

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 07/06/2023
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NAME OF PROVIDER OR SUPPLIER SAINT ANNE - VICTORY NOLL	STREET ADDRESS, CITY, STATE, ZIP CODE 25 VICTORY NOLL DRIVE HUNTINGTON, IN 46750
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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
R 0000 Bldg. 00	<p>This visit was for a State Residential Licensure Survey.</p> <p>Survey dates: July 5 and July 6, 2023</p> <p>Facility number: 013978</p> <p>Residential Census: 28</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed July 11, 2023.</p>	R 0000		
R 0092 Bldg. 00	<p>410 IAC 16.2-5-1.3(i)(1-2) Administration and Management - Noncompliance</p> <p>(i) The facility must maintain a written fire and disaster preparedness plan to assure continuity of care of residents in cases of emergency as follows:</p> <p>(1) Fire exit drills in facilities shall include the transmission of a fire alarm signal and simulation of emergency fire conditions, except that the movement of nonambulatory residents to safe areas or to the exterior of the building is not required. Drills shall be conducted quarterly on each shift to familiarize all facility personnel with signals and emergency action required under varied conditions. At least twelve (12) drills shall be held every year. When drills are conducted between 9 p.m. and 6 a.m., a coded announcement may be used instead of audible alarms.</p> <p>(2) At least every six (6) months, a facility shall attempt to hold the fire and disaster drill</p>			

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

TITLE

(X6) DATE

Kayla Winters

Administrator in Training

08/01/2023

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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	<p>in conjunction with the local fire department. A record of all training and drills shall be documented with the names and signatures of the personnel present.</p> <p>Based on interview and record review, the facility failed to ensure fire drills were conducted quarterly each shift. This deficient practice had the potential to affect 28 of 28 residents residing in the facility.</p> <p>Finding includes:</p> <p>The facility's fire drill binder, provided on 7/5/23 at 11:04 a.m. by the Administrator in Training (AIT), was reviewed on 7/5/23 at 11:19 a.m. The most recent documented fire drill completed was on 1/31/23 at 2:10 p.m.</p> <p>During an interview, on 7/5/23 at 11:28 a.m., the Administrator indicated fire drills had not been conducted since January 2023.</p> <p>A current, undated facility policy, provided by the Administrator on 7/6/23 at 3:00 p.m., titled "Fire Drill Policy," indicated "...Drills shall be conducted quarterly on each shift to familiarize all facility personnel with signals and emergency action required under varied conditions...."</p>	R 0092	<p>This Plan of Correction is being prepared and executed because it is required by the provisions of state regulation, and not because Saint Anne Victory Noll agrees with the allegations and citations listed on the statement of deficiencies. We respectfully request paper compliance.</p> <p>What corrective actions will be accomplished for those residents found to have been affected by the deficient practice.</p> <p>All residents could be affected. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken.</p> <p>All residents could be affected. What measure will be put in place and what systemic changes will be made to ensure that the deficient practice does not recur. The administrator will schedule fire drills for the next three months with the maintenance director. The maintenance director will execute the drills and complete the "Fire Drill Report" each month. Fire drills will be completed on a rotation of shifts per 410 IAC 16.2-5-1.3(i) 1-2). A copy of the "Fire Drill Report" will be given to the Administrator and filed in the</p>	08/04/2023

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			<p>Fire Drill Record binder kept in the maintenance office. At the completion of three successful months, the maintenance director will prepare a yearly schedule and give a copy to the Administrator. How the corrective action will be monitored to ensure the deficient practice will not recur what quality assurance program will be put into place.</p> <p>Administrator/Maintenace Director will conduct mid-month audits to ensure a fire drill & education have been completed or that one is scheduled to be in compliance.</p> <p>By what date the systemic changes for the deficiency will be completed.</p> <p>The systemic changes will be completed by August 4, 2023</p>	