

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15E359	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  08/12/2013
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NAME OF PROVIDER OR SUPPLIER  ST JOHNS HOME FOR THE AGED	STREET ADDRESS, CITY, STATE, ZIP CODE 1236 LINCOLN AVE EVANSVILLE, IN 47714
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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
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K010000	<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: 08/12/13</p> <p>Facility Number: 000443 Provider Number: 15E359 AIM Number: 100289580</p> <p>Surveyor: Lex Brashear, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, St. Johns Home for the Aged was found not in compliance with Requirements for Participation in 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 ground level was determined to be of Type I (443) construction and was fully sprinklered. The facility has a fire alarm system with hard wired smoke detectors on all levels including in the corridors, in spaces open to the corridors, and in all resident</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>sleeping rooms. The facility has a capacity of 47 and had a census of 41 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, except one brick framed garage used for facility storage.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 08/14/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K010056 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5</p> <p>Based on observation and interview, the facility failed to provide an automatic sprinkler system which provided complete coverage in 3 of 3 elevator equipment rooms. NFPA 13, 5-13.6.2 states automatic sprinklers in elevator machine rooms shall be ordinary or intermediate temperature rating. ASME/ANSI A17.1 permits sprinklers in elevator machine rooms when there is a means for disconnecting the main line power supply to the affected elevator automatically upon or prior to the application of water from the sprinkler located in the elevator machine room. This deficient practice could affect any number of residents, as well as staff and visitors while in the lower level which included the front lobby, sanctuary, laundry, and kitchen, as well as many</p>	K010056	<p>A: A Contractor has been contacted to review the Elevator Mechanical Rooms [3] and how the rooms can be made compliant through the installation of the sprinkler system and then the addition to a shunt trip breaker. Bids for the cost have been finalized and the work has been authorized. Parts are on order, and, although the project cannot be completed by September 11, 2013, it is anticipated to be completed by 9/26/13. Staff have been made aware of the fire safety risk in connection with this deficiency. B: All residents have potential to be affected, and corrective actions will be taken as noted above. C: With the Contractor the areas that are made compliant will be inspected per State requirement and the documentation will be the means</p>	09/26/2013

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	<p>other small rooms that residents and staff use.</p> <p>Findings include:</p> <p>Based on observations on 08/12/13 between 11:30 a.m. and 12:15 p.m. during a tour of the facility with the Maintenance Supervisor, the three elevator equipment rooms in the lower level were not provided with sprinkler coverage. This was acknowledged by the Maintenance Supervisor at the time of each observation.</p> <p>3.1-19(b)</p>		<p>of monitoring to ensure that the deficient practice does not recur. This documentation will be kept with the sprinkler log which is done quarterly. D: Results of monitoring will be submitted to the Quality Assurance Committee each quarter.</p>		