PRINTED: 06/14/2017 FORM APPROVED OMB NO. 0938-0391

	NT OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155197	ſ ′	JILDING	NSTRUCTION 01	(X3) DATE COMPI 05/15	
NAME OF PROVIDER OR SUPPLIER SANCTUARY AT ST PAULS			3602 S	ADDRESS, CITY, STATE, ZIP CODE IRONWOOD DR BEND, IN 46614			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPE DEFICIENCY)		(X5) COMPLETION DATE
Bldg. 01	State Licensure the Indiana State accordance with Survey Date: 05 Facility Number Provider Number AIM Number: 1 At this Life Safe Sanctuary at St. compliance with Participation in CFR Subpart 48 Fire and the 201 Fire Protection A Life Safety Code Existing Health 410 IAC 16.2. This three story basement was do (222) construction The facility has smoke detection open to the corrismoke detectors rooms. The facility facility has smoke detectors rooms. The facility has smoke detectors rooms.	: 000104 er: 155197 00266590	K 0	000			

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

TITLE

(X6) DATE

Any defiency statement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days 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 14 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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		XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155197	r í	JILDING	onstruction 01	(X3) DATE : COMPL 05/15/	ETED
NAME OF PROVIDER OR SUPPLIER SANCTUARY AT ST PAULS			3602 S	ADDRESS, CITY, STATE, ZIP CODE IRONWOOD DR BEND, IN 46614			
(X4) ID PREFIX TAG	(EACH DEFICIEN	FATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	(X5) COMPLETION DATE
K 0222 SS=E Bldg. 01	customary access areas providing for sprinklered. Quality Review of DA NFPA 101 Egress Doors Egress Doors Doors in a requirement be equipped worequires the use of egress side unless following special local clinical security neused, only one local permitted on each be made for the raby: remote control locks or keys carring other such reliable staff at all times. 18.2.2.2.5.1, 18.2. 19.2.2.6 SPECIAL NEEDS ARRANGEMENTS Where special local safety needs of the Clinical or Secare being met. In a electrical locks that	cocking arrangements: COR SECURITY THREAT Ring arrangements for the eds of the patient are king device shall be door and provisions shall epid removal of occupants of locks; keying of all ed by staff at all times; or means available to the 2.2.6, 19.2.2.2.5.1, LOCKING Cocking arrangements for the epatient are used, all of urity Locking requirements addition, the locks must be at fail safely so as to of power to the device; the					

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	OF CORRECTION	IDENTIFICATION NUMBER:	l í	ULTIPLE CO JILDING	ONSTRUCTION O1	(X3) DATE : COMPL	
ANDILAN	or connection	155197	B. WI		01	05/15/	
		133197	<i>D.</i> ,,,			03/13/	2017
NAME OF PROVIDER OR SUPPLIER					ADDRESS, CITY, STATE, ZIP CODE		
CANCTU	ARY AT ST PAULS				IRONWOOD DR I BEND, IN 46614		
	ARTATSTPAULS			300111	I BEND, IN 400 I4		
(X4) ID		TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	·	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA [*] DEFICIENCY)	ΓE	COMPLETION
TAG		LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)		DATE
	· ·	r system and the locked I by a complete smoke					
		or is constantly monitored					
	-	ation within the locked					
	space); and both t	he sprinkler and detection					
	•	ged to unlock the doors					
	upon activation.	2.2.5.2. TIA 42.4					
	18.2.2.2.5.2, 19.2. DELAYED-EGRE						
	ARRANGEMENTS						
		elayed-egress locking					
	,	in accordance with					
	7.2.1.6.1 shall be						
		g low and ordinary hazard gs protected throughout					
		upervised automatic fire					
	detection system of						
	supervised autom	atic sprinkler system.					
	18.2.2.2.4, 19.2.2.						
	ACCESS-CONTR						
	LOCKING ARRAN	I Egress Door assemblies					
		ance with 7.2.1.6.2 shall					
	be permitted.						
	18.2.2.2.4, 19.2.2.						
	ELEVATOR LOBE						
	LOCKING ARRAN	NGEMENTS t access door locking in					
		2.1.6.3 shall be permitted					
		es in buildings protected					
		approved, supervised					
		ection system and an					
		sed automatic sprinkler					
	system. 18.2.2.2.4, 19.2.2.	24					
		d to ensure the delayed	K 0	222	This Plan of Correction		06/14/2017
		rangements were			constitutes the written allegation	on	00/11/2017
		rdance with 7.2.1.6.1(3)			of compliance for the deficience		
		* /			cited. However, submission of		
		or delayed egress locks.			this Plan of Correction is not a admission that a deficiency ex		
	` '	states an irreversible			or that one was cited correctly		
	process shall rele	ease the lock in the			o. that one was offed confectly	•	

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STATEMEN	STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		ONSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING <u>01</u>		01	COMPLETED		
		155197	B. W	ING		05/15/20)17
NAME OF I	DROWINED OR SUBDITIES			STREET A	ADDRESS, CITY, STATE, ZIP CODE	<u> </u>	
NAME OF F	PROVIDER OR SUPPLIEI	X		3602 S	IRONWOOD DR		
SANCTU	ARY AT ST PAULS	5		SOUTH	I BEND, IN 46614		
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	``	NCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE (COMPLETION
TAG		R LSC IDENTIFYING INFORMATION)	+	TAG	This Plan of Correction is		DATE
	_	ess within 15 seconds, or			submitted to meet requiremen	te	
		re approved by the			established by state and feder		
		g jurisdiction, upon			law.		
		force to the release					
		in 7.2.1.5.10 under all of			We respectfully request this P of Correction be reviewed for	lan	
	the following co				Paper Compliance.		
	(a) The force sha	all not be required to			T upor compilarice.		
	exceed 15 lbf (6						
	(b) The force sh	all not be required to be			What corrective action will		
	continuously ap	plied for more than 3			accomplished for those reside		
	seconds.				found to have been affected b the deficient practice:	y	
	(c) The initiation	n of the release process			No residents were affected.		
	shall activate an	audible signal in the			2. How other residents having	9	
	vicinity of the d	oor opening.			the potential to be affected by		
	<u> </u>	k has been released by			same deficient practice will be identified and what corrective		
	` ′	of force to the releasing			action will be taken:		
		g shall be by manual			No residents were affected		
		is deficient practice could			3. What measures will be put	into	
	· -	up to 37 residents.			place or what systemic change		
	arroot starr arra (ap to 37 residents.			will be made to ensure that the	I .	
	Findings include	<u>.</u>			deficient practice does not rec The delayed egress mag lock		
	i manigs merado				the 3rd floor door was repaired		
	Based on observ	vation with			the EVS Director on 5/15/17.		
		Service Director on			delayed egress doors will be		
		en 9: 32 a.m. and 11:31			checked with each fire drill and documented on the Delayed	a	
					Egress Monthly PM Log.		
	· ·	or stairwell door next to			(Attachment: Delayed Egress		
		09 contained a 15 second			Monthly PM Log)		
	1	hen tested, the magnetic			4. How the corrective actions	will	
		release after 15 seconds.			be monitored to ensure the deficient practice will not recur	.	
		iew at the time of			i.e,, what quality assurance	,	
	· · · · · · · · · · · · · · · · · · ·	Environmental Service			program will be put into place:		
	Director acknow	_			The results of the audits will be		
	aforementioned	condition.			reported to Safety Committee	.	
					monthly and to MDQI Commit	tee	

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A BUILDING 155197 A BUILDING B WING NAME OF PROVIDER OR SUPPLIER SANCTUARY AT ST PAULS C(X4) ID PREFIX TAG SUBMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 3.1-19(b) K 0311 NFPA 101 SS=E Bldg. 01 Vertical Openings - Enclosure 2012 EXISTING Stairways, elevator shafts, light and ventilation shafts, chutes, and other vertical openings between floors are enclosed with construction having a fire resistance rating of at least 1 hour. An atrium may be used in accordance with 8.6. 19.3.1.1 through 19.3.1.6 If all vertical openings are properly enclosed with construction providing at least a 2-hour fire resistance rating, also check this	X3) DATE SURVEY	ONSTRUCTION (X3)	(X2) MULTIPLE CC	STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		
NAME OF PROVIDER OR SUPPLIER SANCTUARY AT ST PAULS (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 3.1-19(b) K 0311 NFPA 101 SS=E Bldg. 01 NFPA 101 SS=E Bldg. 01 NFPA 101 SS=E Bldg. 101 NFPA 101 NFPA 101 SS=E Bldg. 101 NFPA 101 NFACTION SIDENEY NGACHERICATION SIDENEY NGACHERICATION SIDENEY NGACHERICATIO	COMPLETED	<u>01</u>	A. BUILDING <u>01</u>		AND PLAN OF CORRECTION IDENTIFICATION NUMBER:	
AME OF PROVIDER OR SUPPLIER SANCTUARY AT ST PAULS (X4) ID PREFIX TAG 3.1-19(b) SUMMARY STATEMENT OF DEFICIENCIES TAG 3.1-19(b) SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 3.1-19(b) K 0.311 SS=E Bldg. 01 NFPA 101 SS=E Bldg. 01 NFPA 101 SS=E Stairways, elevator shafts, light and ventilation shafts, chutes, and other vertical openings between floors are enclosed with construction having a fire resistance rating of at least 1 hour. An atrium may be used in accordance with 8.6. 19.3.1.1 through 19.3.1.6 If all vertical openings are properly enclosed with construction providing at least a 2-hour	05/15/2017	B. WING 05/15/2017		155197		
SANCTUARY AT ST PAULS (X4) ID PREFIX TAG 3.1-19(b) SUMMARY STATEMENT OF DEFICIENCIES BID PROVIDERS PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 3.1-19(b) ID PROVIDERS PLAN OF CORRECTION (EACH CORRECTION SHOULD BE CROSS-REFERENCE TO THE APPROPRIATE DEFICIENCY) TAG Quarterly until such time the MDQI Committee deems the process is in compliance. 5. By what date the systemic changes will be completed: June 14, 2017 K 0311 NFPA 101 Vertical Openings - Enclosure Vertical Openings - Enclosure 2012 EXISTING Stairways, elevator shafts, light and ventilation shafts, chutes, and other vertical openings between floors are enclosed with construction having a fire resistance rating of at least 1 hour. An atrium may be used in accordance with 8.6. 19.3.1.1 through 19.3.1.6 If all vertical openings are properly enclosed with construction providing at least a 2-hour		ADDRESS, CITY, STATE, ZIP CODE	STREET A	NAME OF PROMPTS OF GUIDNIES		
(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG SID PROVIDERS PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 3.1-19(b) ROBERT TAG 3.1-19(b) WITH APPROVIDERS PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO PIRE APPROVIPAGE DEFICIENCY DATE Quarterly until such time the MDQI Committee deems the process is in compliance. 5. By what date the systemic changes will be completed: June 14, 2017 K 0311 NFPA 101 Vertical Openings - Enclosure Vertical Openings - Enclosure 2012 EXISTING Stainways, elevator shafts, light and ventilation shafts, chutes, and other vertical openings between floors are enclosed with construction having a fire resistance rating of at least 1 hour. An atrium may be used in accordance with 8.6. 19.3.1.1 through 19.3.1.6 If all vertical openings are properly enclosed with construction providing at least a 2-hour		IRONWOOD DR	3602 S	NAME OF PROVIDER OR SUPPLIER		
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 3.1-19(b) (A) 3.1-19(b) (B) (B) (C) (C) (C) (C) (C) (C		ł BEND, IN 46614	SOUTH	S	JARY AT ST PAULS	SANCTU
TAG REGULATORY OR LSC IDENTIFYING INFORMATION) 3.1-19(b) 3.1-19(b) K 0311 NFPA 101 SS=E Vertical Openings - Enclosure Vertical Openings - Enclosure 2012 EXISTING Stairways, elevator shafts, light and ventilation shafts, chutes, and other vertical openings between floors are enclosed with construction having a fire resistance rating of at least 1 hour. An atrium may be used in accordance with 8.6. 19.3.1.1 through 19.3.1.6 If all vertical openings are properly enclosed with construction providing at least a 2-hour	· · ·	PROVIDER'S PLAN OF CORRECTION				
3.1-19(b) R 0311 SS=E Bldg. 01 NFPA 101 Vertical Openings - Enclosure Vertical Openings - Enclosure 2012 EXISTING Stairways, elevator shafts, light and ventilation shafts, chutes, and other vertical openings between floors are enclosed with construction having a fire resistance rating of at least 1 hour. An atrium may be used in accordance with 8.6. 19.3.1.1 through 19.3.1.6 If all vertical openings are properly enclosed with construction providing at least a 2-hour	E	CROSS-REFERENCED TO THE APPROPRIATE			`	
MDQI Committee deems the process is in compliance. 5. By what date the systemic changes will be completed: June 14, 2017 K 0311 SS=E Bldg. 01 Vertical Openings - Enclosure Vertical Openings - Enclosure 2012 EXISTING Stairways, elevator shafts, light and ventilation shafts, chutes, and other vertical openings between floors are enclosed with construction having a fire resistance rating of at least 1 hour. An atrium may be used in accordance with 8.6. 19.3.1.1 through 19.3.1.6 If all vertical openings are properly enclosed with construction providing at least a 2-hour	DATE	,	IAG	R LSC IDENTIFYING INFORMATION)		TAG
SS=E Bldg. 01 Vertical Openings - Enclosure Vertical Openings - Enclosure 2012 EXISTING Stairways, elevator shafts, light and ventilation shafts, chutes, and other vertical openings between floors are enclosed with construction having a fire resistance rating of at least 1 hour. An atrium may be used in accordance with 8.6. 19.3.1.1 through 19.3.1.6 If all vertical openings are properly enclosed with construction providing at least a 2-hour		MDQI Committee deems the process is in compliance. 5. By what date the systemic changes will be completed:			3.1-19(b)	
box. Based on observation and interview, the facility failed to maintain protection of 1 of 1 stairway in accordance of 19.3.1. LSC 19.3.1.1 requires where an enclosure is provided, the construction shall have not less than a 1-hour fire resistance rating. This deficient practice could affect staff and at least 37 residents in the smoke compartment. K 0311 1. What corrective action will be accomplished for those residents found to have been affected by the deficient practice: No residents were affected. 2. How other residents having the potential to be affected by the deficient practice will be identified and what corrective actions will be taken: No residents were affected. 3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:	he ed Into	accomplished for those residents found to have been affected by the deficient practice: No residents were affected. 2. How other residents having the potential to be affected by the deficient practice will be identified and what corrective actions will be taken: No residents were affected. 3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:	K 0311	or shafts, light and chutes, and other vertical floors are enclosed withing a fire resistance rating. An atrium may be used in 8.6. 19.3.1.6 sings are properly enclosed providing at least a 2-hour ing, also check this vation and interview, the maintain protection of 1 accordance of 19.3.1. quires where an enclosure construction shall have shour fire resistance cient practice could affect to 37 residents in the ment.	Vertical Openings Vertical Openings 2012 EXISTING Stairways, elevator ventilation shafts, openings between construction having of at least 1 hour. accordance with 8 19.3.1.1 through 18 fall vertical opening with construction price resistance rations. Based on observe facility failed to of 1 stairway in 18 LSC 19.3.1.1 receis provided, the not less than a 18 rating. This deficit staff and at least smoke compartners.	SS=E
Based on observation with the Environmental Service Director on The 3rd floor fire door will be replaced. (Attachment: Fire Door	oor					
05/15/17 between 9:32 a.m. and 11:31						

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	OF CORRECTION OF CORRECTION 155197	(X2) MULTIPLE CO A. BUILDING B. WING	ONSTRUCTION 01	(X3) DATE SURVEY COMPLETED 05/15/2017
	PROVIDER OR SUPPLIER JARY AT ST PAULS	3602 S	ADDRESS, CITY, STATE, ZIP CODE IRONWOOD DR I BEND, IN 46614	
(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 APPROPRIA DEFICIENCY)	DATE
	a.m., the 3nd floor stairwell door near resident room 309 did did not have a fire resistance rating. Additionally, the 1st floor Center stairwell contained a quarter inch gap on the left side of an HVAC vent. Based on interview at the time of each observation, the Environmental Service Director confirmed the lack of a fire resistive label and provided the measurement. 3.1-19(b)		The quarter inch gap on the leside of the HVAC vent was fill with fire retardant caulking attime of the survey. (Attachmen Picture of HVAC Vent with fire retardant caulk in place) Certified fire door inspectors vinspect the doors annually and provide documentation to the Director of Environmental Services. Vendors will sign in on the "Contractor's Sign In Log." Will be inspected by EVS Director designee to assure that any penetration has been properly sealed. (Attachment: Contractor's Sign in Log, Police Education) 4. How the corrective action vibe monitored to ensure the deficient practice will not recurrent the EVS Director will review to Contractor's Sign In Log and randomly inspect one vendor monthly to ensure that the completed work is in compliance. Trends will be reported to the Safety Commitmentally and the MDQI Committee quarterly until such time the MDQI Committee deathe process is in compliance. EVS Director will present the findings of the report from the certified fire door inspector annually to the Safety Commit and MDQI Committee. 5. By what date the systemic changes will be completed. June 14, 2017	ed the nt: e vill d ork ctor / cy, will r: he ttee n ems The

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	OF CORRECTION IDENTIFICATION NUMBER: 155197	(X2) MULTIPLE CO A. BUILDING B. WING	onstruction <u>01</u>	(X3) DATE SURVEY COMPLETED 05/15/2017
NAME OF PROVIDER OR SUPPLIER SANCTUARY AT ST PAULS		3602 S	ADDRESS, CITY, STATE, ZIP CODE S IRONWOOD DR H BEND, IN 46614	
(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 APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE
K 0353 SS=D Bldg. 01	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. a) Date sprinkler system last checked b) Who provided system test c) Water system supply source Provide in REMARKS information on 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 maintain the ceiling construction in 1 of 1 Nursing suite closet. The ceiling tiles trap hot air and gases around the sprinkler and cause the sprinkler to operate at a specified temperature. NFPA 13, 2010 edition, 8.5.4.11 states the distance between the sprinkler deflector and the ceiling above shall be selected based on the type of sprinkler and the type of construction. This deficient practice could affect staff only.	K 0353	1. What corrective actions will accomplished for those reside found to have been affected be the deficient practice: No residents were affected. 2. How other residents having the potential to be affected the same deficient practice will be identified and what corrective actions will be taken: No residents were effected. 3. What measures will be put place or what systemic change will be made to ensure the deficient practice does not recompliate the ceiling tile grids were replaced with rated ceiling tiles.	into es

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	OF CORRECTION IDENTIFICATION NUMBER: 155197	A. BUILDING <u>01</u> B. WING	3) DATE SURVEY COMPLETED 05/15/2017
	PROVIDER OR SUPPLIER JARY AT ST PAULS	STREET ADDRESS, CITY, STATE, ZIP CODE 3602 S IRONWOOD DR SOUTH BEND, IN 46614	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Findings include:	ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (Attachment: Picture of grids an	(X5) COMPLETION DATE
	Based on observation with the Environmental Service Director on 05/15/17 at 10:44 a.m., the Nursing suite closet contained two ceiling tiles that were open grids that allowed airflow. Upon further inspection no duct work was directly connected to the openings. Based on interview at the time of observation, the Environmental Service Director acknowledged the aforementioned condition. 3.1-19(b)	picture of rated ceiling tile replacement) 4. How the corrective action will be monitored to ensure the deficient practice will not recur: The EVS Director will review the Contractor's Sign In Log and randomly inspect one vendor monthly to ensure that the completed work is in compliance Trends will be reported to the Safety Committee monthly and the MDQI Committee quarterly until such time the MDQI Committee deems the process is in compliance. (Attachment: Contractor's Sign In Log, Policy, and Education) 5. By what date the systemic changes will be put into place: June 14, 2017	

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