

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

PRINTED: 07/23/2024
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155674		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING		X3) DATE SURVEY COMPLETED 07/01/2024	
NAME OF PROVIDER OR SUPPLIER ST CHARLES HEALTH CAMPUS				STREET ADDRESS, CITY, STATE, ZIP COD 3150 ST CHARLES ST JASPER, IN 47546			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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: 07/01/24</p> <p>Facility Number: 002628 Provider Number: 155674 AIM Number: 200299110</p> <p>At this Emergency Preparedness survey, St. Charles Health Campus 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 68 certified beds. At the time of the survey, the census was 51.</p> <p>Quality Review conducted on 07/02/24</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: 07/01/24</p> <p>Facility Number: 002628 Provider Number: 155674 AIM Number: 200299110</p> <p>At this Life Safety Code survey, St. Charles Health Campus was found not in compliance with</p>			K 0000			

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

TITLE

(X6) DATE

Jon Howard

Executive Director

07/17/2024

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 30 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 0353 SS=D Bldg. 01	<p>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 one story 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 all resident sleeping rooms. The facility has a capacity of 68 and had a census of 51 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, except a small detached plastic storage shed.</p> <p>Quality Review conducted on 07/02/24</p> <p>NFPA 101 Sprinkler System - Maintenance and Testing Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available.</p> <p>a) Date sprinkler system last checked</p> <p>b) Who provided system test</p> <p>c) Water system supply source</p> <p>Provide in REMARKS information on</p>						

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	<p>coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 Based on observation and interview, the facility failed to ensure 1 of 1 sprinkler head behind the dryer covered with rust/corrosion was replaced. NFPA 25, 2011 edition, at 5.2.1.1.1 sprinklers shall not show signs of leakage; shall be free of corrosion, foreign materials, paint, and physical damage; and shall be installed in the correct orientation (e.g., up-right, pendent, or sidewall). Furthermore, at 5.2.1.1.2 any sprinkler that shows signs of any of the following shall be replaced: (1) Leakage (2) Corrosion (3) Physical Damage (4) Loss of fluid in the glass bulb heat responsive element (5) Loading (6) Painting unless painted by the sprinkler manufacturer. This deficient practice could affect mostly laundry staff, plus any residents, staff, and visitor while in the same smoke compartment.</p> <p>Findings include:</p> <p>Based on observations during a tour of the facility on 07/01/2024 between 11:30 AM and 12:30 PM with the Director of Plant Operations and the Senior Facilities Manager, one corroded sprinkler head was located behind the dryers. Based on interview at the time of the observation, the Director of Plant Operations agreed the sprinkler head in the aforementioned location was corroded.</p> <p>This finding was reviewed with the Executive Director, Director of Plant Operations, and the Senior Facilities Manager at the exit conference.</p> <p>3.1-19(b)</p>			K 0353	<p>The submission of this plan of correction does not indicate an admission by St Charles Health Campus that the findings and allegations contained herein are an accurate, true representation of the quality of care provided, or living environment provided to the residents of St. Charles Health Campus. The facility recognizes its obligation to provide legally and medically necessary care and services to its residents in an economic and efficient manner. The facility hereby maintains it is in substantial compliance with the requirements of participation for skilled health care facilities. To this end, the plan of correction shall serve as the credible allegation of compliance with all state and federal requirements governing the management of this facility. The Plan of Correction is submitted to respond to the allegation of noncompliance cited during the Life Safety survey on 7-1-2024. The facility respectfully requests from the department a desk review for substantial compliance.</p> <p>K353 – Sprinkler System – Maintenance and Testing Compliance Date – 07/11/24 Immediate Intervention</p>		07/11/2024

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			<p>The Director of Plant Operations contacted <i>Premier sprinkler company</i> to perform cleaning of the one corroded sprinkler head located behind the dryers. (See attached picture).</p> <p>The Director of Plant Operations was educated by the Executive Director on K353, NFPA 25, 2011 edition 5.2.1.1.1 sprinklers shall not show signs of leakage; shall be free of corrosion, foreign materials, paint, and physical damage, and shall be installed in the correct orientation.</p> <p>The Director of Plant Operations will complete a one-time inspection of the sprinkler heads in the facility assuring compliance with K353, Sprinkler System – Maintenance and Testing. Any sprinkler heads indemnified as non-compliance will be corrected immediately. This one-time inspection will be followed with a monthly audit of the sprinkler heads in the facility X four months. The results of this inspection and audit will be presented by the Executive Director to the QAPI committee for further recommendations and continue until the Quality Assurance Team determines substantial compliance has been achieved.</p> <p>The deficient practice could affect mostly laundry staff, plus any residents, staff, and visitor while in the same smoke compartment.</p>		

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K 0363 SS=E Bldg. 01	<p>NFPA 101 Corridor - Doors Corridor - Doors Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas resist the passage of smoke and are made of 1 3/4 inch solid-bonded core wood or other material capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Corridor doors and doors to rooms containing flammable or combustible materials have positive latching hardware. Roller latches are prohibited by CMS regulation. These requirements do not apply to auxiliary spaces that do not contain flammable or combustible material.</p> <p>Clearance between bottom of door and floor covering is not exceeding 1 inch. Powered doors complying with 7.2.1.9 are permissible if provided with a device capable of keeping the door closed when a force of 5 lbf is applied. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies.</p> <p>19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485</p>						

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	<p>Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc.</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 200 hall supply room door, 1 of 1 service hall exit door by the courtyard, and 1 of 1 dining hall door by the service hall would close completely and latch into the door frame. This deficient practice could affect mostly staff and visitors in these areas.</p> <p>Findings include:</p> <p>Based on observation during a tour of the facility on 07/01/2024 between 11:30 AM and 12:30 PM with the Director of Plant Operations and Senior Facilities Manager, the 200 hall supply room door did not fully latch into the frame, the service hall exit door by the courtyard did not fully latch into the frame, and the dining hall door near the service hall did not latch fully into the frame. Based on interview at the time of observation, the Director of Plant Operations and Senior Facilities Manager agreed the doors in the aforementioned locations did not latch fully into their frames.</p> <p>This finding was reviewed with the Executive Director, the Director of Plant Operations, and Senior Facilities Manager at the exit conference.</p> <p>3.1-19(b)</p>		K 0363	<p>K363 – Corridor – Doors Compliance Date – 07/20/24 Immediate Intervention The Director of Plant Operations has made the appropriate adjustments to the doors to fully latch into frame, located at the 200-hall supply room, the service hall exit door by the courtyard, and the dining hall door near the service hall. The Director of Plant Operations was educated by the Executive Director on K363, Corridor-Doors, NFPA 101, 2012 edition. Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous area resist the passage of smoke and are made of 1 ¾ inch solid-bonded core wood or other material capable of resisting fire for at least 20 minutes. The Director of Plant Operations completed a weekly audit of each of the doors in the corridors X 2 months. The results of this audit will be presented by the Executive Director to the QAPI committee for further recommendations and continue until the Quality Assurance Team determines substantial compliance has been achieved. The deficient practice could affect mostly staff and visitors in these</p>		07/20/2024	

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K 0712 SS=F Bldg. 01	<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.</p> <p>19.7.1.4 through 19.7.1.7 Based on record review and interview, the facility failed to conduct quarterly fire drills at unexpected times under varying conditions on the first shift for 3 of 4 quarters. This deficient practice could affect all residents, staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on record review on 07/01/2024 between 8:30 AM and 11:30 AM with the Director of Plant Operations, the Senior Facilities Manager, and the Executive Director, the first quarter, third quarter, and fourth quarter first shift fire drills were conducted at 1:20 PM, 12:39 PM and 1:52 PM, respectively. Based on interview at the time of record review, the Director of Plant Operations agreed the aforementioned first shift fire drills were not conducted at unexpected times under varying conditions.</p> <p>This finding was reviewed with the Director of Plant Operations, the Senior Facilities Manager, and the Executive Director at the exit conference.</p>		K 0712	<p>areas.</p> <p>K712 – Fire Drills Compliance Date – 07/11/24 Immediate Intervention The Director of Plant Operations has completed a fire drill on each shift held at unexpected times under varying conditions. The Director of Plant Operations was educated by the Executive Director on K712, Fire Drills, NFPA 101. Fire drills include the transmission of the 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 Executive Director will review each fire drill with the Director of Plant Operations 1 X per month X 3 months, for compliance with NFPA 101 requirements.</p>		07/11/2024	

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	3.1-19(b) 3.1-51(c)			The results of this review will be presented by the Executive Director to the QAPI committee for further recommendations and continue until the Quality Assurance Team determines substantial compliance has been achieved. This deficient practice could affect all resident, staff and visitors in the facility.			