

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  07/31/2013
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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: 07/31/13</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 and sprinklered except for three elevator machine rooms. The facility has a fire alarm system with smoke detection in the corridors and in all</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>areas open to the corridor. The 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 37 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 East, Center and West elevator machine rooms and two detached storage buildings.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 08/07/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K010018 SS=E	<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 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 3 of over 75 corridor doors on the second floor did not have an impediment to closing and latching. This deficient practice could affect 20 residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on observations with the Building Engineer and the Building Electrician during a tour of the facility from 1:10 p.m. to 4:20 p.m. on 07/31/13, the following was noted:</p> <p>a. a wedge door stop was in use to prop open the corridor door to the oxygen storage and transfilling room by the West Nurses Station on the second floor. Based on interview at the time of</p>	K010018	The oxygen filling room on 2nd floor West side of the building will be transferred to the bathing room which has a fireproof door. When maintenance makes their daily turn that will ascertain that no wedges are being used and that the door to the oxygen room is closed since the door to the area mentioned above is a fire resistant door. The corridor door to the soiled linen room has been repaired and is functioning properly. Once a week for a month the maintenance department will check all door with latches and assure that they are functioning properly. A log will be used to monitor this. Latching mechanism has been enabled and the door now latches into the frame. A log used by the maintenance department will monitor this for a month. This	08/30/2013			

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	<p>observation, the Building Electrician acknowledged the corridor door to the oxygen storage and transfilling room by the West Nurses Station on the second floor was propped fully open by a wedge door stop which caused an impediment to closing and latching.</p> <p>b. the corridor door to the soiled linen room by the West Nurses Station on the second floor failed to latch into the door frame. Based on interview at the time of observation, the Building Electrician acknowledged the corridor door to the soiled linen room by the West Nurses Station on the second floor failed to latch into the door frame.</p> <p>c. the latching mechanism on the corridor door to the Chapel Viewing Room on the second floor was disabled so the aforementioned door would not latch into the frame. Based on interview at the time of observation, the Building Electrician stated the latching mechanism on the pushbar on the room side of the door had been disabled to allow the door to be opened from the corridor and acknowledged the Chapel Viewing Room corridor door on the second floor had an impediment to closing and latching.</p> <p>3.1-19(b)</p>		<p>issue will be prevented from happening in the future by instructing the maintenance department that under no circumstance can alter the latching mechanism. A log will be kept weekly for three months to see that this does not reoccur.</p>		

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K010020 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Stairways, elevator shafts, light and ventilation shafts, chutes, and other vertical openings between floors are enclosed with construction having a fire resistance rating of at least one hour. An atrium may be used in accordance with 8.2.5.6. 19.3.1.1.</p> <p>Based on observation and interview, the facility failed to ensure 1 of 9 doors in a stair enclosure on the second floor was self closing in accordance with Section 19.3.1.2. This deficient practice could affect 16 residents, staff and visitors in the vicinity of the stairwell access door by Room 254.</p> <p>Findings include:</p> <p>Based on observation with the Building Engineer and the Building Electrician during a tour of the facility from 1:10 p.m. to 4:20 p.m. on 07/31/13, the second floor stairwell access door by Room 254 was equipped with a self closing device but the stairwell door did not self close and latch into the frame when the door was opened and manually released five separate times. The top portion of the door hits the frame which prevented the door from closing and latching into the door frame. Based on interview at the time of observation, the Building Electrician acknowledged the second floor stairwell access door by Room 254</p>	K010020	Door closer has been replaced and the maintenance department will keep a log to ensure that all doors close properly.	08/30/2013			

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	<p>failed to self close and latch into the door frame.</p> <p>3.1-19(b)</p>			

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K010025 SS=E	<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 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 1 of 2 ceiling smoke barriers was maintained to provide at least a one half hour fire resistance rating. This deficient practice could affect 10 residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on observation with the Building Engineer and the Building Electrician during a tour of the facility from 1:10 p.m. to 4:20 p.m. on 07/31/13, the ceiling smoke barrier in the third floor TV room had an eight inch diameter hole in the ceiling through which twenty cables passed. Based on interview at the time of observation, the Building Engineer acknowledged the aforementioned opening in the ceiling smoke barrier in the third floor TV room did not provide at least a one half hour fire resistance rating.</p>	K010025	When outside workman finish their job the maintenance department will check to be sure that their work is complete and that all fire codes are met. Before the appropriate paper work is signed for a job this point will be checked by the maintenance department.	08/30/2013			

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K010029 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1</p> <p>Based on observation and interview, the facility failed to ensure 1 of 4 doors to hazardous areas such as soiled linen rooms closed automatically or upon activation of the fire alarm system. This deficient practice could affect 10 residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on observation with the Building Engineer and the Building Electrician during a tour of the facility from 1:10 p.m. to 4:20 p.m. on 07/31/13, the corridor door to the soiled linen room by the West Nurses Station on the second floor failed to latch into the door frame. Based on interview at the time of observation, the Building Electrician acknowledged the corridor door to the soiled linen room by the West Nurses Station on the second floor failed to latch</p>	K010029	The door latch has been repaired and functions properly. This will be noted on the log that will be kept by the maintenance department.	08/30/2013	

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	into the door frame.  3.1-19(b)			

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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 the vertical opening protection for 1 of 9 exit stairs. LSC 8.2.5.2 requires openings shall be protected as appropriate for the fire resistance rating of the barrier. LSC 7.1.3.2.1(a) requires a one hour rating in existing buildings of three stories or less. 7.1.3.2.1(c) requires openings in separations shall be protected by fire door assemblies. NFPA 80, the Standard for Fire Doors and Fire Windows, at 2-1.4.1 requires swinging doors to be equipped with self closing devices which will cause the door to close and latch each time it is opened. This deficient practice could affect 16 residents, staff and visitors in the vicinity of the stairwell access door by Room 254.</p> <p>Findings include:</p> <p>Based on observation with the Building Engineer and the Building Electrician during a tour of the facility from 1:10 p.m. to 4:20 p.m. on 07/31/13, the second floor stairwell access door by Room 254</p>	K010033	The door closer latch will be replaced and monitoring will be done by the maintenance department every week for a month and log will be kept.	08/30/2013	

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	<p>had an affixed fire resistance rating label of one hour and was equipped with a self closing device but the stairwell door did not self close and latch into the frame when the door was opened and released five separate times. The top portion of the door hits the frame which prevented the door from closing and latching into the door frame. Based on interview at the time of observation, the Building Electrician acknowledged the second floor stairwell access door by Room 254 failed to self close and latch into the door frame which did not maintain the fire resistance rating of the barrier.</p> <p>3.1-19(b)</p>			

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K010056 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD 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>Based on observation and interview, the facility failed to provide sprinkler coverage for 3 of 3 elevator machine rooms. 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 could affect fifteen residents, staff and visitors.</p> <p>Findings include:  Based on observations with the Building</p>	K010056	This defecenicy will be corrected by October 29th, 2013. The signed contracts for Koorsen and Barth Electric were faxed to your office at 233-7322 on September 10th 2013. The project will completion date is October 24th 2013. The five extra days were added in event of an unforeseen difficulty.	10/29/2013	

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	<p>Engineer and the Building Electrician during a tour of the facility from 1:10 p.m. to 4:20 p.m. on 07/31/13, the East, Center and West elevator machine rooms on the roof were each not provided with automatic sprinklers. Based on interview at the time of the observations, the Building Engineer acknowledged comprehensive care residents have customary access to the East, Center and West elevators and acknowledged the aforementioned elevator machine rooms were each not provided with automatic sprinklers.</p> <p>3.1-19(b) 3.1-19(ff)</p>			

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K010062 SS=F	<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, observation and interview; the facility failed to ensure 1 of 1 automatic sprinkler systems was continuously maintained in reliable operating condition and inspected and tested periodically. NFPA 25, 2-3.2 requires gauges shall be replaced every 5 years or tested every 5 years by comparison with a calibrated gauge. Gauges not accurate to within 3 percent of the full scale shall be recalibrated or replaced. This deficient practice affects all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of Koorsen Fire &amp; Security "Inspection &amp; Test Report" documentation dated 04/22/13 during record review with the Building Engineer from 10:00 a.m. to 12:10 p.m. on 07/31/13, facility sprinkler system gauges had not been recalibrated or replaced in the most recent five year period. Item 7.F. of the aforementioned documentation stated "2006" to "Manufacturers date or date last tested" in regard to sprinkler system pressure gauges. Based on</p>	K010062	All the sprinkling gauges were replaced by Koorsen's. A Note has been made of this in the computer so this will not happen again.	08/09/2013			

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	<p>observations with the Building Engineer and the Building Electrician during a tour of the facility from 1:10 p.m. to 4:20 p.m. on 07/31/13, two of two sprinkler gauges on the sprinkler system riser, the one sprinkler system gauge in the second floor Housekeeping Room by Room 248 and the one sprinkler system gauge in the third floor Housekeeping Room by the patio each had a manufacture date of 2006. Based on interview at the time of the observations, the Building Engineer and the Building Electrician acknowledged each of the aforementioned pressure gauges had exceeded the five year requirement for recalibration or replacement.</p> <p>3.1-19(b)</p>			

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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		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K010076 SS=E	<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 2 of 3 oxygen storage locations of greater than 3000 cubic feet were enclosed with a separation of 1 hour fire resistive construction. This deficient practice could affect 20 residents and any staff or visitor in the vicinity of the two second floor oxygen storage and transfilling rooms.</p> <p>Findings include:</p> <p>Based on observations with the Building Engineer and the Building Electrician during a tour of the facility from 1:10 p.m. to 4:20 p.m. on 07/31/13, the corridor entry door to the oxygen storage and transfilling room by the West Nurses Station and the entry door to the oxygen storage and transfilling room in Room 229 each had no fire resistance rating label attached to the door. One four wheeled portable liquefied oxygen</p>	K010076	The oxygen will be stored in the tub room that is not being used since the door on that room is a fir door. The maintenance department will do a weekly log to assure that all door closures are working properly. The weekly checks will last for a month then after that random checks will be done.	08/30/2013	

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	<p>container and three four wheeled portable liquid oxygen containers, respectively, were observed stored in the aforementioned rooms. In addition, the corridor entry door to the oxygen storage and transfilling room by the West Nurses Station was observed propped fully open with a door wedge placed on the floor. Four one inch in diameter holes were also observed in the wall of the oxygen storage and transfilling room in Room 229 where a toilet had been removed from the room. Based on interview at the time of observation, the Building Engineer and the Building Electrician acknowledged the aforementioned oxygen storage and transfilling rooms were 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 2 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. This deficient practice could affect 20 residents and any staff or visitor in the vicinity of the two second floor oxygen storage and transfilling rooms.</p> <p>Findings include:</p> <p>Based on observations with the Building Engineer and the Building Electrician during a tour of the facility from 1:10 p.m. to 4:20 p.m. on 07/31/13, the</p>	K010143	The tub room that will be used for the storage of the oxygen has a fire rated door. The area is mechanically ventilated and has ceramic tile as well as concrete tiling under the vinyl. The sign will be transferred from the existing door to the door of the appropriate tub room. The oxygen storage room off of room 229 will have a fire proof panel installed.	08/30/2013	

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	<p>corridor entry door to the oxygen storage and transfilling room by the West Nurses Station and the entry door to the oxygen storage and transfilling room in Room 229 each had no fire resistance rating label attached to the door. One four wheeled portable liquefied oxygen container and three four wheeled portable liquid oxygen containers, respectively, were observed stored in the aforementioned rooms. In addition, the corridor entry door to the oxygen storage and transfilling room by the West Nurses Station was observed propped fully open with a door wedge placed on the floor. Four one inch in diameter holes were also observed in the wall of the oxygen storage and transfilling room in Room 229 where a toilet had been removed from the room. Based on interview at the time of observation, the Building Engineer and the Building Electrician acknowledged the aforementioned oxygen storage and transfilling rooms were not separated from any portion of a facility wherein residents are housed, examined, or treated by a separation of a fire barrier of one hour fire resistive construction.</p> <p>3.1-19(b)</p>				

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED

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