

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

PRINTED: 10/24/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>155825</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b>  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>10/20/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>ST AUGUSTINE HOME FOR THE AGED</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2345 W 86TH ST</b> <b>INDIANAPOLIS, IN 46260</b>		
(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 APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
{E 000}	Initial Comments  A Post Survey Revisit (PSR) to the Emergency Preparedness Survey conducted between 08/02/22 - 08/03/22 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73.  Survey Dates: 10/20/22  Facility Number: 000389 Provider Number: 155825 AIM Number: 100288920  At this PSR Emergency Preparedness survey, St. Augustine Home for the Aged was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73.  The facility has 42 certified beds. At the time of the PSR survey, the census was 27.	{E 000}			
{K 000}	Quality Review completed on 10/21/22 INITIAL COMMENTS  A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted between 08/02/22 - 08/03/22 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a).  Survey Dates: 10/20/22  Facility Number: 000389 Provider Number: 155825 AIM Number: 100288920	{K 000}			

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

TITLE

(X6) DATE

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 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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{K 000}	<p>Continued From page 1</p> <p>At this PSR Life Safety Code survey, St. Augustine Home for the Aged was found 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, located on the 2nd and 3rd floor of a three-story building, was determined to be of Type II (222) construction and was fully sprinklered except for 2 of 5 walk-in coolers in the kitchen. The facility has a fire alarm system with smoke detection in the corridors and in all areas open to the corridor. The facility has smoke detectors hard wired to the fire alarm system in all resident rooms. The entire 2nd and 3rd floors, including the Assisted Living sections were part of this survey as only smoke doors, no corridor fire doors separating the occupancies were present. The facility has a capacity of 42 and had a census of 27 at the time of this PSR visit.</p> <p>All areas where the residents have customary access were sprinklered. All areas providing facility services were sprinklered except for 2 of 5 walk-in coolers in the kitchen.</p> <p>Quality Review completed on 10/21/22</p>	{K 000}			