

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

PRINTED: 10/09/2024

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 09/16/2024	
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 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. --	An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73. Survey Date: 09/16/24 Facility Number: 000535 Provider Number: 155604 AIM Number: 100267250 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 The facility has 120 certified beds. At the time of the survey, the census was 75. Quality Review completed on 09/18/24			E 0000			
K 0000 Bldg. 01	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). Survey Date: 09/16/24 Facility Number: 000535 Provider Number: 155604 AIM Number: 100267250 At this Life Safety Code survey, Saint Anthony			K 0000	This Plan of Correction is submitted under Federal and State regulations and status applicable to long term care providers. This Plan of Correction does not constitute an admission of liability on the part of the facility and such liability is hereby denied. The submission of the plan does not constitute agreement by the facility that the surveyor's		

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

TITLE

(X6) DATE

Dylan Johnson

Administrator

10/03/2024

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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K 0353 SS=E 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 75 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 09/18/24</p> <p>NFPA 101 Sprinkler System - Maintenance and Testing</p>			K 0353	<p>findings or conclusions are accurate, that the findings constitute a deficiency, or that the scope and severity regarding any of the deficiencies are cited correctly. Please accept this plan as out credible allegation of compliance.</p>		11/08/2024
	<p>Based on observation, and interview; the facility failed to ensure all sprinkler heads in the facility loaded or damaged were replaced or cleaned in accordance with NFPA 25. NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 2011 Edition, Section 5.2.1.1.1 states 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:</p>				<p>The sprinkler located in the dishwashing area of the kitchen is scheduled to be replaced by Brenneco Fire (attached). The two sprinklers located behind the laundry room dryers and the two sprinklers located in front of the laundry room dryers have been cleaned via compressed air on 09/30/2024 by director of plant operations. Laundry and kitchen staff have</p>		

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K 0511 SS=E	<p>(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. In lieu of replacing sprinklers that are loaded with dust, it is permitted to clean sprinklers with compressed air or by a vacuum provided that the equipment does not touch the sprinkler. This deficient practice could affect staff in the Laundry room and kitchen.</p> <p>Findings include:</p> <p>Based on observation with the Director of Plant Operations (DPO) during a tour of the facility on 11/21/16, the following was noted: a) at 1:19 p.m. one sprinkler located in the dishwashing area of the kitchen had a bent deflector and showed signs of corrosion. b) at 1:27 p.m. the two sprinklers behind the Laundry room dryers were covered with lint and the two sprinklers located in front of the dryers were covered with lint. Based on interview at the time of observations, the DPO confirmed the above mentioned automatic sprinklers were damaged and corroded and loaded with lint.</p> <p>This finding was reviewed with the Administrator and Director of Plant Operations at the exit conference.</p> <p>3.1-19(b)</p> <p>NFPA 101 Utilities - Gas and Electric</p>				<p>the potential to be affected. Preventative maintenance to be completed on a quarterly basis to ensure sprinkler heads are in accordance with NFPA 25, Standard for the Inspection, and Maintaining of Water-based Fire protection Systems. Director of plant operations or designee will audit the sprinkler system on a monthly basis x3, quarterly basis x 3 to ensure compliance. Audits will be submitted to QAPI for review and further recommendations.</p>		

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Bldg. 01	<p>Based on observation and interview, the facility failed to ensure 1 of 1 electrical junction boxes above the drop ceiling near the south nurse's station was maintained in a safe operating condition. LSC 19.5.1.1 requires utilities comply with Section 9.1. LSC 9.1.2 requires electrical wiring and equipment to comply with NFPA 70, National Electrical Code. NFPA 70, 2011 Edition, Article 314.28(3) (c) states junction boxes shall be provided with covers compatible with the box and suitable for the conditions of use. Where used, metal covers shall comply with the grounding requirements of 250.110. This deficient practice could affect 40 residents, staff and visitors in the Bakersfield wing.</p> <p>Findings include:</p> <p>Based on observation with the Director of Plant Operations (DPO) during a tour of the facility at 2:10 p.m. on 09/16/24, one of one electrical junction boxes installed above the drop ceiling near resident room D130 was without a cover which exposed the spliced electrical wiring in the junction box. Based on interview at the time of the observation, the DPO agreed the aforementioned electrical junction box location did not have its cover plate installed which exposed the spliced electrical wiring in the junction box.</p> <p>This finding was reviewed with the Administrator and Director of Plant Operations during the exit conference.</p> <p>3.1-19(b)</p>		K 0511	<p>The Junction box located above the drop ceiling outside room 130 has been corrected by installing a cover plate on 9/30/2024 by director of plant operations.</p> <p>Forty residents, staff and visitors located on Bakersfield unit have the potential to be affected.</p> <p>Director of Plant operations performed electrical junction box audit on 09/30/2024 to ensure compliance with NFPA 70, National Electric Code (Article 314.28(3)(c). Director of plant operations notified Vendors via email on 10/03/2024 outlining the importance of replacing the junction box covers after the job has been completed. Director of plant operations and/or designee will audit junction box covers monthly x 3, quarterly x3. Audits will be submitted to QAPI for review and further recommendations.</p>		10/03/2024	
K 0914 SS=F Bldg. 01	<p>NFPA 101 Electrical Systems - Maintenance and Testing</p>						

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	<p>Based on record review, observation and interview; the facility failed to ensure documentation of electrical outlet receptacle testing for resident sleeping rooms was available for review in accordance with NFPA 99. NFPA 99, Health Care Facilities Code, 2012 Edition, Section 6.3.4.1.3 states receptacles not listed as hospital-grade at patient bed locations and in locations where deep sedation or general anesthesia shall be tested at intervals not exceeding 12 months. NFPA 99, Health Care Facilities Code, 2012 Edition, Section 6.3.4.1.1 states hospital-grade receptacles testing shall be performed after initial installation, replacement or servicing of the device. Section 6.3.3.2, Receptacle Testing in Patient Care Rooms requires the physical integrity of each receptacle shall be confirmed by visual inspection. The continuity of the grounding circuit in each electrical receptacle shall be verified. Correct polarity of the hot and neutral connections in each electrical receptacle shall be confirmed; and retention force of the grounding blade of each electrical receptacle (except locking-type receptacles) shall be not less than 115 grams (4 ounces). Section 6.3.4.2.1.2 states, at a minimum, the record shall contain the date, the rooms or areas tested, and an indication of which items have met, or have failed to meet, the performance requirements of this chapter. This could affect over 70 residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of receptacle retention testing documentation Director of Plant Operations during record review from 9:35 a.m. to 1:00 p.m. on 09/16/24, electrical receptacle inspection and testing documentation for resident sleeping rooms within the most recent twelve month period was not available for review. There were blank</p>			K 0914	<p>Receptacle tension checked in resident rooms with no findings.</p> <p>Seventy residents, staff, and visitors have the potential to be affected.</p> <p>Receptacle tension detector testing has been added to preventive maintenance as rolling 11-month inspection to ensure compliance.</p> <p>Director of Plant Operation or designee will conduct inspections of ten resident rooms per month for proper receptacle tension, monthly x 6, quarterly x 2. Audit forms will be signed off by Plant Operation Director or designee.</p> <p>Audits will be submitted to QAPI for review and further recommendations.</p>		09/20/2024

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K 0920 SS=D Bldg. 01	<p>receptacle retention testing forms with written note 'Due 12/30/2024'. Based on interview at the time of record review, the Director of Plant Operations agreed electrical receptacle inspection and testing documentation for resident sleeping rooms for the most recent twelve month period was not available for review and he had gotten rid of the last completed receptacle retention testing after the last life safety code survey. Based on observations with the Director of Plant Operations during a tour of the facility from 1:00 p.m. to 2:13 p.m. on 09/16/24, all resident sleeping rooms in the facility had non-hospital-grade receptacles installed in the rooms.</p> <p>This finding was reviewed with the Administrator and Director of Plant Operations during the exit conference.</p> <p>3.1-19(b)</p> <p>NFPA 101 Electrical Equipment - Power Cords and Extens</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 power strips were not used as a substitute for fixed wiring to provide power equipment with a high current draw. NFPA-70/2011, 400.8 state unless specifically permitted in 400.7 flexible cords and cables shall not be used for (1) as a substitute for fixed wiring. This deficient practice could affect one staff and two visitors in the Admissions office.</p> <p>Findings include:</p> <p>Based on observations and interview during a tour of the facility with the Director of Plant Operations (DPO) on 09/16/24 at 1:57 p.m., in the Admissions Office a power strip was being used</p>		K 0920	<p>Surge Protector removed from admissions office. No residents were identified. One staff and two visitors have the potential to be affected. Director of Plant Operation completed building inspection of offices to ensure proper use of surge protectors/power cords on 10/3/2024. Plant Operation or designee will conduct audits of office rooms monthly x 3, quarterly x 3. Audits will be submitted to QAPI for review and further recommendations.</p>		10/03/2024	

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	to power a refrigerator (high power draw equipment). Based on interview at the time of observation, the DPO confirmed a refrigerator was plugged into a power strip and plugged the refrigerator into the wall at the time of observation. This finding was reviewed with the Administrator and Director of Plant Operations at the exit conference. 3.1-19(b)						