

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155506	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  04/09/2012
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NAME OF PROVIDER OR SUPPLIER  SANCTUARY AT HOLY CROSS--INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 17475 DUGDALE DR SOUTH BEND, IN 46635
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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: 04/10/12</p> <p>Facility Number: 001201 Provider Number: 155506 AIM Number: 100380860</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Sanctuary at Holy Cross-Indiana 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 one story facility with a partial basement was determined to be of Type V (111) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, in all areas open to the corridor and in resident</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>sleeping rooms. The facility has a capacity of 120 and had a census of 100 at the time of this visit.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 04/11/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements of 410 IAC 16.2 as evidenced by the following:</p>			

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K0046 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9.19.2.9.1.</p> <p>Based on observation, record review and interview; the facility failed to document testing of emergency lighting in accordance with LSC 7.9 for 11 of 12 battery operated emergency lights. LSC 7.9.3 Periodic Testing of Emergency Lighting Equipment requires a functional test to be conducted at 30 day intervals and an annual test to be conducted on every required battery powered emergency lighting system for not less than 1 ½-hour duration. Equipment shall be fully operational for the duration of the test. Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction. This deficient practice could affect all occupants in the facility.</p> <p>Findings include:</p> <p>Based on observations with the Maintenance Director during a tour of the facility from 11:40 a.m. to 2:25 p.m. on 04/09/12, there are twelve battery operated emergency lights located in the facility. Based on review of "Preventive Maintenance Checklist" documentation with the Maintenance Director from 9:45 a.m. to 11:40 a.m. on 04/09/12,</p>	K0046	<p>This Plan of Correction constitutes the written allegation of compliance for the deficiency cited. However the submission of the Plan Of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by State and Federal law. K0046 What corrective action will be accomplished for the residents found to have been affected by the deficient practice;90 minute Functional testing of the battery operated emergency lights was completed. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken; 90 minute Functional testing of the battery operated emergency lights was completed. All lights were found to be functional sound. What measures will be put into place or what systemic changes will be made to ensure that hte defiecient practice does not recur; Preventive Maintenance check list has been revised to include annual 90 minute checks and 30 second checks of battery operated emergency lights. Re-education of new Preventive Maintenance check list has been</p>	04/16/2012

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	<p>documentation of thirty day interval functional testing and annual testing for at least a 1 ½-hour duration for 11 of 12 battery operated emergency lights was not available for review. Monthly and annual testing of the battery operated emergency light located at the emergency generator was recorded on the "Preventive Maintenance Checklist" and was the only documentation available for review of battery powered emergency light testing for the facility. Based on interview at the time of record review, the Maintenance Director stated each battery operated emergency light is tested on a monthly basis but acknowledged there is no documentation available for review of thirty day interval or annual testing for battery operated emergency lights not located at the emergency generator.</p> <p>3.1-19(b)</p>		<p>completed for maintenance staff. How the corrective action will be monitored to ensure the defiecient practice will not recur; Enviromental Services Director will audit the Preventative Maintenance checklist monthly for compliance and report to Mission Driven Quality Improvement Committee monthly for 6 months when 3 months of compliance committee will determine need for further monitoring.</p>		

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K0144 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.</p> <p>1. Based on record review and interview, the facility failed to ensure a complete written record of weekly inspections of the starting batteries for the emergency generator was maintained for 50 of 52 weeks. Chapter 3-4.4.1.3 of NFPA 99 requires storage batteries used in connection with essential electrical systems shall be inspected at intervals of not more than 7 days and shall be maintained in full compliance with manufacturer's specifications. Defective batteries shall be repaired or replaced immediately upon discovery of defects. Furthermore, NFPA 110, 6-3.6 requires checking storage batteries, including electrolyte levels, at intervals of not more than 7 days. Chapter 3-5.4.2 of NFPA 99 requires a written record of inspection, performance, exercising period, and repairs for the generator to be regularly maintained and available by the authority having jurisdiction. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:  Based on review of "Emergency</p>	K0144	<p>What corrective action will be accomplished for those residents found to have been affected by the deficient practice; the generator battery has been checked for charger and electrolyte level. And arrangements with electrician have been made to install the remote emergency stop scheduled for May 1 ,2012. How other residents having the potential to be affected by the same practice will be identified and what corrective action will be taken; the generator battery check was completed with no abnormal findings. What measure will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur; Preventative Maintenance Checklist revised to include generator battery checks and re-education completed by Environmental Services Director for maintenance staff Remote emergency stop to be installed. How the corrective action will be monitored to ensure the deficient practice will not recur; Environmental Services Director will audit Preventive Maintenance Checklist monthly and report to Mission Driven Quality Improvement monthly for</p>	05/01/2012			

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	<p>Generator Operating Log" documentation with the Maintenance Director during record review from 9:45 a.m. to 11:40 a.m. on 04/09/12, weekly emergency generator starting battery inspection records for the fifty week period of 04/11/11 through 08/29/11, 09/12/11 through 12/19/11 and 01/02/12 through 04/09/12 was not available for review. Based on interview at the time of record review, the Maintenance Director acknowledged weekly emergency generator starting battery inspection records for the fifty week period of 04/11/11 through 08/29/11, 09/12/11 through 12/19/11 and 01/02/12 through 04/09/12 was not available for review.</p> <p>3.1-19(b)</p> <p>2. Based on observation and interview, the facility failed to ensure 1 of 1 emergency generators was equipped with a remote manual stop. NFPA 99, Health Care Facilities, 3-4.1.1.4 requires generator sets installed as alternate power sources shall meet the requirements of NFPA 110, Standard for Emergency Standby Power Systems. NFPA 110, 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 outside of the room where the prime mover is located. NFPA 110, 7-1</p>		<p>six months then when 3 months of no deficiency the committee will determine if further monitoring is required.</p>				

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	<p>states NFPA 37, Standard for the Installation and Use of Stationary Combustion Engines and Gas Turbines, contains mandatory requirements for emergency generators and shall be considered part of the requirements of this standard. NFPA 37, 8-2.2(c) requires emergency generators of 100 horsepower of more have provisions for shutting down the engine at the engine and from a remote location. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Director during a tour of the facility from 11:40 a.m. to 2:25 p.m. on 04/09/12, a remote shut off device was not found for the 200 kW diesel fired emergency generator. Based on interview at the time of observation, the Maintenance Director stated, the emergency generator was installed in 1993 and acknowledged there is no remote emergency shut off device for the emergency generator.</p> <p>3.1-19(b)</p>			