

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155197	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 10/05/2011
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NAME OF PROVIDER OR SUPPLIER SANCTUARY AT ST PAULS	STREET ADDRESS, CITY, STATE, ZIP CODE 3602 SOUTH IRONWOOD DRIVE SOUTH BEND, IN46614
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K0000	<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: 10/04/11 and 10/05/11</p> <p>Facility Number: 000104 Provider Number: 155197 AIM Number: 100266590</p> <p>Surveyor: Richard D. Schade, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Sanctuary at St. Pauls 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</p>	K0000		

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>and 410 IAC 16.2.</p> <p>This three story facility was determined to be of Type II (222) construction and was fully sprinklered. The building was constructed in 1979. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors and resident sleeping rooms. The facility has a capacity of 78 and had a census of 74 at the time of this survey.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 10/11/11.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>				

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K0144 SS=F	Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. 1. Based on record review and interview, the facility failed to ensure 1 of 1 emergency generators was equipped with remote manual stops. LSC 7.9.2.3 requires emergency generators providing power to emergency lighting systems shall be installed, tested and maintained in accordance with NFPA 110, Standard for Emergency and Standby Power Systems. NFPA 110, 1999 edition, 3-5.5.6 requires Level II installations shall have a remote manual stop station of a type similar to a break-glass station located elsewhere on the premises where the prime mover is located outside the building. NFPA 37, Standard for the Installation and Use of Stationary Combustion Engines and Gas Turbines, 1998 Edition, at 8-2.2(c) requires engines of 100 horsepower or more have provision for the shutting down the engine at the engine and from a	K0144	1. There were no residents affected.2. There were no resident affected.3. The remote manual stop with brake glass station will be installed on or before 11/4/11. Task lighting for the generator was in place at the time of the survey. A 90 minute test was performed on 10/5/11 with no issues identified. The 90 minute annual battery test was added to the preventive maintenance program.4. The annual 90 minute battery test was added to the Life Safety Quality Assurance Program. The results will be reported monthly to the Mission Driven Quality Improvement Committee.5. November 4, 2011	11/04/2011	

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	<p>remote location. This deficient practice could affect all residents, staff and visitors in the event of an emergency.</p> <p>Findings include:</p> <p>Based on review of the Generator Maintenance records on 10/05/11 at 10:25 a.m. with the maintenance supervisor, there was no documentation available which indicated the horsepower rating of the generator engine provided. Based on interview with the maintenance supervisor during record review, he stated no remote shut off device existed for the generator. The maintenance supervisor indicated the generator was installed in 2007.</p> <p>3.1-19(b)</p> <p>2. Based on record review and interview, the facility failed to ensure emergency task lighting in and around 1 of 1 generator sets was in accordance with NFPA 101,</p>				

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	<p>2000 Edition, Life Safety Code. LSC Section 7.9.3 requires an annual functional test to be conducted on emergency battery lighting systems for not less than 90 minutes. NFPA 110, Section 5-3.1 requires EPS (Emergency Power Supply) equipment locations shall be provided with battery powered emergency lighting. This deficient practice could affect all residents, staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on record review with the maintenance supervisor on 10/05/11 at 11:00 a.m., the maintenance supervisor acknowledged he had no record of the battery powered light at the generator being tested for 90 minutes annually.</p> <p>3.1-19(b)</p>				