

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155802	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	X3) DATE SURVEY COMPLETED  03/02/2015
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NAME OF PROVIDER OR SUPPLIER  PROVIDENCE HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1 SISTERS OF PROVIDENCE SAINT MARY OF THE WO, IN 47876
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K 000  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: 03/02/15</p> <p>Facility Number: 003624 Provider Number: 155802 AIM Number: 200429840</p> <p>Surveyor: Bridget Brown, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Providence Health Care Center was found in substantial compliance with Requirements for Participation in Medicare/Medicaid, 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</p>	K 000		
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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 147 SS=B Bldg. 01	<p>to be of Type V (111) construction and 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 the resident sleeping rooms. The facility has the capacity for 70 and had a census of 61 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered. All areas providing facility services were sprinklered except the detached generator room which was not sprinklered.</p> <p>Quality Review by Dennis Austill, Life Safety Code Specialist on 03/05/15.</p> <p>The facility was found in substantial compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 Based on observation and interview, the</p>	K 147	Providence Health Care will ensure that multiplug adaptors will not be	03/03/2015			

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K 000  Bldg. 02	<p>facility failed to ensure 1 of 1 flexible cords was not used as a substitute for fixed wiring. NFPA 70 National Electrical Code, 1999 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 visitors, staff and 10 or more residents in the McLaughlin dining room.</p> <p>Findings include:</p> <p>Based on observation with the General Manager of Operations on 03/02/15 at 1:15 p.m., a power strip extension cord was used to supply power to the Microwave in the McLaughlin dining room. The General Manager of Operations acknowledged the use of the extension cord at the time of observation.</p> <p>3.1-19(b)</p> <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>	K 000	<p>used. Only power strip extensioncords that meet the fire and safety codes will be used in the appropriatemanner. Use of the multiplug was discontinued on March 3rd in room106. The oxygen concentrator will be pluggedinto a power strip that plugs directly into the wall. PHC will ensure compliance by visual observationdaily by housekeeping and nursing staff. A weekly inspection will be done by the Director of EnvironmentalServices. In services were held for all staff and shifts on maintaining thisstandard.</p>				

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	<p>Survey Date: 03/02/15</p> <p>Facility Number: 003624 Provider Number: 155802 AIM Number: 200429840</p> <p>Surveyor: Bridget Brown, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Providence Health Care Center was found in substantial 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) and 410 IAC 16.2. The East/West wing and therapy suite were surveyed with Chapter 18, New Health Care Occupancies.</p> <p>The East/West wing is connected by a thirty foot corridor to the north/south building. The facility 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, spaces open to the corridors, and resident sleeping rooms. The facility has the capacity for 70 and had a census of 61 at the time of this survey.</p> <p>Quality Review by Dennis Austill, Life</p>				

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K 018 SS=B Bldg. 02	<p>Safety Code Specialist on 03/05/15.</p> <p>The facility was found in substantial compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings are constructed to resist the passage of smoke. Doors are provided with positive latching hardware. Dutch doors meeting 18.3.6.3.6 are permitted. Roller latches are prohibited. 18.3.6.3</p> <p>Based on observation and interview, the facility failed to ensure 1 of 4 storage room corridor doors on the West Unit had no impediment to closing. This deficient practice affects staff, visitors and 10 or more residents on the West Unit.</p> <p>Findings include:</p> <p>Based on observation with the General Manager of Operations on 03/02/15 at 12:15 p.m., the former laundry on the West Unit was used for the storage of wheelchairs which filled the room to capacity and prevented the open door from closing without first removing wheelchairs. The General Manager of</p>	K 018	<p>Providence Health Care will ensure that West Unit's former laundry room door will not be impeded from closing. The wheelchairs being stored in the room wereremoved on March 3rd, and the door was able to close. PHC will ensure compliance is met through dailyvisual observation by housekeeping and nursing staff. A weekly inspection will be done by theDirector of Environmental Services. Inservices were held for all staff and shifts on maintaining this standard.</p>	03/03/2015

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K 064 SS=B Bldg. 02	<p>Operations acknowledged at the time of observation, the wheel chairs were an impediment to closing the door.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1, NFPA 10. 18.3.5.6 Based on observation and interview, the facility failed to ensure 1 of 5 portable fire extinguishers on the West Unit was readily accessible. NFPA 10, the Standard for Portable Fire Extinguishers, Chapter 1, 1-6.3 requires extinguishers shall be conspicuously located where they will be readily accessible and immediately available in the event of fire. This deficient practice affects visitors, staff and 10 or more residents on the West Unit.</p> <p>Findings include:</p> <p>Based on observation with the General Manager of Operations on 03/02/15 at 12:15 p.m., one portable K class fire extinguisher was located on the back wall of a wheel chair storage room on the West Unit. The room was filled to capacity with wheelchairs and the fire extinguisher could not be reached without first removing the wheel chairs</p>	K 064	<p>Providence Health Care will ensure the portable K fire extinguisher is not impeded by any obstructions. The wheelchairs blocking access to the fire extinguisher were removed on March 3rd. PHC will ensure compliance is met through daily visual observation by housekeeping and nursing staff to verify that the fire extinguisher is accessible. A weekly inspection will be done by the Director of Environmental Services. In services were held for all staff and shifts on maintaining this standard.</p>	03/03/2015

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K 147 SS=B Bldg. 02	<p>blocking access to it. The General Manager of Operations agreed at the time of observation, the use of the fire extinguisher was be impeded by these obstructions.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p> <p>Based on observation and interview, the facility failed to ensure extension cords including power strips and nonfused multiplug adapters were not used as a substitute for fixed wiring. LSC 19.5.1 requires utilities to comply with Section 9.1. LSC 9.1.2 requires electrical wiring and equipment to comply with NFPA 70, National Electrical Code, 1999 Edition. NFPA 70, Article 400-8 requires, 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 least visitors, staff and 10 or more residents on the West Unit.</p>	K 147	<p>Providence Health Care will ensure that multiplug adaptors willnot be used. Only power strip extensioncords that meet the fire and safety codes will be used in the appropriatemanner. Use of the multiplug was discontinued on March 3rd in room106. The oxygen concentrator will be pluggedinto a power strip that plugs directly into the wall. PHC will ensure compliance by visual observationdaily by housekeeping and nursing staff. A weekly inspection will be done by the Director of EnvironmentalServices. In services were held for all staff and shifts on maintaining thisstandard.</p>	03/03/2015	

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	<p>Findings include:</p> <p>Based on observation with the General Manager of Operations on 03/02/15 between 12:30 p.m. and 12:40 p.m., a power strip extension cord was used to supply power to an oxygen concentrator in room 102 and a multiplug adapter was in use to power equipment in room 106. The General Manager of Operations acknowledged at the time of observations, these power supplies were not supposed to be in use for the equipment.</p> <p>3.1-19(b)</p>				