

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  154058	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  01/21/2014
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NAME OF PROVIDER OR SUPPLIER  DOCTORS NEUROPSYCHIATRIC HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 417 S WHITLOCK ST BREMEN, IN 46506
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K010000	<p>A Life Safety Code Recertification Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 482.41(b).</p> <p>Survey Date: 01/21/14</p> <p>Facility Number: 012843 Provider Number: 154058 AIM Number: NA</p> <p>Surveyors: Dennis Austill, Life Safety Code Specialist; Libby Fruth, Life Safety Code Specialist and Brett Overmyer, Life Safety Code Specialist/Supervisor</p> <p>At this Life Safety Code survey, Doctors Neuropsychiatric Hospital was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 482.41(b), Life Safety From Fire and the 2000 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 18, New Health Care Occupancies.</p> <p>This one story facility was determined to be of Type II (000) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, in patient rooms and in spaces open to the corridor. The facility has a</p>	K010000		
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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 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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K010044	<p>capacity of 20 beds and had a census of 20 at the time of this survey.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 01/27/14.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Horizontal exits, if used, are in accordance with 7.2.4. 18.2.2.5</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 fire door sets was arranged to automatically close and latch. LSC 7.2.4.3.8 requires fire barrier doors to be self closing or automatic closing in accordance with 7.2.1.8. NFPA 80, the Standard for fire Doors and Fire Windows at 2-4.1.4 requires all closing mechanisms shall be adjusted to overcome the resistance of the latch mechanism so positive latching is achieved on each door operation. This deficient practice could affect any patient, staff, and visitors on the patient unit.</p> <p>Findings include:</p>	K010044	<p>1. The Director of Plant Operations will adjust the door to insure that it latches properly at each time of closure. 2. The doors will be tested monthly as part of the environmental rounds by Director of Plant Operations and discrepancies reported to the CEO 3. Director of Plant Operations and CEO</p>	01/27/2014	

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K010046	<p>Based on observation during a tour of the facility with the Director of Plant Operations on 01/21/14 at 3:20 p.m., the fire door set near the Psychiatrist office was tested three times with the Director of Plant Operations. One door in the fire door set failed to latch each time the doors were released to close. Based on interview at the time of observation, the Director of Plant Operations acknowledged the doors should latch and needed adjustment.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9.18.2.9.1</p> <p>Based on record review, observation and interview; the facility failed to document testing of emergency lighting in accordance with LSC 7.9 for 3 of 3 battery operated emergency lights in the facility. LSC 7.9.3 Periodic Testing of Emergency Lighting Equipment requires a functional test to be conducted for 30 seconds at 30 day intervals and an annual test to be conducted on every required battery powered emergency lighting system for not less than 1 ½ hour duration. Equipment shall be fully operational for the duration of the test.</p>	K010046	<ol style="list-style-type: none"> <li>The Director of Plant Operations will develop a new emergency lighting form to clearly specify the length of testing of the emergency lights on a monthly and yearly basis. The 90 minute test will be completed in January with all subsequent 30 second tests done in the following months.</li> <li>Each month the new emergency lighting testing form will be presented at the Safety Committee for review.</li> <li>Director of Plant Operations with Safety committee oversight</li> </ol>	01/30/2014

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	<p>Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction. This deficient practice could affect all patients, staff and visitors throughout the facility.</p> <p>Findings include:</p> <p>Based on review of "Emergency Lights - 2013" documentation with the Director of Plant Operations during record review at 2:55 p.m. on 01/21/14, functional testing of the three battery operated emergency lights in the facility was indicated by a check mark for each month on 2013.</p> <p>Based on interview at the time of record review, the Director of Plant Operations acknowledged the battery operated emergency lights documentation did not specify the duration of the monthly test or document the annual 90 minute test.</p> <p>Based on observations with the Director of Plant Operations during a tour of the facility from 3:00 p.m. to 4:00 p.m. on 01/21/14, the three battery operated emergency lights observed in the facility were functional.</p>				

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K010050	<p>NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at 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. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 18.7.1.2</p> <p>Based on record review and interview, the facility failed to conduct fire drills at unexpected times under varying conditions in 4 of 4 second shift fire drills. This deficient practice affects all patients in the facility including staff.</p> <p>Findings include:</p> <p>Based on review of "Fire Drill Report" documentation with the Director of Plant Operations on 01/21/14 during paperwork review from 1:15 a.m. to 3:00 p.m., four second shift fire drills were conducted between 4:30 p.m. and 5:30 p.m. and near the same date of the month as follows:</p> <ul style="list-style-type: none"> <li>a. 02/22/13; 5:00 p.m.</li> <li>b. 05/25/13; 5:10 p.m.</li> <li>c. 08/22/13; 4:30 p.m.</li> <li>d. 11/20/13; 5:00 p.m.</li> </ul> <p>Based on interview during the time of record review, the days and times the</p>	K010050	<ol style="list-style-type: none"> <li>1. All fires drills will be randomly conducted to insure that these drills are accomplished sporadically throughout the shifts.</li> <li>2. All fire drills will be reported to the Safety Committee to insure compliance. Any discrepancies in timing will be noted and corrected in the proceeding month.</li> <li>3. Director of Plant Operations with Safety Committee oversight.</li> </ol>	02/15/2014
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K010062	<p>second shift fire drills were conducted were acknowledged by the Director of Plant Operations.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 18.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 sprinkler systems was continuously maintained in reliable operating condition and inspected and tested periodically. NFPA 25, 2-3.2 requires gauges shall be replaced every 5 years or tested every 5 years by comparison with a calibrated gauge. Gauges not accurate to within 3 percent of the full scale shall be recalibrated or replaced. This deficient practice affects all occupants in the facility including staff, visitors and patients.</p> <p>Findings include:</p> <p>Based on observation with the Director of Plant Operations from 3:00 p.m. to 4:00 p.m. on 01/21/14, the sprinkler system located in the sprinkler riser room had two pressure gauges with 06/08 written</p>	K010062	<p>1. Identified gauges will be replaced, and documented on the gauges. 2. The Director of Plant Operations will coordinated with the Contracted Sprinkler Service Company to add the gauges as part of their quarterly inspections to insure that all gauges are monitored and or tested timely. The contractors report will presented to the Safety committee. 3. Director of Plant Operations with oversight by Safety Committee.</p>	02/28/2014	

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K010147	<p>on the gauges. Based on interview at the time of observation, the Director of Plant Operations acknowledged the date written on the gauges was when the gauges were last checked.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p> <p>Based on observation and interview, the facility failed to ensure 2 of 2 flexible cords were not used as a substitute for fixed wiring to provide power for equipment with a high current draw. NFPA 70, National Electrical Code, 1999 Edition, Article 400-8 requires, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice was not in a patient care area but could affect staff.</p> <p>Findings include:</p> <p>Based on observation with the Director of Plant Operations on 01/21/14 at 3:15 p.m., the psychiatrist's office had a coffee maker plugged into an extension cord which was plugged into a power strip. Based on interview at the time of observation, the aforementioned</p>	K010147	<p>1. The extension cords were immediately removed from the office and an in-service was conducted with the occupants of that office to insure that the cords would not reappear. 2. The Director of Plant Operations will add extension cords to the Environmental rounds worksheet and take immediate action when deemed. This will be reported to the Safety Committee 3. Director of Plant Operations.</p>	02/21/2014

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	condition was acknowledged by the Director of Plant Operations.				