

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G006	X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____	X3) DATE SURVEY COMPLETED 04/26/2012
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NAME OF PROVIDER OR SUPPLIER LOGANSFORT STATE HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 1098 S SR 25 LOGANSFORT, IN 46947
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K0000	<p>A Life Safety Code Recertification was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.470(j).</p> <p>Survey Date: 04/26/12</p> <p>Facility Number: 000584 Provider Number: 15G006 AIM Number: 100273150</p> <p>Surveyors: Phillip Komsiski, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Logansport State Hospital was found not in compliance with Requirements for Participation in Medicaid, 42 CFR Subpart 483.470(j), 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>The Jayne English unit, located in Building 106 was on the second floor of a two story building determined to be of Type II (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection on all levels including the corridors, spaces open to the corridors and resident rooms . The</p>	K0000		

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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	<p>facility has a capacity of 50 and had a census of 24 at the time of this survey.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 05/01/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>				

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K0051	<p>NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection, or extinguishing system operation. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72, National Fire Alarm Code, and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 18.3.4, 9.6</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 fire alarm control panels located in an area not continuously occupied was provided with automatic smoke detection to ensure notification of a fire at the location before it is incapacitated by fire. The National Fire Protection Association (NFPA) 72 at 1-5.6 requires an automatic smoke detector be provided at the location of each fire alarm control unit which is not located in an area continuously occupied to provide notification of a fire in that location. This deficient practice could affect all residents as well as staff and visitors in the facility.</p> <p>Findings include:</p>	K0051	A request to install an automatic smoke detector in the area described (Jayne English Unit, located in Building 106, Room D1037) and meeting the applicable codes was approved on May 9, 2012 (see attachment 1). The approved smoke detector will be installed in the area described by the contractor on or before May 26, 2012. After installation, the automatic smoke detectors will be tested and maintained as required by codes via a preventive maintenance contract. Responsible Person: Physical Plant Director	05/26/2012

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	Based on observation on 04/26/12 at 12:45 p.m. with the Maintenance Supervisor, the main fire alarm control panel (FACP) was located on the first floor inside the electrical room D1037 and was not electrically supervised by a smoke detector. Based on interview on 04/26/12 at 12:47 p.m. with the Maintenance Supervisor, it was acknowledged the FACP located in room D1037 on the first floor was not provided with smoke detector protection.			