

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155512	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 06/02/2015
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NAME OF PROVIDER OR SUPPLIER PRESENCE SACRED HEART HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 515 N MAIN ST AVILLA, IN 46710
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(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
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K 0000 Bldg. 01	<p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 04/14/15 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 06/02/2015</p> <p>Facility Number: 000404 Provider Number: 155512 AIM Number: 100290810</p> <p>At this PSR survey, Presence Sacred Heart Home 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) and 410 IAC 16.2. The original building consisting of the St. Anthony, St. Claire, St. Paul, and the St. Frances neighborhoods as well as the main dining room, chapel and service hall 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 II (111) construction and was fully</p>	K 0000	Submission of this plan of correction and credible allegation of compliance does not constitute an admission by the certified and licensed provider at Presence Sacred Heart Home that the allegations contained in the survey report are a true and accurate portrayal of the provision of nursing care and services at this health care facility Presence Sacred Heart Home as a licensed and certified provider recognizes its obligation to provide legally and medically required care and services to our residents in an economic and efficient fashion Please accept this plan of correction as our written credible allegation of compliance	
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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 0144 SS=C Bldg. 01	<p>sprinklered. The facility has a fire alarm system with smoke detection in the corridors, areas open to the corridors and hard wired smoke detector in the resident rooms. The facility has a capacity of 133 and had a census of 104 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered and all areas providing facility services were sprinklered.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 generator was in accordance with NFPA 99, 1999 Edition, Standard for Health Care Facilities. NFPA 99, Section 3-4.1.1.15 requires a remote annunciator to be provided in a location readily observed by operating personnel at a regular work station. In addition, NFPA 101 at Section 4.6.12.1 requires that any device, equipment or system required for</p>	K 0144	<p>Contractor Shambaugh & Son to install (1) new remote annunciator with indicator lights and horn at the St Anthony nursing area that is staffed 24/7 Maintenance Director responsible QA to monitor for 12 months</p>	06/26/2015			

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K 0000 Bldg. 03	<p>compliance with this Code shall be continuously maintained. This deficient practice could affect all occupants in the facility including staff, visitors and residents.</p> <p>Findings include:</p> <p>Based on an observation with the Maintenance Director on 06/03/2015 at 12:02 p.m., the generator annunciator panel is still in the maintenance office which is not manned constantly. Based on an interview with the Maintenance Director at the time of observation, he pointed out that they have a remote alarm near a nurse's station. When questioned about a visual alarm, he confirmed that there is no visual light to go with the audible alarm. He further explained they installed locks on the generator to prevent tampering.</p> <p>3-1.19(b)</p> <p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 04/14/15 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p>	K 0000	Submission of this plan of correction and credible allegation of compliance does not constitute an admission by the certified and licensed provider at Presence Sacred Heart Home that the allegations contained in the	

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	<p>Survey Date: 06/02/2015</p> <p>Facility Number: 000404 Provider Number: 155512 AIM Number: 100290810</p> <p>At this PSR survey, Presence Sacred Heart Home 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) and 410 IAC 16.2. The new section of the building consisting of the H wing was surveyed with Chapter 18, New Health Care Occupancies.</p> <p>This one story facility with a partial basement was determined to be of Type II (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, areas open to the corridors and hard wired smoke detector in the resident rooms. The facility has a capacity of 133 and had a census of 104 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered and all areas providing facility services were</p>				<p>survey report are a true and accurate portrayal of the provision of nursing care and services at this health care facility Presence Sacred Heart Home as a licensed and certified provider recognizes its obligation to provide legally and medically required care and services to our residents in an economic and efficient fashion Please accept this plan of correction as our written credible allegation of compliance</p>		

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