

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155604	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 01/25/2016
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NAME OF PROVIDER OR SUPPLIER SAINT ANTHONY REHAB AND NURSING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1205 N 14TH ST LAFAYETTE, IN 47904
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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: 01/25/16</p> <p>Facility Number: 000535 Provider Number: 155604 AIM Number: 100267250</p> <p>At this Life Safety Code survey, Saint Anthony Health Care, 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), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This 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 detectors in all resident sleeping rooms. The facility has a capacity of 120 and had a census of 76 at</p>	K 0000	<p>St. Anthony Health Care, Inc. is requesting paper compliance to the Life Safety Code Survey conducted on January 25, 2016. "This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, St. Anthony Health Care, Inc. does not admit that the deficiency listed on this form exist, nor does the Center admit to any statements, findings, facts, or conclusions that form the basis for the alleged deficiency. The Center reserves the right to challenge in legal and/or regulatory or administrative proceedings the deficiency, statements, facts, and conclusions that form the basis for the deficiency."</p>	
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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 0154 SS=C Bldg. 01	<p>the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. All areas providing facility services were sprinklered except for a detached garage and two wood sheds used for facility storage which were not sprinklered. Quality Review completed on 02/01/16 - DA</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Where a required automatic sprinkler system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction is notified, and the building is evacuated or an approved fire watch system is provided for all parties left unprotected by the shutdown until the sprinkler system has been returned to service. 9.7.6.1</p> <p>Based on record review and interview, the facility failed to protect 76 of 76 residents by providing a complete written policy containing procedures to be followed in the event the automatic sprinkler system has to be placed out of service for more than 4 hours in a 24 hour period in accordance with LSC, Section 9.7.6.1. LSC 9.7.6.2 requires sprinkler impairment procedures comply with NFPA 25, Standard for Inspection, Testing and Maintenance of Water Based Fire Protection Systems. NFPA 25, 11-2</p>	K 0154	<p>K154 NFPA LIFE & SAFETY CODESTANDARD Fire WatchPlan has been revised to include notification of Insurance Carrier, ISDH, Lafayette Fire Department, Monitoring company and owner/operator, then notify all six entities again once the sprinkler system has been restored to normal. Revised Fire Watchpolicy has been added to all disaster books All residents have the potential to be effected. Maintenance Supervisor will review Disaster Action Plan Book every month to ensure policy is</p>	02/24/2016

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	<p>requires an appointed sprinkler impairment coordinator. NFPA 25, 11-5 requires a preplanned program to include evacuation or an approved fire watch and 11-5(d) requires the local fire department be notified of a sprinkler impairment and 11-5(e) requires the insurance carrier, alarm company, building owner/manager and other authorities having jurisdiction also be notified and 11-5(f) requires notification of supervisors in the area in addition to those already mentioned and lastly 11-7 requires notification of everyone again when the system is restored. This deficient practice could affect all residents as well as staff and visitors.</p> <p>Findings include:</p> <p>Based on Fire watch policy review on 01/25/16 at 3:25 p.m., with the Maintenance Supervisor the facility did have a written policy and procedure for an impaired sprinkler system available for review, but it did not address notifying the Insurance Carrier, ISDH, Fire department, Owner/Operator and Monitoring company and then notify all six entities again once the sprinkler system has been restored to normal. Based on interview on 01/25/16 at 3:26 p.m. with the Maintenance Supervisor, it was acknowledged the fire watch policy</p>		<p>current. Results will be recorded on Monthly Disaster Book Review. Monthly Disaster Book Review will be presented to the QA committee to ensure compliance. QA committee will review Fire Watch Policy compliance for no less than three months. Audits will be discontinued after three months of continuous compliance.</p>	

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K 0155 SS=C Bldg. 01	<p>did not include notifying the aforementioned entities and once again when the sprinkler system had been restored to normal operation.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Where a required fire alarm system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction is notified, and the building is evacuated or an approved fire watch is provided for all parties left unprotected by the shutdown until the fire alarm system has been returned to service. 9.6.1.8</p> <p>Based on record review and interview, the facility failed to provide a complete written fire watch policy in the event the fire alarm system is out of service for more than 4 hours in a 24 hour period for the protection of 76 of 76 residents. LSC, 19.7.1.1 requires every health care occupancy to have in effect and available to all supervisory personnel a plan for the protection of all persons. All employees shall periodically be instructed and kept informed with respect to their duties under the plan. The provisions of 19.7.1.2 through 19.7.2.3 shall apply. 19.7.2.2 requires all fire safety plans to provide for the use of alarms, the transmission of the alarm to the fire</p>	K 0155	<p>K155 NFPA LIFE & SAFETY CODESTANDARD Fire Watch Plan has been revised to include notification of Insurance Carrier, ISDH, Lafayette Fire Department, Monitoring company and owner/operator, then notify all six entities again once the sprinkler system has been restored to normal.</p> <p>Revised Fire Watch policy has been added to all disaster books All residents have the potential to be effected.</p> <p>Maintenance Supervisor will review Disaster Action Plan Book every month to ensure policyis current.</p> <p>Results will be recorded on Monthly Disaster Book Review. Monthly Disaster Book Review</p>	02/24/2016

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	<p>department and response to alarms. 19.7.2.3 requires health care personnel to be instructed in the use of a code phrase to assure transmission of the alarm during a malfunction of the building fire alarm system. This deficient practice could affect all residents as well as staff and visitors.</p> <p>Findings include:</p> <p>Based on Fire Alarm record review on 01/25/16 at 3:37 p.m., with the Maintenance Supervisor, the facility did have a written policy and procedure for an impaired fire protection system available for review, but it did not address notifying the Insurance carrier, ISDH, Fire department, Owner/Operator and Monitoring company and then notifying everyone again when the system is restored.</p> <p>Based on interview on 01/25/16 at 3:38 p.m. with the Maintenance Supervisor, it was acknowledged the fire watch policy did not include the aforementioned entities and did not disclose notifying all entities again once the system had been restored.</p> <p>3.1-19(b)</p>		will be presented to the QA committee to ensure compliance. QA committee will review Fire Watch Policy compliance for no less than three months. Audits will be discontinued after three months of continuous compliance.		