

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155349	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 04/16/2013
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NAME OF PROVIDER OR SUPPLIER SAINT ANNE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1900 RANDALLIA DR FORT WAYNE, IN 46805
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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: 04/15/13 and 04/16/13</p> <p>Facility Number: 000240 Provider Number: 155349 AIM Number: 100274960</p> <p>Surveyor: Amy Kelley, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Saint Anne Home was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire, the 2000 edition of National Fire Protection Association (NFPA) 101, Life Safety Code (LSC) and 410 IAC 16.2. The original building consisting of the three story building and the main entrance/dining room was surveyed with Chapter 19 Existing Health Care Occupancies.</p> <p>The nursing home is a fully sprinklered three story building of Type II (222) construction with a basement, the main entrance/dining room is a one story fully</p>	K010000		
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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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	<p>sprinklered building of Type V (111) construction and the Rehabilitation unit with a physical therapy gym is a one story fully sprinklered building of Type V (000) construction. The facility has a fire alarm system with smoke detection in the corridors, in areas open to the corridors and battery operated smoke detectors in the resident rooms. The facility has a capacity of 168 and had a census of 152 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.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 04/19/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>				

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K010021 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD Any door in an exit passageway, stairway enclosure, horizontal exit, smoke barrier or hazardous area enclosure is held open only by devices arranged to automatically close all such doors by zone or throughout the facility upon activation of:</p> <p>a) the required manual fire alarm system;</p> <p>b) local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and</p> <p>c) the automatic sprinkler system, if installed. 19.2.2.2.6, 7.2.1.8.2</p> <p>Based on observation and interview, the facility failed to ensure 1 of 4 kitchen corridor doors was held open only by a device which would allow it to close automatically upon activation of the fire alarm system. This deficient practice was not in a resident care area but could affect kitchen staff personnel.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Director on 04/15/13 at 2:20 p.m., upon activation of the fire alarm system, the top half of the Dutch type kitchen door is designed to release with from the magnet, capture the bottom half of the door and latch into the door frame. To test the door, the Maintenance Director released the top half of the door</p>	K010021	Employees in the nursing home kitchen will be inserviced about keeping the doorway clear of any pans or items that would restrict the operation of the door to close upon fire activation and monitored for compliance on a regular basis.	04/30/2013

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	<p>from the magnet but instead of capturing the bottom half of the door and latching into the door frame, the top half of the door was obstructed by metal pans stacked on the steam table. This was acknowledged by the Maintenance Director at the time of observation.</p> <p>3.1-19(b)</p>			

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K010033 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Exit components (such as stairways) are enclosed with construction having a fire resistance rating of at least one hour, are arranged to provide a continuous path of escape, and provide protection against fire or smoke from other parts of the building. 8.2.5.2, 19.3.1.1</p> <p>Based on observation and interview, the facility failed to maintain 2 of 2 exit stairways in accordance with LSC 7.7.1 and LSC 7.7.2. LSC 7.7.1 requires exits to discharge to the public way or an exterior exit discharge. LSC 7.7.2 allow no more than 50 percent of exits to discharge into an area on the level of exit discharge. This deficient practice could affect any of the 49 residents on the second floor and any of the 41 residents on the third floor in the event of an emergency evacuation.</p> <p>Findings include:</p> <p>Based on observations with the Maintenance Director on 04/15/13 at 2:36 p.m. and then again at 2:50 p.m., the southwest stair and northeast stair discharged onto the first floor and not directly to the exterior of the building. This was confirmed by the Maintenance Director at the time of observations.</p> <p>3.1-19(b)</p>	K010033	This stairwell exit requirement will be covered by the FSES inspection and report completed on 5/2/13.	05/02/2013			

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K010056 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5</p> <p>1. Based on observation and interview, the facility failed to ensure 2 of 2 basement elevator equipment rooms were provided with sprinkler coverage. NFPA 13, 5-13.6.2 states automatic sprinklers in elevator machine rooms shall be of ordinary or intermediate temperature rating. ASME/ANSI A17.1 permits sprinklers in elevator machine rooms when there is a means for disconnecting the main power supply to the affected elevator automatically upon or prior to the application of water from the sprinkler located in the elevator machine room. This deficient practice was not in a resident care area but could affect facility staff personnel.</p> <p>Findings include:</p>	K010056	<p>1. These two rooms will have coverage sprinklers added and the appropriate electronic monitoring systems added to the alarm system and electrical panels.2. By the standard 5-13.9.1 of the sprinkler installation 1999 edition, the area occupied by a non-combustible full height shower/bathtub enclosure shall not be required to be added to the floor area when determining the area of the bathroom for sprinkler coverage. Without these areas, one sprinkler head is only required for the bathroom middle area of these shower/bathrooms of less than 200 square feet.</p>	05/15/2013			

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	<p>Based on observations with the Maintenance Director on 04/15/13 from 1:30 p.m. to 1:46 p.m., both elevator equipment rooms were not provided with sprinkler coverage. Based on an interview with the Maintenance Director at the time of observations, the sprinkler heads were removed as instructed from Elevator Inspectors.</p> <p>3.1-19(b)</p> <p>2. Based on observation and interview, the facility failed to ensure complete coverage was provided for 4 of 6 Health Care shower rooms in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. This deficient practice could affect 4 residents per shower room.</p> <p>Findings include:</p> <p>Based on observations with the Maintenance Director on 04/16/13 from 11:40 a.m. to 1:06 p.m., each of the shower rooms on the first and third floor had the same configuration. Each room had three shower stalls and one toilet area enclosed in a block wall running from floor to ceiling with a doorway. The outside wall of each stall ran parallel with the walls of the room. One sprinkler</p>				

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	<p>head was located in the center area of the room. The parallel outside walls of each stall prevented the sprinkler head from providing complete coverage of the shower room. This was acknowledged by the Maintenance Director at the time of observations.</p> <p>3.1-19(b)</p>			

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K010064 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10</p> <p>1. Based on observation and interview, the facility failed to maintain 1 of 1 K Class portable fire extinguishers in the kitchen cooking area in accordance with the requirements of NFPA 10, Standard for Portable Fire Extinguishers, 1998 Edition. NFPA 10, 2- 3.2 requires fire extinguishers provided for the protection of cooking appliances using combustible cooking media (vegetable or animal oils and fats) shall be listed and labeled for Class K fires. NFPA 10, 2-3.2.1 requires a placard shall be conspicuously placed near the extinguisher which states the fire protection system shall be activated prior to using the fire extinguisher. Since the fixed fire extinguishing system will automatically shut off the fuel source to the cooking appliance, the fixed system should be activated before using a portable fire extinguisher. In this instance, the portable fire extinguisher is supplemental protection. This deficient practice was not in a resident care area but could affect the kitchen staff.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Director on 04/15/13 at 2:18</p>	K010064	1. A new placard sign was purchased and installed above the K class fire extinguisher identifying it as secondary to the hood spray system.2. This extinguisher was replaced with a new corrctly filled unit.	04/22/2013			

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	<p>p.m., the kitchen K-Class fire extinguisher lacked a placard. Based on an interview with the Maintenance Director at the time of observation, the kitchen K-Class fire extinguisher lacked a placard identifying its use as secondary backup to the kitchen automatic fire suppression system.</p> <p>3.1-19(b)</p> <p>2. Based on observation and interview, the facility failed to ensure 1 of 3 Kitchen portable fire extinguisher pressure gauge readings was in the acceptable range. NFPA 10, the Standard for Portable Fire Extinguishers, Chapter 4-3.2(g) requires the periodic monthly check shall ensure the pressure gauge reading is in the operable range. 4-3.3.1 requires any fire extinguisher with a deficiency in any condition listed in 4-3.2 (c) Operating instructions on nameplate legible and facing outward, (d) Safety seals and tamper indicators not broken or missing, (e) Fullness determined by weighing or hefting, (f) Examination for obvious physical damage, corrosion, leakage or clogged nozzle and (g) Pressure gauge reading or indicator in operable range or position, shall be subjected to applicable maintenance procedures. This deficient practice was not in a resident care area but could affect any kitchen staff personnel.</p>			

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	<p>Findings include:</p> <p>Based on an observation with the Maintenance Director on 04/15/13 at 2:20 p.m., the gauge on the portable fire extinguisher in the kitchen near the southeast door indicated the extinguisher was overcharged. This was acknowledged by the Maintenance Director at the time of observation.</p> <p>3.1-19(b)</p>			
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K010074 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Draperies, curtains, including cubicle curtains, and other loosely hanging fabrics and films serving as furnishings or decorations in health care occupancies are in accordance with provisions of 10.3.1 and NFPA 13, Standards for the Installation of Sprinkler Systems. Shower curtains are in accordance with NFPA 701.</p> <p>Newly introduced upholstered furniture within health care occupancies meets the criteria specified when tested in accordance with the methods cited in 10.3.2 (2) and 10.3.3. 19.7.5.1, NFPA 13</p> <p>Newly introduced mattresses meet the criteria specified when tested in accordance with the method cited in 10.3.2 (3) , 10.3.4. 19.7.5.3</p> <p>Based on observation and interview, the facility failed to ensure 1 of 2 sunrooms was provided with window curtains which were flame retardant. This deficient practice could affect 13 residents in the second floor sunroom.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Director on 04/16/13 at 11:22 a.m., the six brown window curtains in the second floor sunroom lacked attached documentation confirming they were inherently flame retardant. Based on interview with the Maintenance Director at the time of</p>	K010074	These curtains will be coated with a fire retardant chemical to make them flame retardant.	05/01/2013

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	<p>observation, there was no documentation regarding flame retardancy for these window curtains available for review.</p> <p>3.1-19(b)</p>			

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K010076 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD Medical gas storage and administration 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 2 oxygen cylinders in the oxygen storage/transfilling room was properly restrained. NFPA 99, Section 8-3.1.11.2(h) requires cylinder restraint to meet the requirements of Section 4-3.5.2.1(b)27 which requires freestanding cylinders to be chained or supported in a cylinder stand or cart. This deficient practice was not in a resident care area but could affect 1 or possibly 2 facility staff personnel.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Director on 04/15/13 at 2:17 p.m., there was an unsupported "H" cylinder of compressed oxygen in the oxygen storage/transfilling room. This was acknowledged by the Maintenance Director at the time of observation.</p>	K010076	A chain tank folder was installed onto the wall in the oxygen room to hold any loose cylinder in an upright position and not allow them to accidentally fall over.	04/22/2013			

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K010130 SS=E	<p>NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 Based on record review and interview; the facility failed to implement and maintain a preventive maintenance program for battery operated smoke detectors installed in 75 of 75 resident sleeping rooms. LSC 4.6.12.2 requires existing life safety features obvious to the public, if not required by the Code, shall be maintained. This deficient practice affects any of the 140 residents in the Health Care building.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Director on 04/15/13 during the tour from 1:18 p.m. to 3:10 p.m. and on 04/16/13 during the tour from 11:00 a.m. to 1:30 p.m., the resident rooms in the Health Care building had battery operated smoke detectors. Based on an interview with the Maintenance Director during the record review process on 04/15/13 at 12:33 p.m., he was unable to provide documentation to confirm a monthly function test was conducted on the battery operated smoke detectors.</p> <p>3.1-19(b)</p>	K010130	A monthly check list will be made and the battery smoke detectors will be checked and recorded for safe and proper operation by the Maintenance personnel.	04/26/2013	

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K030000	<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: 04/15/13 and 04/16/13</p> <p>Facility Number: 000240 Provider Number: 155349 AIM Number: 100274960</p> <p>Surveyor: Amy Kelley, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Saint Anne Home was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire, the 2000 edition of National Fire Protection Association (NFPA) 101, Life Safety Code (LSC) and 410 IAC 16.2. The Rehabilitation unit and Therapy Gym were surveyed with Chapter 18 New Health Care Occupancies.</p> <p>The nursing home is a fully sprinklered three story building of Type II (222) construction with a basement, the main entrance/dining room is a one story fully sprinklered building of Type V (111) construction and the Rehabilitation unit</p>	K030000					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155349	X2) MULTIPLE CONSTRUCTION A. BUILDING 03 B. WING _____	X3) DATE SURVEY COMPLETED 04/16/2013
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	<p>with a physical therapy gym is a one story fully sprinklered building of Type V (000) construction. The facility has a fire alarm system with hard wired smoke detection in the resident rooms in the Rehabilitation unit, in corridors and in areas open to the corridors. The facility has a capacity of 168 and had a census of 152 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.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K030039 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Width of aisles or corridors (clear and unobstructed) serving as exit access in hospitals and nursing homes is at least 8 feet. In limited care facilities and psychiatric hospitals, width of aisles or corridors is at least 6 feet. 18.2.3.3, 18.2.3.4</p> <p>Based on observation and interview, the facility failed to ensure the corridor width for 1 of 2 Rehabilitation Hall corridors was at least eight feet wide. This deficient practice affects any of the 12 residents on the Rehabilitation Hall.</p> <p>Findings include:</p> <p>Based on an observation with the Maintenance Director on 04/15/13 at 1:58 p.m., the corridor width measured six feet from resident suite E to resident suite O in the Rehabilitation Hall. This was confirmed based on an interview with the Maintenance Director at the time of the observation.</p> <p>3.1-19(b)</p>	K030039	The deficiency of hall width will be addressed by the FSES inspection and report conducted 5/2/13.	05/02/2013

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K030040 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Exit access doors and exit doors used by health care occupants are of the swinging type with openings of at least 41.5 inches wide. Doors in exit stairway enclosures are no less than 32 inches in clear width. In ICFs/MR, doors are at least 32 inches wide. 18.2.3.5</p> <p>Based on observation and interview, the facility failed to ensure 1 of 13 exit doors had a clear width no less than 41.5 inches wide. LSC 18.2.3.5 requires the clear width of doors in the means of egress from nursing homes shall be no less than 41.5 inches. This deficient practice could affect any of the 12 residents on the Rehabilitation Hall in the event of an emergency evacuation.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Director on 04/15/13 at 2:00 p.m., the exit door # 12 in the path of egress from the Rehabilitation Hall measured thirty six inches in width. This measurement was provided and confirmed by the Maintenance Director at the time of observation.</p> <p>3.1-19(b)</p>	K030040	This door width will be addressed by the FSES inspection conducted on 5/2/13.	05/02/2013	