

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15E247	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 04/30/2012
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NAME OF PROVIDER OR SUPPLIER ST PAUL HERMITAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 501 N 17TH AVE BEECH GROVE, IN 46107
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K0000	<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: 04/30/12</p> <p>Facility Number: 000391 Provider Number: 15E247 AIM Number: 100274990</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, St. Paul Hermitage 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 was surveyed as two separate buildings due to the different construction types of different portions of the building. Building 0102, the one story health care center constructed in 1997 was determined to be of Type II (000) construction and fully sprinklered. Building 0102 had smoke detectors</p>	K0000		

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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	<p>located near smoke barriers and in resident rooms. Building 0202 consisting of the ground floor of the fully sprinklered three story building with a basement adjacent to the health care center, and separated by a two hour wall, was determined to be of Type I (332) construction. The ground floor of the adjacent building was surveyed due to the presence of the therapy room in the building. Building 0202 had a complete corridor smoke detection system. The facility has a capacity of 52 and had a census of 47 at the time of this visit.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 05/03/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>				

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K0038 SS=E	<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</p> <p>Based on observation and interview, the facility failed to ensure 1 of 5 delayed egress exit doors unlocked when the fire alarm was activated. LSC 19.2.1 requires every aisle, passageway, corridor, exit discharge, exit location, and access to be in accordance with Chapter 7. LSC 7.2.1.6.1(a) requires doors with special locking arrangements such as delayed egress unlock upon actuation of an approved automatic fire detection system in accordance with Section 9.6. This deficient practice could affect any resident, staff and visitors if needing to exit the facility from the Northwest exit door from the healthcare center.</p> <p>Findings include:</p> <p>Based on observation with the Assistant Director of Maintenance during a tour of the facility from 11:15 a.m. to 1:40 p.m. on 04/30/12, the delayed egress lock on the Northwest exit door from the healthcare center did not release and remain unlocked when the fire alarm was activated at 1:13 p.m. Based on interview at the time of the observation, the Assistant Director of Maintenance acknowledged the delayed egress lock on</p>	K0038	<p>On 5/1/2012 was contacted regarding the exit door failing to unlock when the fire alarm was activated. On 5/4/2012 serviceman from Tinder Co. was on site to work on the affected exit door.. Serviceman to return on 5/7/2012 with needed parts to repair door. Serviceman returned on 5/7/12 at 10:30 a.m. with circuit board to repair egress on door. After repair was made, all doors were tested to make sure all were released when the fire alarm was activated, and were secure when the alarm was deactivated. Repairs were successfully completed.</p>	05/11/2012			

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	the Northwest exit door from the healthcare center did not release and remain unlocked when the fire alarm was activated. 3.1-19(b)				

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K0067 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2</p> <p>Based on record review, observation and interview; the facility failed to ensure 2 of 2 fire dampers in the facility were inspected and provided necessary maintenance at least every four years in accordance with NFPA 90A. LSC 9.2.1 requires heating, ventilating and air conditioning (HVAC) ductwork and related equipment shall be in accordance with NFPA 90A, Standard for the Installation of Air-Conditioning and Ventilating Systems. NFPA 90A, 1999 Edition, 3.4.7, Maintenance, requires at least every 4 years, fusible links (where applicable) shall be removed; all dampers shall be operated to verify they fully close; the latch, if provided, shall be checked, and moving parts shall be lubricated as necessary. This deficient practice affects 47 of 47 residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on observations with the Assistant Director of Maintenance during a tour of the facility from 11:15 a.m. to 1:40 p.m. on 04/30/12, the facility has two fire</p>	K0067	On 5/2/2012, fusible links were ordered from Jackson Control Company. Logs have been made and will be kept at the location of the fusible links and in the maintenance office. New fusible links have been ordered and will be installed and logged as soon as they arrive.	05/30/2012

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	<p>dampers located in the HVAC system above the ceiling in the firewall at the A Wing and B Wing cross corridor fire doors. No record of the installation date or fusible link replacement date was recorded on or near each fire damper. Based on record review with the Assistant Director of Maintenance from 9:15 a.m. to 1:40 p.m. on 04/30/12, documentation of fire damper location, installation date or fusible link replacement date was not available for review. Based on interview at the time of record review and the observations, the Assistant Director of Maintenance stated the fire dampers have been in the HVAC system for at least the last four years and acknowledged no documentation was available for review for the two fire dampers located in the facility demonstrating fusible links had been removed and replaced every four years.</p> <p>3.1-19(b)</p>				