

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155290	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	X3) DATE SURVEY COMPLETED  08/17/2015
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NAME OF PROVIDER OR SUPPLIER  ST ELIZABETH HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 701 ARMORY RD DELPHI, IN 46923
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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: 08/17/15</p> <p>Facility Number: 000187 Provider Number: 155290 AIM Number: 100267300</p> <p>At this Life Safety Code survey, St. Elizabeth Healthcare Center 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 was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors and hard wired smoke detectors in all resident sleeping rooms. The facility has a capacity of 64 and had a census of 56 at the time of this survey.</p>	K 0000	<p>St. Elizabeth Healthcare Center (the Provider) submits this Plan of Correction (POC) in accordance with specific regulator requirements. The submission of this POC does not indicate an admission by St. Elizabeth Healthcare Center that the findings and allegations contained herein are accurate and true representations of the quality of care and services provided to the residents of St. Elizabeth Healthcare Center. This POC shall serve as the credible allegation of compliance with all state and federal requirements governing the management of this facility. It is thus submitted as a matter of statute only. The facility respectfully requests a desk review of the deficiencies noted.</p>	

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 0038 SS=F Bldg. 01	<p>All areas where residents have customary access were sprinklered. All areas providing facility services were sprinklered except two garages and a storage shed which were not sprinklered.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1 Based on observation and interview, the facility failed to ensure 3 of 3 exit doors with electromagnetic locks remained unlocked until the fire alarm system was reset. LSC 7.2.1.6.2 (d) requires doors shall automatically unlock and remain unlocked until the fire protective signaling system has been manually reset. This applies to electromagnetic locks on all doors to unlock upon actuation of an approved fire alarm system installed in accordance with LSC 9.6. LSC 9.6.1.4 requires a fire alarm system to be installed, tested and maintained in accordance with NFPA 72, the National</p>	K 0038	<p>Electromagnetic locks on three of three exit doors were functioning properly at the time of the survey fire alarm activation test as verified by our monitoring company. The fact that the three exits doors failed to unlock was due to operator error on our part (PLEASE SEE ATTACHED LETTER FROM OUR FIRE ALARM MONITORING COMPANY). Key personnel have been in-serviced on how to properly conduct a fire alarm activation test or drill. Our internal fire alarm activation test/drill documentation has been edited to include a verification the three exit doors in question unlock as</p>	09/16/2015

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K 0050 SS=F Bldg. 01	<p>Fire Alarm Code. NFPA 72, 3-9.7.2 requires all emergency exits connected to the fire alarm system unlock upon receipt of any fire alarm signal by the fire alarm system serving the protected premises. This deficient practice could affect all residents as well as staff and visitors.</p> <p>Findings include:</p> <p>Based on observations on 08/17/15 at 3:10 p.m. during a fire alarm activation test with the Maintenance Supervisor the electromagnetic locks at the 400 and 500 hall direct exits excluding 300 hall exit, did not release upon activation of the fire alarm system. Furthermore, when the alarm was silenced but not reset all exits, the 300, 400 and 500 hall exits remained locked. Based on interview concurrent with the observations with the Administrator it was acknowledged all exit doors equipped with electromagnetic locks would not unlock when the fire alarm was activated or silenced, but not reset.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly</p>		they should (SEE ATTACHED DOCUMENTS: St. Elizabeth Healthcare Center Fire Drill Report & St Elizabeth Healthcare Center Fire Alarm Drill Procedures). This has been resolved effective August 17th, 2015.		

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	<p>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 ensure fire drills included the verification of transmission of the fire alarm signal to the monitoring station in fire drills conducted between 6:00 a.m. and 9:00 p.m. for the last 4 of 4 quarters. LSC 19.7.1.2 requires fire exit drills in health care occupancies shall include the transmission of a fire alarm signal and simulation of emergency fire conditions. This deficient practice affects all residents in the facility as well as staff and visitors.</p> <p>Findings include:</p> <p>Based on review of Fire Drill Reports on 08/17/15 at 3:14 p.m. with the Maintenance Supervisor, the documentation for the drills performed between the hours of 6:00 a.m. and 9:00 p.m. for the past twelve months, from 07/2014 to 07/2015 indicated verification of the transmission of the signal was not documented. Based on interview concurrent with record review it was acknowledged the documentation of the</p>	K 0050	<p>Future fire drills will include verification of the transmission of the fire alarm signal to the monitoring station. Our internal fire alarm activation test/drill documentation has been edited to include a verification the transmission of the fire alarm signal was received by the monitoring station (SEE ATTACHED DOCUMENT: St. Elizabeth Healthcare Center Fire Drill Report).</p>	09/16/2015			

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K 0062 SS=F Bldg. 01	<p>transmission of the signal was not recorded.</p> <p>3.1-19(b) 3.1-51(c)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>Based on observation and interview, the facility failed to provide a complete supply of spare sprinklers in 1 of 1 riser rooms in accordance with NFPA 25, 1998 Edition, the Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, Section 2-4.1.4 which requires supply of at least six spare sprinklers shall be stored in a cabinet on the premises for replacement purposes. The stock of spare sprinklers shall be proportionally representative of the types and temperature ratings of the system sprinklers. A minimum of two sprinklers of each type and temperature rating installed shall be provided. This deficient practice could affect all residents throughout the facility as well</p>	K 0062	<p>Director of Plant Operations or designee will inventory spare sprinkler head monthly to ensure a minimum of two of each type and temperature rating is on-hand, in proportion to sprinkler heads in our sprinkler system and in good working order. Said inventory will continue for six months or until 100% compliance is reached. Spare sprinkler heads will be tested annually to ensure they are in good operating condition by our sprinkler service vendor. Spare sprinkler head inventory will reviewed for six months in QA Committee meetings or until 100% compliance is met. Ongoing inventory &amp; testing will be maintained pursuant to NFPA Life Safety Code Standard (SEE ATTACHED DOCUMENT: SPARE SPRINKLER HEADS INVENTORY &amp;</p>	09/16/2015

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K 0070 SS=E Bldg. 01	<p>as staff and visitors if the sprinkler system had to be shut down because a proper sprinkler head wasn't available as a replacement.</p> <p>Findings include:</p> <p>Based on observation on 08/17/15 at 2:05 p.m. with the Maintenance Supervisor, the Riser room on Service hall which contained the sprinkler box with extra sprinkler heads was not equipped with side mount sprinkler heads which were observed being used in the skilled dining room. Based on interview on 08/17/15 at 2:06 p.m. with the Maintenance Supervisor it was acknowledged the spare sprinkler cabinet located in the Riser room did not have two of each type of sprinkler heads in the sprinkler box.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Portable space heating devices are prohibited in all health care occupancies, except in non-sleeping staff and employee areas where the heating elements of such devices do not exceed 212 degrees F. (100 degrees C) 19.7.8</p> <p>Based on observation, interview and record review, the facility failed to regulate the use of 3 of 3 portable space</p>	K 0070	<p>TESTING).</p> <p>Portable heaters are prohibited at St. Elizabeth Healthcare Center. All staff will be in-serviced on policies</p>	09/16/2015

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	<p>heaters observed in the facility. This deficient practice could affect 7 residents in the main dining room and any resident on Administrative hall as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observations on 08/17/15 during the tour between 1:30 p.m. to 3:45 p.m. with the Maintenance Supervisor, the Dietary manager office, Director of Nursing's office and the Assistant Director of Nursing's office had one portable space heater each. Based on interview on 08/10/15 concurrent with the observations, it was acknowledged by the Maintenance Supervisor space heaters were not allowed in the facility.</p> <p>3.1-19(b)</p>		<p>and regulations regarding in-house portable heaters. Moreover, Director of Plant Operations or designee will inspect the facility for portable heaters once per week for two months and monthly thereafter for a total of six months OR until 100% compliance is met. This will be monitored for six months by the Director of Plant Operations or designee as well as during monthly QA Committee meetings (SEE ATTACHED DOCUMENTS: POLICY &amp; STANDARDS FOR PORTABLE HEATERS (IN-SERVICE) &amp; PORTABLE HEATERS BUILDING INSPECTION).</p>		