

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155214	X2) MULTIPLE CONSTRUCTION A. BUILDING -- _____ B. WING _____	X3) DATE SURVEY COMPLETED 07/19/2022
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NAME OF PROVIDER OR SUPPLIER  SAINT ANTHONY	STREET ADDRESS, CITY, STATE, ZIP COD 203 FRANCISCAN DR CROWN POINT, IN 46307
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E 0000  Bldg. --	<p>An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73.</p> <p>Survey Date: 07/19/22</p> <p>Facility Number: 000120 Provider Number: 155214 AIM Number: 100274780</p> <p>At this Emergency Preparedness survey, Saint Anthony was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73</p> <p>The facility has 189 certified beds. At the time of the survey, the census was 160.</p> <p>Quality Review completed on 07/20/22</p>	E 0000		
K 0000  Bldg. 01	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a).</p> <p>Survey Date: 07/19/22</p> <p>Facility Number: 000120 Provider Number: 155214 AIM Number: 100274780</p> <p>At this Life Safety Code survey, Saint Anthony was found not in compliance with Requirements</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 other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed 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 0271 SS=B Bldg. 01	<p>for Participation in Medicare/Medicaid, 42 CFR Subpart 483.90(a), Life Safety from Fire and the 2012 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 three story facility with a partial basement, was determined to be of Type I (332) construction and was fully sprinklered. The facility has a fire alarm system with hard wired smoke detection in the corridors, spaces open to the corridors, and battery operated smoke-detectors in resident rooms. The facility has the capacity for 189 and had a census of 160 at the time of this survey.</p> <p>Quality Review completed on 07/20/22</p> <p>NFPA 101 Discharge from Exits Discharge from Exits Exit discharge is arranged in accordance with 7.7, provides a level walking surface meeting the provisions of 7.1.7 with respect to changes in elevation and shall be maintained free of obstructions. Additionally, the exit discharge shall be a hard packed all-weather travel surface. 18.2.7, 19.2.7 Based on observation and interview, the facility failed to maintain 1 of 18 Exit Discharges in accordance with NFPA 101 Section 7.7 as required by Section 19.2.7. Section 7.7.1.1 state that the exit discharge shall be of the required width and size to provide all occupants with a safe access to a public way. This deficient practice could affect staff in the first floor Hospice Wing.</p> <p>Findings include:</p>	K 0271	<p><b>The corrective actions that were accomplished for those residents to have been affected by from the practice are:</b> Passenger car was immediately removed from exit door area.</p> <p><b>How other residents of the facility were identified to potentially be affected by the practice are:</b></p>	07/20/2022

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K 0920 SS=E Bldg. 01	<p>Based on observation with the Plant Operations Director on 07/19/22 during a tour of the facility from 1:30 p.m. to 3:10 p.m., the Exit Discharge from the Hospice Wing was blocked by a passenger car. The car was parked in in the painted hashed out area in front of the exit door. Based on interview at the time of observation, the Director of Plant Operations agreed that the door was blocked by a car and the exit discharge was blocked. The Plant Operations Director had the car owner notified and the car was moved from blocking the exit and parked in a parking space prior to survey exit.</p> <p>This finding was reviewed with the Administrator and Plant Operations Director at the exit conference.</p> <p>3.1-19(b)</p> <p>NFPA 101 Electrical Equipment - Power Cords and Extens Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assembles that have been</p>		<p>All residents have the potential to be affected by this practice. <b>The facility has taken the following measures to ensure that the problem has been corrected and will not recur by:</b> Maintenance department contacted a whole house audit to ensure all exits were free from obstructions.</p> <p><b>Quality Assurance plans and monitoring practices that have been implemented to make sure corrections are achieved and are permanent are:</b> Plants Operations Director/Designee will conduct rounds daily (5) times per week for 6 months to ensure exits are free from obstructions. Plant Operations Director/Designee will report audit findings to the QAPI committee monthly for (6) six months. The QAPI committee will monitor the data presented for any trends &amp; determine if further monitoring/action is necessary for continued compliance.</p>		

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	<p>assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4. 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 first floor therapy office did not use flexible cords as a substitute for fixed wiring. LSC 9.1.2 requires electrical wiring and equipment shall be in accordance with NFPA 70, National Electrical Code. NFPA 70, 2011 Edition, Article 400.8 requires that, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice could affect up to 8 residents, and 4 staff near the first floor Physical Therapy office.</p> <p>Findings include:</p> <p>Based on observation made with the Plant Operations Director on 07/19/22 during a tour of the facility between 1:30 p.m. and 3:10 p.m., a power strip was in use in the Assistant Director of Nursing's office with a refrigerator plugged into it. Based on interview at the time of observation, the</p>	K 0920	<p><b>The corrective actions that were accomplished for those residents to have been affected by the practice are:</b></p> <p>Power strip was immediately removed from office spaces.</p> <p><b>How other residents of the facility were identified to potentially be affected by the practice are:</b></p> <p>All residents have the potential to be affected by this practice.</p> <p><b>The facility has taken the following measures to ensure that the problem has been corrected and will not recur by:</b></p> <p>Plant Operations Director conducted a whole house audit to ensure that no non-PCREE were plugged into power strips in patient care vicinity that did not</p>	07/25/2022

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K 0923 SS=E Bldg. 01	<p>Plant Operations Director confirmed the power strip usage as a substitute for fixed wiring and stated they had spoke to staff about power strip usage and would reeducate staff.</p> <p>This finding was reviewed with the Administrator and Plant Operations Director at the exit conference.</p> <p>3.1-19(b)</p> <p>NFPA 101 Gas Equipment - Cylinder and Container Storag Gas Equipment - Cylinder and Container Storage Greater than or equal to 3,000 cubic feet Storage locations are designed, constructed, and ventilated in accordance with 5.1.3.3.2 and 5.1.3.3.3. &gt;300 but &lt;3,000 cubic feet Storage locations are outdoors in an enclosure or within an enclosed interior space of non- or limited- combustible</p>		<p>meet regulation.</p> <p>All staff education on K 920 Electrical Equipment and standards on power strip safety and proper use within patient care vicinities.</p> <p><b>Quality Assurance plans and monitoring practices that have been implemented to make sure corrections are achieved and are permanent are:</b></p> <p>Plant Operations Director/designee will conduct audit (5) times a week for (6) months to ensure power strips in patient care vicinity are correctly being utilized if applicable.</p> <p>Plants Operations Director/designee will report audit findings to the QAPI committee monthly for (6) six months. The QAPI committee will monitor the data presented for any trends &amp; determine if further monitoring/action is necessary for continued compliance.</p>	

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	<p>construction, with door (or gates outdoors) that can be secured. Oxidizing gases are not stored with flammables, and are separated from combustibles by 20 feet (5 feet if sprinklered) or enclosed in a cabinet of noncombustible construction having a minimum 1/2 hr. fire protection rating. Less than or equal to 300 cubic feet</p> <p>In a single smoke compartment, individual cylinders available for immediate use in patient care areas with an aggregate volume of less than or equal to 300 cubic feet are not required to be stored in an enclosure. Cylinders must be handled with precautions as specified in 11.6.2.</p> <p>A precautionary sign readable from 5 feet is on each door or gate of a cylinder storage room, where the sign includes the wording as a minimum "CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING."</p> <p>Storage is planned so cylinders are used in order of which they are received from the supplier. Empty cylinders are segregated from full cylinders. When facility employs cylinders with integral pressure gauge, a threshold pressure considered empty is established. Empty cylinders are marked to avoid confusion. Cylinders stored in the open are protected from weather.</p> <p>11.3.1, 11.3.2, 11.3.3, 11.3.4, 11.6.5 (NFPA 99)</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 cylinders of nonflammable gases were properly secured from falling. NFPA 99, Health Care Facilities Code, 2012 Edition, Section 11.3.3 states storage for nonflammable gases with a total volume equal to or less than greater than 8.5 cubic meters (300 cubic feet) shall comply with 11.3.3.1 and 11.3.3.2. NFPA 99, Section 11.3.3.2 states precautions in handling</p>	K 0923	<p><b>The corrective actions that were accomplished for those residents to have been affected by the practice are:</b></p> <p>O2 cylinder was immediately properly secured.</p> <p><b>How other residents of the facility were identified to potentially be affected by the</b></p>	07/25/2022

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	<p>cylinders specified in 11.3.3.1 shall be in accordance with 11.6.2. Section 11.6.2.3(11) states freestanding cylinders shall be properly chained or supported in a proper cylinder stand or cart. This deficient practice could affect over 10 residents and staff in the vicinity of the second floor C Wing nurse's station.</p> <p>Findings include:</p> <p>Based on observation with the Plant Operations Director during a tour of the facility from 1:30 p.m. to 3:10 p.m. on 07/19/22, one 'E' type oxygen cylinder was standing on the floor and leaning at less than a 45 degree angle against a cart in the nurse's station on C Wing of the second floor and was not properly chained or supported in a proper cylinder stand or cart. Based on interview at the time of the observation, the Plant Operations Director agreed the 'E' type oxygen cylinder stored in the aforementioned nurse's station was not properly chained or supported in a proper cylinder stand or cart.</p> <p>This finding was reviewed with the Administrator and Plant Operations Director during the exit conference.</p> <p>3.1-19(b)</p>		<p><b>practice are:</b></p> <p>All residents with urinary catheter bags have the potential to be affected by this practice.</p> <p><b>The facility has taken the following measures to ensure that the problem has been corrected and will not recur by:</b></p> <p>Plant Operations Director conducted a whole house audit to ensure all O2 cylinders were properly stored and secure. All staff educated on properly securing and storing O2 cylinders.</p> <p><b>Quality Assurance plans and monitoring practices that have been implemented to make sure corrections are achieved and are permanent are:</b></p> <p>Plant Operations Director/designee will conduct audit (5) times a week for (6) months to O2 cylinders are properly secure and stored.</p> <p>Plants Operations Director/designee will report audit findings to the QAPI committee monthly for (6) six months. The QAPI committee will monitor the data presented for any trends &amp; determine if further monitoring/action is necessary for continued compliance.</p>	