

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155710	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	X3) DATE SURVEY COMPLETED 02/23/2015
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NAME OF PROVIDER OR SUPPLIER CHASE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2 CHASE PARK LOGANSPORT, IN 46947
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K 000 Bldg. 01	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 02/23/15</p> <p>Facility Number: 000021 Provider Number: 155710 AIM Number: 100275270</p> <p>Surveyor: Phillip Komsiski, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Chase Center was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), 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 and 410 IAC 16.2.</p> <p>This one story facility with a partial basement 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, spaces open to the corridors</p>	K 000	<p>Please accept the attached plan of correction as credible allegation of compliance to the deficiencies cited during our Annual Inspection. I would like to formally request your consideration for granting this facility paper compliance. Chase Center submits this Plan of Correction (POC) in accordance with specific regulatory requirements. The submission of the POC does not indicate an admission by Chase Center that the findings and allegations contained herein are accurate and true representations of the quality of care and services provided to the residents of Chase Center. If after reviewing our plan of correction you have any questions or require additional information, please do not hesitate to contact Lacey Schnurpel, Administrator at 574-753-4137. Thank you</p>	
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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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K 050 SS=F Bldg. 01	<p>and battery operated detectors in all resident sleeping rooms. The facility has a capacity of 101 and had a census of 79 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. All areas which provided facility services were sprinklered except the two detached buildings which include a generator housed in a wood frame building and a wood frame laundry building which were not sprinklered.</p> <p>Quality Review by Dennis Austill, Life Safety Code Specialist on 02/27/15.</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 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</p>			

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	<p>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 ensure fire drills included the verification of transmission of the fire alarm signal to the monitoring station in fire drills conducted between 6:00 a.m. and 9:00 p.m. for the last 4 of 4 quarters. LSC 19.7.1.2 requires fire exit drills in health care occupancies shall include the transmission of a fire alarm signal and simulation of emergency fire conditions. This deficient practice affects all residents in the facility as well as staff and visitors.</p> <p>Findings include:</p> <p>Based on review of Fire Drill Reports on 02/23/15 at 3:14 p.m. with the Maintenance Supervisor, the documentation for the drills performed between the hours of 6:00 a.m. and 9:00 p.m. for the past twelve months, from 01/2014 to 01/2015 indicated the fire alarm system had been activated, but the verification of the transmission of the signal was not documented. Based on interview on 02/23/15 at 3:15 p.m., it was acknowledged by Maintenance Supervisor none of the fire drill reports documented the transmission of the signal was received by the monitoring</p>	K 050	<p>K 0050 SS=F1. The monthly fire drill form was revised on 3/3/15 to include, "verification of transmission of the fire alarm signal to the monitoring company. (See Exhibit A)2. The maintenance staff responsible for the completion of the monthly fire drill form have been in-serviced on 3/3 and completed on 3/4/15 the additions/revisions to the form. (See Exhibit B)3. The results of the monthly fire drill will be reported at the monthly Quality Assurance Performance Improvement (QAPI) meeting by the Maintenance Director for the next 18 months. The QAPI committee will evaluate at the end of the 18 months before discontinuing. (See Exhibit C)4. The maintenance director is responsible for monitoring the compliance.5. Completion date: 3/4/15</p>	03/04/2015

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K 062 SS=C Bldg. 01	<p>station.</p> <p>3.1-19(b) 3.1-51(c)</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 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, Section 2-4.1.4 which requires 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. This deficient practice could affect all residents 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>	K 062	<p>K 0062SS=C1. Four side mount sprinkler heads were delivered on 2/23/15 and received on 2/24/15. The four extra side mount sprinkler heads were placed in the sprinkler box, found in the riser room. 2. A "key" was developed to identify all types of sprinkler heads used in the building and the quantity of sprinkler heads that will be kept in the sprinkler box, in the riser room. This "key" will be found in the sprinkler box, in the riser room. (See Exhibit 1)3. The Monthly Fire Drill completion form was revised on 3/3/15 to include verification that "key" matches the quantity of sprinkler heads found in the sprinkler box. The Maintenance staff will be in-serviced on the addition/revision of the Monthly Fire Drill form by 3/4/15. (See Exhibit A)4. The monthly fire drill results will be reported at the monthly Quality Assurance Performance Improvement (QAPI) meeting for the next 18</p>	03/04/2015

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	<p>Findings include:</p> <p>Based on observation on 02/23/15 at 1:55 p.m. with the Maintenance Supervisor, the riser room adjacent to the Front entrance which contained the sprinkler box with extra sprinkler heads was not equipped with side mount sprinkler heads which were observed being used throughout the facility. Based on interview on 02/23/15 at 1:56 p.m. with the Maintenance Supervisor, it was acknowledged the spare sprinkler cabinet located in the Riser room did not have two of each type of sprinkler heads in the sprinkler box.</p> <p>3.1-19(b)</p>		<p>months. The QAPI committee will evaluate before discontinuing, at the end of the 18 months. (See Exhibit 2)5. Completion 3/4/15</p>		