

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

PRINTED: 08/19/2024  
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 01 B. WING		X3) DATE SURVEY COMPLETED 08/07/2024	
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
K 0000  Bldg. 01	<p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification survey which exited on 07/01/2024 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a).</p> <p>Survey Date: 08/07/24</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 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 56 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 completed on 08/08/24</p>			K 0000			

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

TITLE

(X6) DATE

Jon Howard

Executive Director

08/19/2024

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 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>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 failed to conduct quarterly fire drills at unexpected times under varying conditions on the first shift for 1 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 08/07/2024 between 8:25 AM and 8:40 AM with the Administrator, a first shift fire drill that was varied in time was not conducted. The Plan of Correction submitted by the facility indicated the facility conducted a first shift fire drill and supplemental documentation titled "K712 Audit Form Fire Drills" showed a chart with the word "Good" written by July, however the facility was unable to produce complete documentation, including date, time, and location of the fire drill. Based on interview at the time of record review, the Administrator stated a first shift fire drill had not been completed. The Administrator asked if it would be possible to complete the fire drill on 08/07/2024.</p> <p>This finding was reviewed with the Administrator</p>		K 0712	<p>K712 – Fire Drills Compliance Date – 08/7/24 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. The results of this review will be presented by the Executive</p>		08/07/2024	

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	at the exit conference.  This deficient practice was cited on 07/01/2024. The facility failed to implement proper corrective action.  3.1-19(b) 3.1-51(c)			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. With the included fire drill report submission, we would respectfully request a desk review.			