

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

PRINTED: 12/29/2017
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155214		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING		X3) DATE SURVEY COMPLETED 12/05/2017	
NAME OF PROVIDER OR SUPPLIER ST ANTHONY HOME - CROWN POINT				STREET ADDRESS, CITY, STATE, ZIP COD 203 FRANCISCAN DR CROWN POINT, IN 46307			
(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 10/30/17 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.90(a).</p> <p>Survey Date: 12/05/17</p> <p>Facility Number: 000120 Provider Number: 155214 AIM Number: 100274780</p> <p>At this Life Safety Code survey, St Anthony Home 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 three story facility with a partial basement, was determined to be of Type I (332) construction and was fully sprinklered. The facility has a fire alarm system with hard wired smoke detection in the corridors, spaces open to the corridors, and resident rooms. The facility has the capacity for 189</p>			K 0000			

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 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 disclosed 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.

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

PRINTED: 12/29/2017

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155214		X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____		X3) DATE SURVEY COMPLETED 12/05/2017	
NAME OF PROVIDER OR SUPPLIER ST ANTHONY HOME - CROWN POINT				STREET ADDRESS, CITY, STATE, ZIP COD 203 FRANCISCAN DR CROWN POINT, IN 46307			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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 0321 SS=D Bldg. 01	<p>and had a census of 163 at the time of this survey.</p> <p>Quality Review completed on 12/06/17 - DA</p> <p>NFPA 101 Hazardous Areas - Enclosure Hazardous Areas - Enclosure 2012 EXISTING Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4-hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door. Describe the floor and zone locations of hazardous areas that are deficient in REMARKS. 19.3.2.1</p> <p>Area Automatic Sprinkler Seperation N/A a. Boiler and Fuel-Fired Heater Rooms b. Laundries (larger than 100 square feet) c. Repair, Maintenance, and Paint Shops d. Soiled Linen Rooms (exceeding 64 gallons) e. Trash Collection Rooms (exceeding 64 gallons) f. Combustible Storage Rooms/Spaces (over 50 square feet)</p>						

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

PRINTED: 12/29/2017

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155214		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING		X3) DATE SURVEY COMPLETED 12/05/2017	
NAME OF PROVIDER OR SUPPLIER ST ANTHONY HOME - CROWN POINT				STREET ADDRESS, CITY, STATE, ZIP COD 203 FRANCISCAN DR CROWN POINT, IN 46307			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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		
	<p>g. Laboratories (if classified as Severe Hazard - see K3220)</p> <p>Based on observation and interview, the facility failed to maintain protection of 1 of 1 Central Supply in accordance of 19.3.2. This deficient practice could affect staff only.</p> <p>Findings include:</p> <p>Based on observation with the Plant Operations Assistant #1 on 12/05/17 at 10:27 a.m., the Central Supply room contained over 50 cardboard boxes and other miscellaneous storage. When tested, the set of doors self-closed and coordinated but did not positively latch into the frame. Based on interview at the time of observation, the Plant Operations Assistant #1 acknowledged the double doors did not positively latched into the frame.</p> <p>3.1-19(b)</p> <p>This deficiency was cited on 10/30/17. The facility failed to implement a systemic plan of correction to prevent recurrence.</p>	K 0321	<p>K321</p> <p>1. Problem with Central Supply door checked, vendor contacted to correct deficiency with the closure of the door. (See attachment #1 picture of actual door repaired and 1a copy of invoice for the repair of central door.)</p> <p>2. Items identified will be ordered as priority to correct the door closure. These items will assure proper closure and will be installed by vendor.</p> <p>3. Vendor returned to correct the deficiency with the closure of the door. Director of Plant Operations in-serviced the Plant Operations staff 12-19-17 (See attachment 2, copy of inservice, 2a which is sign-in sheet for inservice and 2b copy of audit sheet) on proper door closure. Door inspections to be conducted for identified door (central supply), as well as earlier identified doors, five days per week, result documented on audit sheet provided and turned in to Plant Management.</p> <p>4. Director of Plan Operations/designed will report monthly audit findings to the QAPI Committee meeting monthly for six (6) months beginning January, 2018. The QAPI Committee will monitor data presented for any items for trends and determine if further auditing is warranted.</p> <p>5. Systemic changes will be completed</p>		12/21/2017		

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

PRINTED: 12/29/2017

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155214		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING		X3) DATE SURVEY COMPLETED 12/05/2017	
NAME OF PROVIDER OR SUPPLIER ST ANTHONY HOME - CROWN POINT				STREET ADDRESS, CITY, STATE, ZIP COD 203 FRANCISCAN DR CROWN POINT, IN 46307			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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 0920 SS=E Bldg. 01	<p>NFPA 101 Electrical Equipment - Power Cords and Extens Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assemblies that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4. 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5 Based on observation, record review, and interview, the facility failed to install 2 of 2 power strip according to 9.1.2. LSC 9.1.2 requires electrical wiring and equipment shall be in accordance with NFPA 70, National Electrical Code. NFPA 70, 2011 Edition,</p>			K 0920	<p>by 12-21-17</p> <p>We request desk compliance</p> <p>K 920</p> <p>1.Power strip was removed A305 and A347, immediately. Room assessed for installing of</p>		12/21/2017

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

PRINTED: 12/29/2017

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155214		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING		X3) DATE SURVEY COMPLETED 12/05/2017	
NAME OF PROVIDER OR SUPPLIER ST ANTHONY HOME - CROWN POINT				STREET ADDRESS, CITY, STATE, ZIP CODE 203 FRANCISCAN DR CROWN POINT, IN 46307			
(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
	<p>Article 110.3(B) Installation and Use, states listed or labeled equipment shall be installed and used in accordance with any instructions included in the listing or labeling. This deficient practice affects staff and up to 42 residents.</p> <p>Findings include:</p> <p>Based on observation with the Plant Operations Assistant #1 on 12/05/17 at 9:45 a.m. then again at 9:53 a.m., a power strip was powering an oxygen concentrator in resident room A305. Then again, a power strip was powering a bed in resident room A347. Based on interview at the time of each observation, the Plant Operations Assistant #1 removed the oxygen concentrator from the power strip and provided a medical grade power strip that she planned on installing for resident room A347.</p> <p>3.1-19(b)</p> <p>This deficiency was cited on 10/30/17. The facility failed to implement a systemic plan of correction to prevent recurrence.</p>				<p>medical grade power strip for A347. A305, room rearranged to accommodate all electrical items.</p> <p>2.100% audit was conducted and no other power strips found being utilized inappropriately for medical devices.</p> <p>3. Staff re-educated that it is against life safety code to plug medical equipment into standard power strips. Medical record personal will review rooms of residents utilizing power strips five days per week to ensure all power strips are utilized according to life safety code.(see attachment 3a which is inservice for auditing appropriate use of power strips, 3 b audit sheet, and 3c sign-in record). Audits discussed in 10-30-17 plan of correction will continue also.</p> <p>4. Director of Plant Operations/designee will report findings to the QAPI Committee meeting monthly beginning January, 2018. The QAPI Committee will monitor data presented for any trends and determine if further auditing is warranted.</p> <p>1. Systemic changes will be completed by 12-21-17</p>		