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

PRINTED: 07/15/2024 FORM APPROVED OMB NO. 0938-0391

Invalid	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01, 02			
STELIZABETH HEALTHCARE CENTER  STELIZABETH HEALTHCARE CENTER  Delight in ARMORY RD  DELIPHI, IN 46923  (K 000) INITIAL COMMENTS  A Post Survey Revisit (PSR) to the Life Safety Code Recentification and State Licensure Survey conducted on 04/30/24 was conducted by the Indiana Department of Health in accordance with 42 CFR 483-90(a).  Survey Date: 07/08/24  Facility Number: 000187  Provider Number: 150/290  Alm Number: 100267300  At this PSR survey, St. Elizabeth Healthcare Center was found in compliance with Requirements for Participation in Medicare/Medical, 42 CFR 348-30(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 detector in the corridors, spaces open to the corridors and hard-wired smoke detectors in all resident sleeping comms. 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.			155290	B. WING				
ST ELIZABETH HEALTHCARE CENTER  DELPHI, IN 46923    CACH DEPRED   CACH DEPRICEMON MUST BE PRECEDED BY PULL REGULATORY OR LSC DEPRIFYING INFORMATION)   PREPER YEACH CORRECTIVE ACTION SHOULD BE CHOSS-AREFERENCE TO THE APPROPRIATE DEPRICED TO THE APPROPRIATE DEPRIFICATION OF THE APPROPRIATE DEPRICED TO THE APPROPRIATE DEPRICEDED TO THE APPROPRIATE DEPRICED TO THE APP	NAME OF PI	ROVIDER OR SUPPLIER			STR	REET ADDRESS, CITY, STATE, ZIP CODE	<u> </u>	00/2024
DELPH, IN 49923   DELPH, IN 49924   DEPICIENCY MUST SEPRECEDED BY FULL TAG   TAG   DEPICIENCY DEPICED BY FULL TAG   DEPICE					701	ARMORY RD		
PREFIX TAG	ST ELIZA	BETH HEALTHCARE CE	NTER		DE	LPHI, IN 46923		
A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 04/30/24 was conducted by the Indiana Department of Health in accordance with 42 CFR 483-90(a).  Survey Date: 07/08/24  Facility Number: 000187 Provider Number: 155290 AIM Number: 100267300  At this PSR survey, St. Elizabeth Healthcare Center 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. 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 snoke 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.	PRÉFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFI	х	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT		COMPLETION
Code Recertification and State Licensure Survey conducted on 04/30/24 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a).  Survey Date: 07/08/24  Facility Number: 000187 Provider Number: 155290 AIM Number: 100267300  At this PSR survey, St. Elizabeth Healthcare Center was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.90(a), Life Safety Tom 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 snoke 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 000}	INITIAL COMMENTS	3	{K 0	(00)			
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.		Code Recertification conducted on 04/30/2 Indiana Department of 42 CFR 483.90(a).  Survey Date: 07/08/2 Facility Number: 0000 Provider Number: 15 AIM Number: 10026 At this PSR survey, SCenter was found in Requirements for Part Medicare/Medicaid, 4 Life Safety from Fire, National Fire Protecti Life Safety Code (LS: Health Care Occupar 500 wing, a 2018 add LSC Chapter 18, New This one-story facility Type V (111) construct sprinklered. The facili with smoke detection open to the corridors detectors in all reside Healthcare Center is Living, Residential Bofrom which it is separ	and State Licensure Survey 24 was conducted by the of Health in accordance with 24 25 26 27 28 28 29 29 20 20 20 20 20 20 20 20 20 20 20 20 20					
	LADODATO	fully protected by a 1- generator. The facility had a census of 54 a	35-kW diesel-powered y has a capacity of 64 and t the time of this survey.			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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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01, 02</b>		(X3) DATE SURVEY COMPLETED	
		155290	B. WING			R <b>07/08/2024</b>	
NAME OF PE	ROVIDER OR SUPPLIER	.55255			STREET ADDRESS, CITY, STATE, ZIP CODE	1 077	08/2024
	10112211 011 001 1 2.2.1				701 ARMORY RD		
ST ELIZA	BETH HEALTHCARE CEI	NTER			DELPHI, IN 46923		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	<u> </u>	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX (EACH CORRECTIVE ACTION TAG CROSS-REFERENCED TO THE		(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	SHOULD BE COMPLETION	
{K 000}	000} Continued From page 1		{K 00		}		
	All areas where reside	ents have customary access					
	-	areas providing facility					
		ered except two detached					
		sched storage sheds which					
	were not sprinklered.	were not sprinklered.					
	Quality Review comp	leted on 07/10/24					
{K 000}	INITIAL COMMENTS		{K (	000	}		
	A Post Survey Revisi	t (PSR) to the Life Safety					
	Code Recertification and State Licensure Survey						
	conducted on 04/30/24 was conducted by the						
	42 CFR 483.90(a).	of Health in accordance with					
	12 0111 100.00(4).						
	Survey Date: 07/08/24						
	Facility Number: 000	187					
	Provider Number: 15						
	AIM Number: 100267	7300					
	At this PSR survey S	t. Elizabeth Healthcare					
	Center was found in o						
	Requirements for Par						
		2 CFR Subpart 483.90(a),					
	_	and the 2012 edition of the					
		on Association (NFPA) 101,					
		C), Chapter 19, Existing ncies and 410 IAC 16.2. The					
	•	lition, was surveyed under					
		Health Care Occupancies.					
	This are started	was datarminad to be of					
	Type V (111) construct	was determined to be of					
		ty has a fire alarm system					
		in the corridors, spaces					
		and hard-wired smoke					
	detectors in all reside	nt sleeping rooms. The					

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		155290	B. WING _			R <b>07/08/2024</b>	
NAME OF PROVIDER OR SUPPLIER  ST ELIZABETH HEALTHCARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CO 701 ARMORY RD DELPHI, IN 46923	DDE	01700/2024	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFII TAG	X (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
{K 000}	Living, Residential Bo from which it is separ 2-hour Fire Resistanc fully protected by a 13 generator. The facility had a census of 54 at All areas where reside were sprinklered. All a services were sprinkle	connected to an Assisted pard and Care occupancy, atted by a Fire Wall with a see Rating. The building is 85-kW diesel-powered whas a capacity of 64 and at the time of this survey.  The survey access areas providing facility ered except two detached ached storage sheds which	{K 0				