portion of a health care facility wherein patients are intended to be examined or treated. Patient care vicinity is defined as a space, within a location intended for the examination and treatment of patients, extending 6 ft (1.8 m) beyond the normal location of the bed, chair, table, treadmill, or other device that supports the patient during examination and treatment. A patient care vicinity extends vertically to 7 ft 6 in. (2.3 m) above the floor. NFPA 99, Section 7-5.2.2.1 states household or office appliances not commonly equipped with grounding conductors in their power cords shall be permitted provided they are not located within the patient care vicinity. This deficient practice could affect 20 residents, staff and visitors.</p> <p>Findings include:</p>		<p>receptacles or extension devices. The following corrections have been made in accordance with NFPA 101 Life Safety Code Standards:Room 311- The oxygen generator is now plugged directly into the wall receptacle.Rooms 302 and 315- The residents beds are now plugged directly into the wall receptacle.Mail room- The refrigerator and microwave oven are now plugged directly into the wall receptacle.In-service reviews and scheduled monitoring will be used to ensure compliance with NFPA 101 Life Safety Code Standards.</p>	

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	<p>Based on observations with the Building Engineer during a tour of the facility from 11:35 a.m. to 1:35 p.m. on 08/10/15, the following was noted:</p> <p>a. a Medline Compressor with an attached half mask for oxygen delivery to the resident in Room 311 was plugged into a power strip under the resident bed.</p> <p>b. the resident bed was plugged into a power strip under the bed in Room 302 and Room 315.</p> <p>c. a refrigerator and a microwave oven were plugged into a power strip in the first floor mailroom behind the reception desk area.</p> <p>Based on interview at the time of the observations, the Building Engineer acknowledged a power strip was being used as a substitute for fixed wiring at the aforementioned locations.</p> <p>3.1-19(b)</p>			