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

PRINTED: 03/08/2023 FORM APPROVED OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01, 02 | | | (X3) DATE SURVEY COMPLETED | |
|--|--|--|---|---|--------|----------------------------|----------------------------|
| | | 155290 | B. WING _ | | | 1 | R :/ 27/2023 |
| NAME OF PROVIDER OR SUPPLIER ST ELIZABETH HEALTHCARE CENTER | | | | STREET ADDRESS, CITY, STATE, ZIP CODE 701 ARMORY RD DELPHI, IN 46923 | | | 12112023 |
| (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 E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY) | | BE | (X5) COMPLETION DATE |
| {E 000} | [000} Initial Comments | | {E 0 | {E 000} | | | |
| {K 000} | Initial Comments A Post Survey Revisit (PSR) to the Emergency Preparedness Survey conducted on 01/31/23 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73. Survey Date: 02/27/23 Facility Number: 000187 Provider Number: 155290 AIM Number: 100267300 At this PSR survey, St. Elizabeth Healthcare Center was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73 The facility has 64 certified beds. At the time of the survey, the census was 54. Quality Review completed on 03/01/23 INITIAL COMMENTS A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 01/31/23 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a). Survey Date: 02/27/23 Facility Number: 000187 | | {K 0 | 00} | | | |
| | AlM Number: 10026 At this PSR survey, 3 Center was found in | St. Elizabeth Healthcare | | | | | |
| ARODATORY | DIRECTOR'S OR PROVIDER | /SUPPLIER REPRESENTATIVE'S SIGNATUE | DE | | TITI F | | (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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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | A. BUILDIN | PLE CONSTRUCTION G 01, 02 | (X3) DATE SURVEY COMPLETED | | |
|--|---|--|---------------------|---|----------------------------|--|--|
| | 155290 | | B. WING | | R | | |
| NAME OF PROVIDER OR SUPPLIER ST ELIZABETH HEALTHCARE CENTER | | | | STREET ADDRESS, CITY, STATE, ZIP CODE 701 ARMORY RD DELPHI, IN 46923 | 02/27/2023 | | |
| (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 CROSS-REFERENCED TO THE APPROFIDEFICIENCY) | D BE COMPLETION | | |
| {K 000} | Continued From page 1 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. The 500 wing, a 2018 addition, was surveyed under LSC Chapter 18, New Health Care Occupancies. 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 hard-wired smoke detectors in all resident sleeping rooms. The Healthcare Center is connected to an Assisted Living, Residential Board and Care occupancy, from which it is separated by a Fire Wall with a 2-hour Fire Resistance Rating. The building is fully protected by a 135-kW diesel-powered generator. The facility has a capacity of 64 and had a census of 54 at the time of this survey. | | {K 00 | 00} | | | |
| {K 000} | were sprinklered. All a services were sprinkle garages and two deta were not sprinklered. Quality Review comp INITIAL COMMENTS A Post Survey Revisi Code Recertification a conducted on 01/31/2 | | {K 00 | 00} | | | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | 1 ` ′ | TIPLE CONSTRUCTION DING 01, 02 | | (X3) DATE SURVEY COMPLETED | |
|--|--|---|--------------------|---|--|-------------------------------|---------|
| | | | | | | R | |
| 155290 | | | B. WING | B. WING | | 02/ | 27/2023 |
| NAME OF PROVIDER OR SUPPLIER ST ELIZABETH HEALTHCARE CENTER | | | | 70 | TREET ADDRESS, CITY, STATE, ZIP CODE O1 ARMORY RD | | |
| | | | | D | ELPHI, IN 46923 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | ID PREFI TAG | PROVIDER'S PLAN OF CORRECT X (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY) | | BE COMPLETION | |
| {K 000} | Continued From page 2 Survey Date: 02/27/23 | | {K 0 | 00} | | | |
| | Facility Number: 000 Provider Number: 15 AIM Number: 100267 | 187 5290 | | | | | |
| | Center was found in a Requirements for Par Medicare/Medicaid, 4 Life Safety from Fire, National Fire Protection Life Safety Code (LSC Health Care Occupant | compliance with ticipation in 2 CFR Subpart 483.90(a), and the 2012 edition of the on Association (NFPA) 101, C), Chapter 19, Existing cies and 410 IAC 16.2. The | | | | | |
| | LSC Chapter 18, New | ition, was surveyed under Health Care Occupancies. | | | | | |
| | Type V (111) construct sprinklered. The facility with smoke detection open to the corridors detectors in all reside Healthcare Center is Living, Residential Boston which it is separally 2-hour Fire Resistance fully protected by a 13 generator. The facility had a census of 54 at All areas where reside were sprinklered. All a services were sprinkles. | ty has a fire alarm system in the corridors, spaces and hard-wired smoke nt sleeping rooms. The connected to an Assisted ard and Care occupancy, ated by a Fire Wall with a e Rating. The building is | | | | | |
| | Quality Review comp | leted on 03/01/23 | | | | | |