

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155604	X2) MULTIPLE CONSTRUCTION A. BUILDING -- _____ B. WING _____	X3) DATE SURVEY COMPLETED 03/13/2019
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NAME OF PROVIDER OR SUPPLIER SAINT ANTHONY REHAB AND NURSING CENTER	STREET ADDRESS, CITY, STATE, ZIP COD 1205 N 14TH ST LAFAYETTE, IN 47904
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E 0000 Bldg. --	<p>An Emergency Preparedness Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.73.</p> <p>Survey Date: 03/13/19</p> <p>Facility Number: 000535 Provider Number: 155604 AIM Number: 100267250</p> <p>At this Emergency Preparedness survey, Saint Anthony Rehab and Nursing Center was found in substantial compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73</p> <p>The facility has 120 certified beds. At the time of the survey, the census was 80.</p> <p>Quality Review completed on 03/18/19</p> <p>The requirement at 42 CFR, Subpart 483.73 is NOT MET as evidenced by:</p>	E 0000	<p>"This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, St. Anthony Rehabilitation and Nursing Center, 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>	
E 0030 SS=C Bldg. --	<p>EP30 - Based on record review and interview, the facility failed to ensure the emergency preparedness communication plan includes (1) Names and contact information for the following: (i) Staff (ii) Entities providing services under arrangement (iii) Residents' physicians (iv) Other LTC facilities (v) Volunteers in accordance with 42 CFR 483.73(c)(1). This deficient practice could affect all occupants.</p>	E 0030	<p>E030 NFPA Life Safety Code Standard</p> <p>Facility physician names and phone numbers have been added to emergency preparedness communication plan.</p> <p>No residents were identified.</p>	04/12/2019

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 other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed 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 0000 Bldg. 01	<p>Findings include:</p> <p>Based on record review on 03/13/19 with the Director of Plant Operations at 9:45 a.m., the facility failed to ensure the emergency preparedness communication plan included item (ii) Entities providing services under arrangement and (iii) Residents' physicians. Based on interview at the time of record review, the Director of Plant Operations acknowledged that the facility failed to ensure the emergency preparedness communication plan included all entities providing services under arrangement, specifically all residents' physicians.</p> <p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.90(a).</p> <p>Survey Date: 03/13/19</p> <p>Facility Number: 000535 Provider Number: 155604 AIM Number: 100267250</p> <p>At this Life Safety Code survey, Saint Anthony Rehab and Nursing Center, was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.90(a), Life Safety from Fire, and the 2012 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>	K 0000	<p>Emergency Preparedness Communication Plan "contact review sheet" has been created to ensure facility's residents physicians phone numbers are reviewed for any needed updates.</p> <p>Emergency Preparedness Communication Plan "contact review sheet" will be updated as needed and submitted to the QA team monthly for review. This will be done monthly X3 and quarterly thereafter for a year. QA team will determine if further monitoring is needed.</p> <p>"This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, St. Anthony Rehabilitation and Nursing Center, 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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K 0914 SS=E Bldg. 01	<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 80 at 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.</p> <p>Quality Review completed on 03/18/19</p> <p>NFPA 101 Electrical Systems - Maintenance and Testing Electrical Systems - Maintenance and Testing Hospital-grade receptacles at patient bed locations and where deep sedation or general anesthesia is administered, are tested after initial installation, replacement or servicing. Additional testing is performed at intervals defined by documented performance data. Receptacles not listed as hospital-grade at these locations are tested at intervals not exceeding 12 months. Line isolation monitors (LIM), if installed, are tested at intervals of less than or equal to 1 month by actuating the LIM test switch per 6.3.2.6.3.6, which activates both visual and audible alarm. For LIM circuits with automated self-testing, this manual test is performed at intervals less than or equal to 12 months. LIM circuits are tested per 6.3.3.3.2 after any repair or renovation to the electric distribution system. Records are maintained of required tests and</p>			

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	<p>associated repairs or modifications, containing date, room or area tested, and results.</p> <p>6.3.4 (NFPA 99) Based on observation, record review and interview, the facility failed to ensure 690 of 690 nonhospital-grade electrical receptacles at resident room locations were tested at least annually. NFPA 99, Health Care Facilities Code 2012 Edition, Section 6.3.4.1.3 states receptacles not listed as hospital-grade, at patient bed locations and in locations where deep sedation or general anesthesia is administered, shall be tested at intervals not exceeding 12 months. Additionally, Section 6.3.3.2, Receptacle Testing in Patient Care Rooms requires the physical integrity of each receptacle shall be confirmed by visual inspection. The continuity of the grounding circuit in each electrical receptacle shall be verified. Correct polarity of the hot and neutral connections in each electrical receptacle shall be confirmed; and retention force of the grounding blade of each electrical receptacle (except locking-type receptacles) shall be not less than 115 gram (4 ounces). This deficient practice could affect all residents.</p> <p>Findings include:</p> <p>Based on observations with the Director of Plant Operations during a tour of the facility from 12:15 p.m. to 2:17 p.m. on 03/13/19, the facility's 115 resident rooms had roughly 6 electrical receptacles in each room. Based on interview at the time of the observation, the Director of Plant Operations indicated all of the electrical receptacles in the resident rooms were not hospital-grade and also indicated there was no documentation of annual testing per NFPA 99, Receptacle Testing requirements.</p>	K 0914	<p>K914 NFPA Life Safety Code Standard</p> <p>Receptacle tension will be checked on resident rooms. Receptacles not having the correct tension will be replaced. No residents were identified. Receptacle tension detector testing has been added to preventive maintenance as an annual inspection. Annual inspection results will be submitted to the QA team for review.</p>	04/12/2019

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

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	3.1-19(b)				