

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

PRINTED: 03/24/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155742		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING		X3) DATE SURVEY COMPLETED 02/21/2023	
NAME OF PROVIDER OR SUPPLIER  ST ANDREWS HEALTH CAMPUS				STREET ADDRESS, CITY, STATE, ZIP CODE 1400 LAMMERS PIKE BATESVILLE, IN 47006			
(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
K 0000  Bldg. 01	<p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 12/28/22 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a).</p> <p>Survey Date: 02/21/23</p> <p>Facility Number: 004671 Provider Number: 155742 AIM Number: 200538760</p> <p>At this PSR survey, St Andrews Health Campus 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 one story facility was determined to be of type V (111) construction and was fully sprinkled. 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 portion of the facility has a capacity of 66 and had a census of 57 at the time of this visit.</p> <p>All areas where residents have customary access were sprinkled and all areas providing facility services were sprinkled.</p> <p>Quality Review completed on 02/21/23</p>			K 0000	<p>Completion Date: 3-7-2023</p> <p>Plan of correction for St. Andrews Health Campus. (SAHC):</p> <p>The Submission of this plan of correction does not indicate an admission of (SAHC) that the findings and allegations contained herein are accurate and true representations of the quality of care and services provided by (SAHC).</p> <p>The facility recognizes its obligation to provide legally and medically necessary care and services to its residents in an economic and efficient manner. The facility hereby maintains it is in substantial compliance with the requirements of participation for comprehensive healthcare facilities.</p> <p>Attached you will find our plan of correction for (SAHC) for our Life Safety follow-up survey, event SEKW22 which was completed on 3-7-23.</p> <p>We respectfully request paper compliance for this plan of correction.</p> <p>If you need additional information or paperwork, please do not</p>		

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

TITLE

(X6) DATE

Kevin Craig

Executive Director

03/09/2023

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 disclosable 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 0131 SS=E Bldg. 01	<p>NFPA 101 Multiple Occupancies Multiple Occupancies - Sections of Health Care Facilities Sections of health care facilities classified as other occupancies meet all of the following:</p> <ul style="list-style-type: none"> <li>o They are not intended to serve four or more inpatients for purposes of housing, treatment, or customary access.</li> <li>o They are separated from areas of health care occupancies by construction having a minimum two hour fire resistance rating in accordance with Chapter 8.</li> <li>o The entire building is protected throughout by an approved, supervised automatic sprinkler system in accordance with Section 9.7.</li> </ul> <p>Hospital outpatient surgical departments are required to be classified as an Ambulatory Health Care Occupancy regardless of the number of patients served. 19.1.3.3, 42 CFR 482.41, 42 CFR 485.623 Based on record review, observation, and interview; the facility failed to maintain the 2-hour fire rated separation between the skilled nursing unit and the attached Assisted Living area in accordance with Section 19.1.3.4.1. This deficient practice could affect over 20 residents, staff, and visitors in the main dining room.</p>	K 0131	<p>hesitate to contact us at 812-934-5090 or email at Kevin.Craig@standrewshc.com</p> <p>Respectfully - Kevin Craig, HFA, Executive Director</p> <p>K131- Multiple Occupancies- Sections of Health Care Facilities</p> <p>Compliance Date: 3-7-2023</p> <p>Immediate intervention:</p> <p>The Director of Plant Operations</p>	03/07/2023	

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	<p>Findings include:</p> <p>Based on review of facility floor plan documentation with the Director of Plant Services (DPS) during record review from 9:25 a.m. to 11:50 a.m. on 12/28/22, a two hour fire resistance rated fire wall is in the north wall of the main kitchen. The north wall of the main kitchen is also the south wall of the main dining room. Based on review of the original blueprint documentation for the facility at 1:30 p.m. on 12/28/22, a two hour rated fire wall in the north wall of the main kitchen was confirmed by the original blueprint documentation.</p> <p>Based on observations with the DPS during a tour of the facility from 9:30 a.m. to 9:45 a.m. on 02/21/23, the kitchen door to the main dining room is in the north wall of the kitchen and was equipped with a 45-minute fire resistance rating label affixed to the hinge side of the door. In addition, the door to the private dining room from the main dining room is also in the south wall of the main dining room. The door was equipped with a 45-minute fire resistance rating label affixed to the hinge side of the door. Based on interview at the time of the observations, the DPS provided a purchase order "Estimate" from a construction contractor dated 01/23/23 for fire door and fire door frame replacement. The DPS stated the replacement fire doors have been ordered but not yet received by the contractor from their supplier.</p> <p>This finding was reviewed with the Executive Director and the DPS during the exit conference.</p> <p>This deficiency was recited on 12/28/22. The facility failed to implement a systemic plan of correction to prevent recurrence.</p>				<p>(DPO) has installed two new 90 minute fire rated doors to replace the 2 non-compliant doors to the kitchen and private dining areas. The (DPO) has installed automatic closing hardware on the private dining door.</p> <p>The (DPO ) was educated by the Executive Director on K 131 NFPA 101 Multiple Occupancies - Sections of Health Care Facilities. ( See Exhibit A )</p> <p>They are separated from areas of health care occupancies by construction having a minimum two hour fire resistance rating in accordance with chapter 8.</p> <p>The (DPO) will inspect the deficient doors for closing and proper operation 1 x week for one month and 1 x a month for 3 months. ( See Exhibit B )</p> <p>Results of these inspections will be presented by Executive Director to the QA Committee for further recommendations and continue until the Quality Assurance Team determines substantial compliance has been achieved.</p> <p>The deficient practice could affect over 20 residents, staff and visitors in the main dining room.</p>		

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	3.1-19(b)				<p>Documentation Photos:</p> <p>Exhibit C: 90 minute fire rated door leading from dining room to kitchen.</p> <p>Exhibit D: 90 minute fire rated door with automatic closure leading from Kitchen to dining room.</p> <p>Exhibit E: 90 minute fire rated door with automatic closure in private dining leading to dining room.</p> <p>Exhibit F: 90 minute fired door for private dining Certification tag</p> <p>Exhibit G: 90 minute fire door for kitchen Certification tag</p> <p>Exhibit H: Invoice for work completed on 3-7-2023</p>		