

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 154035	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 02/12/2014
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NAME OF PROVIDER OR SUPPLIER FOUR COUNTY COUNSELING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1015 MICHIGAN AVE LOGANSPORT, IN 46947
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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: 02/12/14</p> <p>Facility Number: 005199 Provider Number: 154035 AIM Number: 100273560A</p> <p>Surveyor: Phillip Komsiski, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Four County Counseling Center 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 19, Existing Health Care Occupancies.</p> <p>This two 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 and spaces open to the corridors on the second floor only. The facility has a capacity of 15 and had a</p>	K010000		

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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K010017	<p>census of 7 at the time of this survey.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 02/20/14.</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 Corridors are separated from use areas by walls constructed with at least ½ hour fire resistance rating. In sprinklered buildings, partitions are only required to resist the passage of smoke. In non-sprinklered buildings, walls properly extend above the ceiling. (Corridor walls may terminate at the underside of ceilings where specifically permitted by Code. Charting and clerical stations, waiting areas, dining rooms, and activity spaces may be open to the corridor under certain conditions specified in the Code. Gift shops may be separated from corridors by non-fire rated walls if the gift shop is fully sprinklered.) 19.3.6.1, 19.3.6.2.1, 19.3.6.5</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 open use areas was separated from the corridor, or met an Exception. LSC 19.3.6.1, Exception # 1, Spaces shall be permitted</p>	K010017	Smoke detectors shall be added above the reception area, along with the already existing detectors in the ventilation system. Eric Dexter, Facility Manager, will be responsible to obtain estimates	05/14/2014

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	<p>to be unlimited in area and open to the corridor, provided the following criteria are met: (a) The spaces are not used for patient sleeping rooms, treatment rooms, or hazardous areas. (b) The corridors onto which the spaces open in the same smoke compartment are protected by an electrically supervised automatic smoke detection system in accordance with 19.3.4, or the smoke compartment in which the space is located is protected throughout by quick-response sprinklers. (c) The open space is protected by an electrically supervised automatic smoke detection system in accordance with 18.3.4, or the entire space is arranged and located to allow direct supervision by the facility staff from a nurses' station or similar space. (d) The space does not obstruct access to required exits. This deficient practice could affect any patients in the corridor adjacent to the Front Reception office by the front entrance as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observation on 02/12/14 at 12:00 p.m. with the Maintenance Supervisor, the Reception office next to the front entrance had sliding glass windows separating the office from the corridor and was open to the corridor at the time of observation. Furthermore,</p>		for project by 04-14-14. Job completion by 05-14-14.				

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	<p>there was an open space between the glass panes as they slide horizontally along its metal track. Exception # 1, requirement (b) and (c) of the Life Safety Code, Chapter 19.3.6.1 was not met as follows: the open area was not protected by an automatic smoke detection system or arranged to allow direct supervision by facility staff from a continuously staffed area such as a nurses' station and the corridors onto which the spaces open in the same smoke compartment were not protected by an electrically supervised automatic smoke detection system in accordance with 19.3.4. Based on interview on 02/12/14 at 12:04 p.m. with the Maintenance Supervisor, it was acknowledged the Reception office which was open to the corridor without supervision from the nurse's station and was not protected by automatic smoke detection nor did the corridor have smoke detection protection in the same smoke compartment.</p>			

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K010045	<p>NFPA 101 LIFE SAFETY CODE STANDARD Illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture (bulb) will not leave the area in darkness. (This does not refer to emergency lighting in accordance with section 7.8.) 19.2.8</p> <p>Based on observation and interview, the facility failed to ensure the lighting in 1 of 5 exit means of egress was arranged so the failure of any single lighting fixture (bulb) would not leave the area in darkness. LSC Section 7.8.1.4 requires illumination be arranged so the failure of any single lighting unit does not result in an illumination level of less than 0.2 ft-candle (2 lux) in any designated area. This deficient practice could affect all patients on the second floor using the Business exit discharge to reach a public way as well as staff and visitors if the facility were required to evacuate and the single bulb outside failed leaving the area in darkness.</p> <p>Findings include:</p> <p>Based on observation on 02/12/14 at 1:45 p.m. with the Maintenance Supervisor, there was an exit light on generator back up located outside the Business exit on the west end of the building which only had a single bulb in the light fixture. Furthermore, the single</p>	K010045	Eric Dexter, Facility Manager, shall be responsible to add lighting to path to illuminate egress. Job estimates to be completed by 03-22-14. Job completion by 04-14-14.	04/14/2014

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K010050	<p>light bulb fixture was the only light available to illuminate the fifty yards of travel down the sidewalk to a public way. Based on interview on 02/12/14 at 1:50 p.m. it was acknowledged by the Maintenance Supervisor, the outside light providing illumination for the exit discharge out of the west Business exit and the fifty yards of exit sidewalk was equipped with only a single bulb light fixture.</p> <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. 19.7.1.2</p> <p>Based on record review and interview, the facility failed to conduct fire drills on all shifts for 2 of 4 quarters for 2013. This deficient practice affects all patients in the facility including staff and visitors.</p> <p>Findings include:</p> <p>Based on review of Monthly Fire Drill records on 02/12/14 at 3:15 p.m. with</p>	K010050	Per Agency trending report, these drills were completed, but the Safety Officer, was unable to provide the original paperwork. Eric Dexter, Facility Manager, is responsible to have Safety Officer send him copies of all drills upon completion. Each drill will be signed off by the Facility Manager.	03/17/2014

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K010056	<p>the Maintenance Supervisor, a fire drill report for the second and third shift of the third quarter of 2013 and the third shift of the fourth quarter of 2013 was not available for review. Based on interview on 02/12/14 at 3:17 p.m. with the Maintenance Supervisor, it was acknowledged the fire drills for the aforementioned shifts of the third and fourth quarter of 2013 had not been done.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5</p> <p>1. Based on observation and interview, the facility failed to ensure sprinkler heads were spaced a minimum of 6 feet apart for 1 of 1 automatic sprinkler systems. NFPA 13, Section 5-6.3.4,</p>	K010056	<p>1. Eric Dexter, Facility Manager, will obtain estimates within two weeks (04-01-14) for removal of two sprinkler heads to obtain compliance. Removal of sprinkler heads completion by 05-01-2014. Sprinkler pipe</p>	05/01/2014

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	<p>"Minimum Distance between Sprinklers", states sprinklers shall be spaced not less than 6 feet on center. This deficient practice could affect any patient as well as staff or visitors.</p> <p>Findings include:</p> <p>Based on observation on 02/12/14 at 1:15 p.m. with the Maintenance Supervisor, the Maintenance office had three sprinkler heads which were each less than five feet apart.</p> <p>Based on interview on 02/12/14 concurrent with the observation with the Maintenance Supervisor, it was acknowledged the aforementioned sprinkler heads observed were less than six feet apart.</p> <p>2. Based on observation and interview, the facility failed to ensure 1 of 3 armover sprinkler pipes observed in the facility was installed in accordance with the requirements of NFPA 13, Standard for the Installation of Sprinkler Systems. NFPA 13, 1999 edition, Section 6-2.3.4 states the cumulative horizontal length of an unsupported armover to a sprinkler, sprinkler drop, or sprig-up shall not exceed 24 inches for steel pipe or 12 inches for copper tube. This deficient practices could affect all patients as well as staff or visitors.</p>		armover properly supported. Eric Dexter, Facility Manager was responsible for completion on 3-17-14.		

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K010062	<p>Findings include:</p> <p>Based on observation on 02/12/14 at 1:36 p.m. with the Maintenance Supervisor, the Boiler/Riser room at the northwest portion of the building next to the electrical panel had an unsupported steel sprinkler pipe armover which was measured to be thirty one inches in length. Based on interview on 02/12/14 concurrent with the observation with the Maintenance Supervisor, it was acknowledged the aforementioned steel sprinkler pipe armover exceeded twenty four inches in length and was unsupported.</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. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>Based on observation and interview, the facility failed to provide a complete supply of spare sprinklers and a sprinkler wrench in 1 of 1 riser rooms in accordance with NFPA 25, 1998 Edition, the Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems,</p>	K010062	Four County will ensure there are two back up heads for each type of sprinkler system, along with a sprinkler wrench available in the sprinkler box. Eric Dexter, Facility Manager, responsible to obtain estimates for sprinkler heads by 4-1-14. Job completion by 4-15-14.	04/15/2014

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	<p>Section 2-4.1.4 which requires a supply of at least six spare sprinklers shall be stored in a cabinet on the premises for replacement purposes. The stock of spare sprinklers shall be proportionally representative of the types and temperature ratings of the system sprinklers. A minimum of two sprinklers of each type and temperature rating installed shall be provided. NFPA 25, 2-4.1.6 requires a special sprinkler wrench be provided and kept in the cabinet. This deficient practice could affect all patients throughout the facility as well as staff and visitors if the sprinkler system had to be shut down because a proper sprinkler head wasn't available as a replacement.</p> <p>Findings include:</p> <p>Based on observation on 02/12/14 at 1:55 p.m. with the Maintenance Supervisor, the riser room located on the northwest portion of the building on first floor had two glass pendant type sprinkler heads with red filaments located in the front lounge being utilized, however, there were no pendant type sprinkler heads with a red glass filament in the spare sprinkler cabinet located in the Boiler/Riser room on first floor. Furthermore, a sprinkler wrench was not available in the spare sprinkler</p>			

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K010070	<p>cabinet. Based on interview on 02/12/14 at 1:56 p.m. with the Maintenance Supervisor, it was acknowledged the spare sprinkler cabinet located in the Boiler/Riser room did not have a minimum of two pendant sprinkler heads with red glass filaments or a sprinkler wrench in the sprinkler box.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Portable space heating devices are prohibited in all health care occupancies, except in non-sleeping staff and employee areas where the heating elements of such devices do not exceed 212 degrees F. (100 degrees C) 19.7.8 Based on observation, interview and record review, the facility failed to regulate the use of 5 of 5 portable space heaters observed in nonresident rooms. This deficient practice could affect all patients in the facility as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observations on 02/12/14 during the tour between 12:05 p.m. to 3:00 p.m. with the Maintenance Supervisor, a portable space heater</p>	K010070	Eric Dexter, Facility, will write policy that allows no space heaters in any agency building or office by 04-24-14. Staff will be notified by Eric Dexter on 4-19-14.	04/24/2014

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K010144	<p>which was plugged in for use was located in the following areas:</p> <ul style="list-style-type: none"> a. Three portable heaters in office room # 211 on second floor b. One portable heater in office room # 118 c. One portable heater in the IT office on first floor <p>Based on interview on 02/12/14 concurrent with the observations, it was acknowledged by the Maintenance Supervisor space heaters were allowed in the facility during periods of extreme cold weather conditions. Based on interview on 02/12/14 at 3:30 p.m. with the Maintenance Supervisor, it was stated the facility had not drafted a space heater policy and the facility could not document the space heaters used were equipped with heating elements which would not exceed 212 degrees Fahrenheit.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. Based on observation, record review and interview; the facility failed to ensure 1 of 1 emergency generators was equipped</p>	K010144	Eric Dexter, FAcility Manager, responsible to ensure remote shut off installed for generator equipment. Estimate for	04/01/2014

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	<p>with a remote manual stop. LSC 7.9.2.3 requires emergency generators providing power to emergency lighting systems shall be installed, tested and maintained in accordance with NFPA 110, Standard for Emergency and Standby Power Systems. NFPA 110, 1999 edition, 3-5.5.6 requires Level II installations shall have a remote manual stop station of a type similar to a break-glass station located elsewhere on the premises where the prime mover is located outside the building. NFPA 37, Standard for the Installation and Use of Stationary Combustion Engines and Gas Turbines, 1998 Edition, at 8-2.2(c) requires engines of 100 horsepower or more have provision for the shutting down the engine at the engine and from a remote location. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on observation of generator equipment on 02/12/14 at 2:45 p.m. with the Maintenance Supervisor, a remote shut off device was not found for the generator. Based on review of Generator Maintenance records on 02/12/14 at 3:10 p.m. with the Maintenance Supervisor, the generator was installed prior to 2003, however, it was stated the generator was rated at</p>		parts/labor to be completed by 3-21-14. Job completion by 4-1-14.	

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K010160	<p>over 100 horsepower and a remote means to shut the generator off was not provided. Based on interview on 02/12/14 at 2:48 p.m. with the Maintenance Supervisor, it was acknowledged the facility was not aware a remote shut off for the generator was required.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD All existing elevators, having a travel distance of 25 ft. or more above or below the level that best serves the needs of emergency personnel for fire fighting purposes, conform with Firefighter's Service Requirements of ASME/ANSI A17.3, Safety Code for Existing Elevators and Escalators. 19.5.3, 9.4.3.2 Based on observation, record review and interview; the facility failed to ensure 1 of 1 elevator equipment rooms on first floor was provided with sprinkler protection and an electrical shunt trip was provided. NFPA 13, 5-13.6.2 states automatic sprinklers in elevator machine rooms shall be of ordinary or intermediate temperature rating. ASME/ANSI A17.1 permits sprinklers</p>	K010160	Eric Dexter, Facility Manager, will be working with the State Fire Marshall and the sprinkler system inspector to determine the correct sprinkler system is needed and obtain estimates for such system of 3-24-14. Job completion by 5-15-14.	05/15/2014

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	<p>in elevator machine rooms when there is a means for disconnecting the main power supply to the affected elevator automatically upon, or prior to, the application of water from the sprinkler located in the elevator machine room. This deficient practice could affect any patients as well as visitors and staff while using the elevator.</p> <p>Findings include:</p> <p>Based on observation on 02/12/14 at 1:20 p.m. with the Maintenance Supervisor, the Elevator Mechanical room located in the Boiler/Riser room on first floor lacked sprinkler protection. Based on interview at the time of observation, the Maintenance Supervisor acknowledged the lack of sprinkler protection in the Elevator Mechanical room.</p>			