

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15E245	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  08/11/2014
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NAME OF PROVIDER OR SUPPLIER  ST AUGUSTINE HOME FOR THE AGED	STREET ADDRESS, CITY, STATE, ZIP CODE 2345 W 86TH ST INDIANAPOLIS, IN 46260
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K010000	<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: 08/11/14</p> <p>Facility Number: 000389 Provider Number: 15E245 AIM Number: 100288920</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, St. Augustine Home for the Aged was found not 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), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This facility located on the second and third floor of a three story building determined to be of Type II (222) construction was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and in all areas open to the corridor. The</p>	K010000		

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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K010052 SS=E	<p>facility has smoke detectors hard wired to the fire alarm system in all resident rooms. The facility has a capacity of 42 and had a census of 33 at the time of this visit.</p> <p>All areas where the residents have customary access were sprinklered. All areas providing facility services were sprinklered.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 08/18/14.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4 Based on observation and interview, the facility failed to maintain 1 of 275 smoke detectors in accordance with NFPA 72, National Fire Alarm Code. NFPA 72, 2-3.5.1 requires in spaces served by air</p>	K010052	Smoke detector in corridor outside room 247 will be moved to a location meeting code regulations. Smoke detector outside room 247 has been moved to a location meeting code regulations. A complete facility	09/10/2014

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K010076 SS=E	<p>handling systems, smoke detectors shall not be located where airflow prevents operation of the detectors. NFPA 72, A-2-3.5.1 explains smoke detectors should not be located in a direct airflow nor closer than 3 feet from an air supply diffuser or return air opening. This deficient practice could affect 12 residents, staff and visitors in the vicinity Room 247.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Assistant during a tour of the facility from 11:20 a.m. to 2:00 p.m. on 08/11/14, the smoke detector in the corridor outside Room 247 was located on the ceiling within eight inches of an air return vent. Based on interview at the time of observation, the Maintenance Assistant acknowledged the aforementioned smoke detector was located on the ceiling less than three feet from an air return vent.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Medical gas storage and administration</p>		inspection has been performed and all smoke detection devices are in compliance. Inspections will be performed on a semi-annual basis to ensure all devices fall within regulation.				

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	<p>areas are protected in accordance with NFPA 99, Standards for Health Care Facilities.</p> <p>(a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation.</p> <p>(b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 19.3.2.4</p> <p>Based on observation and interview, the facility failed to ensure 1 of 3 oxygen storage locations of greater than 3000 cubic feet were enclosed with a separation of 1 hour fire resistive construction.</p> <p>a. LSC 8.2.3.2.1(a) states door assemblies in fire barriers shall be of an approved type with the appropriate fire protection rating for the location in which they are installed and shall comply with NFPA 80, Standard for Fire Doors and Fire Windows. NFPA 80, Standard for Fire Doors and Fire Windows, 1999 Edition, states the clearance under the bottoms of doors shall be in accordance with Table 1-11.4. Table 1-11.4 states the maximum clearance for a fire rated swinging door with fire hardware shall be 3/4 inch between the bottom of the door and the floor where no sill exists.</p> <p>b. LSC 8.2.3.2.1(b) states fire doors shall be self closing or automatic closing in accordance with 7.2.1.8.</p> <p>This deficient practice could affect 17</p>	K010076	Excessive gap in bottom of oxygen room door will be corrected by installation of a transition strip along threshold of doorway. Self-closing arm of device will be adjusted to allow closing of oxygen room door automatically. The gap in the bottom of oxygen room was corrected 9-10-2014 with the installation of a transition strip along threshold of doorway. Oxygen rooms will be monitored quarterly, and any deficiencies will be corrected as needed.	09/10/2014

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	<p>residents, staff and visitor in the vicinity of the third floor oxygen storage and transfilling room inside the Bath room by the nurses station.</p> <p>Findings include:</p> <p>Based on observations with the Maintenance Assistant during a tour of the facility from 11:20 a.m. to 2:00 p.m. on 08/11/14, the following was noted in the oxygen storage and transfilling room inside the Bath room by the third floor nurses station:</p> <p>a. a one and a quarter inch clearance for the one hour fire rated swinging door between the bottom of the door and the floor where no sill exists was noted on the door handle side.</p> <p>b. the arm of the self closing device at the top of the door was fully extended which served to prop the entry room door in the fully open position.</p> <p>In addition, two liquid oxygen containers were noted in the aforementioned oxygen storage and transferring room. Based on interview at the time of the observations, the Maintenance Assistant acknowledged the aforementioned oxygen storage room was not enclosed with a separation of one hour fire resistive construction.</p> <p>3.1-19(b)</p>			

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K010143 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Transferring of oxygen is:</p> <p>(a) separated from any portion of a facility wherein patients are housed, examined, or treated by a separation of a fire barrier of 1-hour fire-resistive construction;</p> <p>(b) in an area that is mechanically ventilated, sprinklered, and has ceramic or concrete flooring; and</p> <p>(c) in an area posted with signs indicating that transferring is occurring, and that smoking in the immediate area is not permitted in accordance with NFPA 99 and the Compressed Gas Association. 8.6.2.5.2</p> <p>Based on observation and interview, the facility failed to ensure 1 of 3 liquid oxygen storage areas where transferring of oxygen takes place was separated from any portion of a facility wherein residents are housed, examined, or treated by a separation of a fire barrier of 1 hour fire resistive construction.</p> <p>a. LSC 8.2.3.2.1(a) states door assemblies in fire barriers shall be of an approved type with the appropriate fire protection rating for the location in which they are installed and shall comply with NFPA 80, Standard for Fire Doors and Fire Windows. NFPA 80, Standard for Fire Doors and Fire Windows, 1999 Edition, states the clearance under the bottoms of</p>	K010143	Excessive gap in bottom of oxygen room door will be corrected by installation threshold of doorway. Self-closing arm of device will be adjusted to allow closing of oxygen room door automatically. The gap in the bottom of oxygen room was corrected 9-10-2014 with the installation of a transition strip along threshold of doorway. Oxygen rooms will be monitored quarterly, and any deficiencies will be corrected as needed.	09/10/2014

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	<p>doors shall be in accordance with Table 1-11.4. Table 1-11.4 states the maximum clearance for a fire rated swinging door with fire hardware shall be 3/4 inch between the bottom of the door and the floor where no sill exists.</p> <p>b. LSC 8.2.3.2.1(b) states fire doors shall be self closing or automatic closing in accordance with 7.2.1.8.</p> <p>This deficient practice could affect 17 residents, staff and visitor in the vicinity of the third floor oxygen storage and transfilling room inside the Bath room by the nurses station.</p> <p>Findings include:</p> <p>Based on observations with the Maintenance Assistant during a tour of the facility from 11:20 a.m. to 2:00 p.m. on 08/11/14, the following was noted in the oxygen storage and transfilling room inside the Bath room by the third floor nurses station:</p> <p>a. a one and a quarter inch clearance for the one hour fire rated swinging door between the bottom of the door and the floor where no sill exists was noted on the door handle side.</p> <p>b. the arm of the self closing device at the top of the door was fully extended which served to prop the entry room door in the fully open position.</p> <p>In addition, two liquid oxygen containers</p>			

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K010144 SS=C	<p>were noted in the aforementioned oxygen storage and transfilling room. Based on interview at the time of the observations, the Maintenance Assistant acknowledged the aforementioned oxygen storage and transfilling room was not separated from any portion of a facility wherein residents are housed, examined, or treated by a separation of a fire barrier of 1 hour fire resistive construction.</p> <p>3.1-19(b)</p> <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>Based on observation and interview, the facility failed to ensure 1 of 1 generators was in accordance with NFPA 99, 1999 Edition, Standard for Health Care Facilities. NFPA 99, Section 3-4.1.1.15 requires a remote annunciator to be provided in a location readily observed by operating personnel at a regular work station. The annunciator shall indicate an individual visual signal when the emergency or auxiliary power source is operating to supply power to load. In addition, NFPA 101 at Section 4.6.12.1 requires that any device, equipment or system required for compliance with this</p>	K010144	Both generator panels are to be serviced by an outside contractor and repaired to comply with code standards. A visual run light will be operable on the remote annunciator panel. Both generator annunciator panels have been corrected on 9-22-2014. In the future all generator equipment will be inspected by an outside contractor annually.	09/10/2014

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	<p>Code shall be continuously maintained. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Assistant during a tour of the facility from 11:20 a.m. to 2:00 p.m. on 08/11/14, the remote annunciator for the emergency generator located near the first floor reception area at the main entrance was not provided with an individual visual signal to indicate the emergency or auxiliary power source is operating to supply power. In addition, it could not be assured the remote annunciator was functioning as the lamp test button failed repeatedly to illuminate any individual alarm indicators. At 1:25 p.m. on 08/11/14, the Maintenance Assistant manually started and transferred power to the emergency generator and the remote annunciator did not provide an individual visual signal to indicate the emergency or auxiliary power source is operating to supply power. Based on interview at the time of observation, the Maintenance Assistant acknowledged the remote annunciator for the emergency generator was not provided with an individual visual signal to indicate the emergency or auxiliary power source is operating to supply</p>						

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K010147 SS=E	<p>power and it could not be assured the remote annunciator was functional.</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 2 of 2 extension cords including power strips were not used as a substitute for fixed wiring. 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 20 residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on observations with the Maintenance Assistant during a tour of the facility from 11:20 a.m. to 2:00 p.m. on 08/11/14, the following was noted:</p> <p>a. one of two refrigerators in Sister's Office by Room 307 was plugged into a power strip, b. an operating window unit air conditioner was plugged into a power</p>	K010147	A wall outlet will be installed to meet code compliance. A wall outlet will be installed by 9-10-2014. A quarterly inspection of electrical system will be conducted and violations will be corrected when discovered.	09/10/2014			

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	<p>strip in the kitchenette by Room 229. Based on interview at the time of the observations, the Maintenance Assistant acknowledged a power strip was being used as a substitute for fixed wiring at each of the aforementioned locations.</p> <p>3.1-19(b)</p>				