

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

PRINTED: 08/16/2023
FORM APPROVED
OMB NO. 0938-039

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 07/27/2023	
NAME OF PROVIDER OR SUPPLIER SAINT ANTHONY REHAB AND NURSING CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 1205 N 14TH ST LAFAYETTE, IN 47904			
(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
E 0000 Bldg. --	<p>An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73.</p> <p>Survey Date: 07/27/23</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 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 69.</p> <p>Quality Review completed on 07/31/23</p>			E 0000			
K 0000 Bldg. 01	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a).</p> <p>Survey Date: 07/27/23</p> <p>Facility Number: 000535 Provider Number: 155604 AIM Number: 100267250</p> <p>At this Life Safety Code survey, Saint Anthony</p>			K 0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Dylan Johnson

Admininstrator

08/15/2023

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 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 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 0712 SS=F Bldg. 01	<p>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> <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 69 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 woodsheds used for facility storage, which were not sprinklered.</p> <p>Quality Review completed on 07/31/23</p> <p>NFPA 101 Fire Drills Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 19.7.1.4 through 19.7.1.7 Based on record review and interview, the facility</p>			K 0712	Director of Plant Operation to		08/15/2023

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	<p>failed to conduct quarterly fire drills for 2 of 4 quarters. LSC 19.7.1.6 requires drills to be conducted quarterly on each shift under varied conditions. This deficient practice affects all staff and residents.</p> <p>Findings include:</p> <p>During record review with the Director of Plant Operations on 07/27/23 at 9:45 a.m., no documentation could be provided regarding a fire drill for the first quarter (January, February, and March) of 2023 or a fourth quarter (October, November, or December) fire drill for 2022. Based on interview at the time of record review, the Director of Plant Operations acknowledged that there was no additional fire drill documentation available for review at the time of this survey.</p> <p>During the exit conference with the facility administrator and the Director of Plant Operations at 2:35 p.m., no additional information or evidence could be provided contrary to this deficient finding.</p> <p>3.1-19(b) 3.1-51(c)</p>				<p>review and audit previous fire drills to ensure proper compliance with state guidelines with no additional deficiencies noted. Director of Plant Operations or designee will ensure a fire drill will be performed per state guidelines (One fire drill per shift per quarter). Director of Plant Operations to create monthly schedule to ensure proper fire alarm monitoring.</p> <ul style="list-style-type: none"> No residents identified; All residents have the potential to be affected. Director of Plant Operations to add fire alarm monitoring to monthly audit sheet. Director of Plant Operations or designee will report to QAPI team for monitoring compliance. After 6 months of consecutive compliance the QAPI team will review for continuance of monitoring. 		