

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155506	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 07/16/2014
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NAME OF PROVIDER OR SUPPLIER SANCTUARY AT HOLY CROSS--INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 17475 DUGDALE DR SOUTH BEND, IN 46635
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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: 07/16/4</p> <p>Facility Number: 001201 Provider Number: 155506 AIM Number: 100380860</p> <p>Surveyor: Dennis Austill, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Sanctuary at Holy Cross-Indiana was found not in 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 original facility was surveyed with Chapter 19, Existing Health Care Occupancies.</p> <p>This one story facility with a partial basement was determined to be of Type V (111) construction and fully sprinklered. The facility has a fire alarm system with hard wired smoke detection</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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K010018 SS=B	<p>in the corridors, in areas open to the corridors and in resident sleeping rooms. The facility has a capacity of 168 and had a census of 129 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 except for the garage used for maintenance storage</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 07/22/14.</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 Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door</p>						

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K010025 SS=E	<p>closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities. Based on observation and interview, the facility failed to ensure 4 of 100 corridor doors were capable of resisting smoke. This deficient practice could affect any resident as well as staff and visitors using the Orange Blossom or Lilac Way halls.</p> <p>Findings include:</p> <p>Based on observation with the Administrator and Maintenance Director during a tour of the facility on 07/16/14 from 1:45 p.m. to 4:45 p.m., the Orange Blossom storage room door, and resident rooms 22, 24 and 31 on Lilac Way had a pencil size hole above and below the door handle. Based on interview at the time of observation, the Administrator and Maintenance Director acknowledged the holes in the door would not resist the passage of smoke.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are</p>	K010018	<p>K018- It is the intent of Sanctuary at Holy Cross to provide doors for protecting the corridor openings. Room 22, 24 and 31 on Lilac Way door handles were replaced with handles covering all openings. An audit was conducted of all other doors with no findings. The facility has replaced the temporary use handles with handles that cover all opening. Maintenance department will conduct an audit weekly and reported to Mission Driven Quality Improvement Committee until 6 months with no findings then committee will continue need for continued monitoring. Compliance date July 31, 2014.</p>	07/31/2014

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	<p>protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4</p> <p>Based on observation and interview, the facility failed to ensure 2 of 12 smoke barriers were protected to maintain the fire resistance of each smoke barrier. LSC Section 8.3.6.1 requires the passage of building service materials such as pipe, cable or wire to be protected so that the space between the penetrating item and the smoke barrier shall be filled with a material capable of maintaining the smoke resistance of the smoke barrier or be protected by an approved device designed for the specific purpose. This deficient practice could affect at least 20 residents as well as staff and visitors if smoke from a fire were to infiltrate the protective barriers.</p> <p>Findings include:</p> <p>Based on observation with the Administrator and Maintenance Director during a tour of the facility on 07/16/14 from 1:45 p.m. to 4:45 p.m., there were exposed penetrations through the smoke barriers in the attic at the following locations that were not firestopped or</p>	K010025	K-025 It is the intent of Sanctuary at Holy Cross to provide smoke barriers. Orange Blossom hall east attic access panel was sealed with dry wall and fire caulk. Orange Blossom east hall attic above the oxygen storage area was sealed with fire caulk. An audit was conducted with no findings. Sunflower hall north access panel spring was replaced, area sealed with correction. A log has been implemented to record inspection of smoke barriers after any work performed in the area of smoke barrier. Maintenance department will conduct an audit monthly of the smoke barriers for compliance and reported to Mission Driven Quality Improvement Committee until 6 months with no findings then committee will continue need for continued monitoring. Compliance date July 18, 2014.	07/18/2014

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K010051 SS=F	<p>maintained:</p> <p>a. The Orange Blossom hall east attic smoke barrier above the storage room access panel had a three foot by four foot opening through the drywall. An access panel was adjacent to the opening.</p> <p>b. The Orange Blossom hall east attic smoke barrier above the oxygen storage room access panel had a one inch penetration by a video cable through the drywall that was not sealed.</p> <p>c. The Sunflower hall north attic smoke barrier had a three foot by four foot opening through the drywall. An access panel was blocked open.</p> <p>Based on interview during the times of observation, the Administrator and Maintenance Director acknowledged the unprotected openings through the smoke barriers.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, National Fire Alarm Code, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection or extinguishing system operation. Pull stations in patient sleeping areas may be omitted provided that manual pull</p>			

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	<p>stations are within 200 feet of nurse's stations. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72 and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 19.3.4, 9.6</p> <p>Based on observation and interview, the facility failed to provide annunciation for 1 of 1 fire alarm systems in accordance with NFPA 72. NFPA 72, 1-5.4.6 requires trouble signals to be located in an area where it is likely to be heard. NFPA 72, 1-5.4.4 requires fire alarms, supervisory signals, and trouble signals to be distinctive and descriptively annunciated. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on observation with the Administrator and Maintenance Director during a tour of the facility on 07/16/14 from 1:45 p.m. to 4:45 p.m., the fire alarm control panel (FACP) was located in the family conference room, an area remote from any area where continuous on site monitoring could occur, such as a nurses' station. The Administrator confirmed at the time of observation, the nearest (East) nurses station had been recently eliminated.</p>	K010051	<p>K-051 It is the intent of Sanctuary at Holy Cross to provide fire alarm system in compliance with fire code. Vendor has been contracted with for installation of annunciator panel installation for fire panel 1 August 15, 2014. The deficient fire panel does signal to fire panel 2 which is in compliance with code to provide effective warning of fire in any part of the building. An audit of fire panel revealed trouble signal announces for both panel 1 and 2 which provide effective warning. A monthly test will be conducted by the maintenance department of both fire panel 1 and 2 for compliance this will be reported to Mission Driven Quality Improvement Committee until 6 months with no findings then committee will continue need for continued monitoring. Compliance date August 15, 2014.</p>	08/15/2014			

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K010062 SS=C	<p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>Based on record review and interview, the facility failed to ensure 3 of 3 private fire hydrants were continuously maintained in reliable operating condition and inspected and tested periodically. NFPA 25, 1998 Edition, the Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems at Section 4-2.2.4 requires dry barrel hydrants to be inspected annually and after each operation. Hydrants shall be inspected, and the necessary corrective action shall be taken. This deficient practice affects all occupants in the facility including staff, visitors and residents.</p> <p>Findings include:</p> <p>Based on record review and interview on 07/16/14 from 10:45 a.m. to 12:45 p.m. with the Administrator and Maintenance Director, the three private fire hydrants on the facility's property were last</p>	K010062	<p>K-062 It is the intent of Sanctuary of Holy Cross to maintain fire hydrants. The 3 hydrants were flushed July 17, 2014. There are no other hydrants. Annual flushing of hydrates has been established through vendor. Maintenance department will monitor for annual compliance. Annual compliance will be report to Mission Driven Quality Improvement committee. Compliance date July 17, 2014.</p>	07/17/2014

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K020000	<p>inspected 05/23/13.</p> <p>3.1-19(b)</p> <p>A Life Safety Code Recertification and State Licensure Survey were conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 07/16/14</p> <p>Facility Number: 001201 Provider Number: 155506 AIM Number: 100380860</p> <p>Surveyor: Dennis Austill, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Sanctuary at Holy Cross-Indiana was found not in 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 new addition was surveyed with Chapter 18, New Health Care</p>	K020000		

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	<p>Occupancies.</p> <p>This two story addition with a basement was determined to be of Type II (222) construction and fully sprinklered. The facility has a fire alarm system with hard wired smoke detection in the corridors, in areas open to the corridors and in resident sleeping rooms. The facility has a capacity of 168 and had a census of 129 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 except for the garage used for maintenance storage</p>				