

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

PRINTED: 05/30/2024

FORM APPROVED

OMB NO. 0938-039

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|--|--|---|--|--|--|--|----------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155290 | | X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING _____ | | X3) DATE SURVEY COMPLETED 04/30/2024 | |
| NAME OF PROVIDER OR SUPPLIER ST ELIZABETH HEALTHCARE CENTER | | | | STREET ADDRESS, CITY, STATE, ZIP COD 701 ARMORY RD DELPHI, IN 46923 | | | |
| (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 |
| E 0000 Bldg. -- | <p>An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73.</p> <p>Survey Date: 04/30/24</p> <p>Facility Number: 000187 Provider Number: 155290 AIM Number: 100267300</p> <p>At this Emergency Preparedness 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</p> <p>The facility has 64 certified beds. At the time of the survey, the census was 54.</p> <p>Quality Review completed on 05/01/24</p> | | | E 0000 | <p>The submission of this plan of correction does not indicate any admission by St Elizabeth Health Care that the findings and allegations contained herein are a ccurate, true representation of the quality of care provided, and the living environment provided to the residents of St Elizabeth Health Care. The facility hereby maintains it is in substantial compliance with all state and federal requirements governing the management of this facility. It is thus submitted as a matter of statute only. The facility respectfully requests desk review or substantial compliance.</p> | | |
| K 0000 Bldg. 01 | <p>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).</p> <p>Survey Date: 04/30/24</p> <p>Facility Number: 000187 Provider Number: 155290 AIM Number: 100267300</p> <p>At this Life Safety Code survey, St. Elizabeth</p> | | | K 0000 | <p>The submission of this plan of correction does not indicate any admission by St Elizabeth Health Care that the findings and allegations contained herein are a ccurate, true representation of the quality of care provided, and the living environment provided to the residents of St Elizabeth Health Care. The facility hereby maintains it is in substantial compliance with all</p> | | |

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

TITLE

(X6) DATE

Kristen Patz

Executive Director

05/26/2024

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 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 0353 SS=E Bldg. 01 | <p>Healthcare 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. The 500 wing, a 2018 addition, was surveyed under LSC Chapter 18, New Health Care Occupancies.</p> <p>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.</p> <p>All areas where residents have customary access were sprinklered. All areas providing facility services were sprinklered except two detached garages and two detached storage sheds which were not sprinklered.</p> <p>Quality Review completed on 05/01/24</p> <p>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.</p> | | | | state and federal requirements governing the management of this facility. It is thus submitted as a matter of statute only. The facility respectfully requests desk review or substantial compliance. | | |

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| | <p>Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available.</p> <p>a) Date sprinkler system last checked</p> <p>b) Who provided system test</p> <p>c) Water system supply source</p> <p>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system.</p> <p>9.7.5, 9.7.7, 9.7.8, and NFPA 25</p> <p>Based on observation, and interview; the facility failed to ensure 6 of 6 sprinkler heads were not dirty, loaded, or covered in corrosion 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>(1) Leakage</p> <p>(2) Corrosion</p> <p>(3) Physical Damage</p> <p>(4) Loss of fluid in the glass bulb heat responsive element</p> <p>(5) Loading</p> <p>(6) Painting unless painted by the sprinkler manufacturer.</p> <p>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.</p> <p>This deficient practice could affect any residents, staff, or visitors using the facility main entrance.</p> | | | K 0353 | <p>Residents affected: No residents, staff, or visitors were affected.</p> <p>Corrective action: Identified sprinkler heads to be replaced. Work order/proposal has been signed and approved.</p> <p>The Director of Plant Operations was educated by the Executive Director on NFPA 25 on sprinkler heads standards.</p> <p>Monitoring: Director of Plant Operations or designee will inspect 5 sprinkler heads 3 times a week for 4 weeks, then 2 times a week for 4 weeks, then weekly x 4 weeks, then monthly x 3months.</p> <p>The results of the audits will be reported to, reviewed by, and trended by the facility QAPI committee for a minimum of 6 months. On-going monitoring will continue beyond 6 months, if warranted until 100% compliance is achieved.</p> | | 07/07/2024 |

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| K 0712 SS=F Bldg. 01 | <p>Findings include:</p> <p>Based on observations made with the Director of Plant Operations (DPO) and the Facilities Maintenance Support (FMS) person during a tour of the facility at 12: p.m. on 04/30/24, all six of the sprinkler heads located outside under the main entrance canopy were dirty and covered in green corrosion. Based on interview at the time of observation, the DPO acknowledged the aforementioned automatic sprinkler heads were dirty and covered in a green corrosion adding that he would have his vendor come out and give an estimate to have all six of the sprinkler heads replaced.</p> <p>This finding was reviewed with the DPO and the FMS at the exit conference on 04/30/24 at 2:30 p.m.</p> <p>3.1-19(b)</p> <p>NFPA 101 Fire Drills Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms.</p> <p>19.7.1.4 through 19.7.1.7 Based on record review and interview, the facility failed to conduct quarterly fire drills for 1 of 4 quarters. NFPA 101 2012 Edition Life Safety Code</p> | | | K 0712 | Residents affected: No residents, staff, or visitors were affected. | | 05/09/2024 |

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| K 0000 Bldg. 02 | <p>at 19.7.1.6 states, "Drills shall be conducted quarterly on each shift to familiarize facility personnel (nurses, interns, maintenance engineers, and administrative staff) with the signals and emergency action required under varied conditions. This deficient practice affects all clients and staff.</p> <p>Findings include:</p> <p>Based on record review with the Director of Plant Operations (DPO) on 04/30/24 at 9:51 a.m., no documentation could be provided regarding a fire drill for the first shift in the third quarter (July, August, and September) of 2023. Based on interview at the time of record review, the DPO acknowledged that there were no additional available fire drills documented available for review at the time of this survey.</p> <p>3.1-19(b) 3.1-51(c)</p> <p>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).</p> <p>Survey Date: 04/30/24</p> <p>Facility Number: 000187 Provider Number: 155290 AIM Number: 100267300</p> <p>At this Life Safety Code survey, St. Elizabeth Healthcare Center was found not in compliance</p> | | | K 0000 | <p>Corrective action: Director of Plant Operations created schedule for fire drills for 2024 to ensure drills are held at unexpected times that vary monthly for all staff on all shifts.</p> <p>The Director of Plant Operations was educated by the Executive Director on NFPA 101 – Fire Drills. Fire Drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift.</p> <p>Monitoring: Director of Plant Operations or designee will monitor fire drill schedule monthly to ensure drills are held at unexpected and varying times. Director of Plant Operations or will bring monitoring tool to QAPI monthly x3 months.</p> <p>The submission of this plan of correction does not indicate any admission by St Elizabeth Health Care that the findings and allegations contained herein are accurate, true representation of the quality of care provided, and the living environment provided to the residents of St Elizabeth Health Care. The facility hereby maintains it is in substantial compliance with all state and federal requirements</p> | | |

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