

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

PRINTED: 10/30/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15E680	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 , 02 B. WING _____		(X3) DATE SURVEY COMPLETED R 10/25/2012
NAME OF PROVIDER OR SUPPLIER PROVIDENCE HEALTH CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 1 SISTERS OF PROVIDENCE SAINT MARY OF THE WO, IN 47876		
(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	
{K 000}	<p>INITIAL COMMENTS</p> <p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification, State Licensure, Environmental Preoccupancy Survey for the conversion of all beds from T 19 to T18/19 and a Quality Assurance Walk-thru Survey conducted on 09/17/12 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 10/25/12</p> <p>Facility Number: 003624 Provider Number: 15E680 AIM Number: 200429840</p> <p>Surveyor: Bridget Brown, Life Safety Code Specialist</p> <p>At this PSR survey, Providence Health Care was found 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) and 410 IAC 16.2. The original North/South wing was surveyed with Chapter 19, Existing Health Care Occupancies.</p> <p>This facility is located in two, one story buildings; the North/South and the East/West connected by a thirty foot corridor. The buildings were determined to be of Type V (111) construction and fully sprinklered. The facility has a fire alarm system with hardwired smoke detection in the corridors, spaces open to the corridors, and in resident sleeping rooms. The facility has the capacity for 70 residents and had a census of 41</p>	{K 000}			
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 000}	Continued From page 1 at the time of this survey.	{K 000}			
	All areas where the residents have customary access were sprinklered. A detached generator room was not sprinklered.				
	Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 10/29/12.				
{K 000}	INITIAL COMMENTS	{K 000}			
	A Post Survey Revisit (PSR) to the Life Safety Code Recertification, State Licensure, Environmental Preoccupancy Survey for the conversion of all beds from T 19 to T18/19 and a Quality Assurance Walk-thru Survey conducted on 09/17/12 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).				
	Survey Date: 10/25/12				
	Facility Number: 003624 Provider Number: 15E680 AIM Number: 200429840				
	Surveyor: Bridget Brown, Life Safety Code Specialist				
	At this PSR survey, Providence Health Care Center was found 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) and 410 IAC 16.2. The East/West wing and therapy suite were surveyed with Chapter 18, New Health Care Occupancies.				

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