

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155356	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 02/16/2015
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NAME OF PROVIDER OR SUPPLIER TRANSITIONAL CARE UNIT OF ST JOSEPH	STREET ADDRESS, CITY, STATE, ZIP CODE 700 BROADWAY TRANSITIONAL CARE UNIT FORT WAYNE, IN 46802
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K010000	<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: 02/16/15</p> <p>Facility Number: 000247 Provider Number: 155356 AIM Number: N/A</p> <p>Surveyor: Thomas Forbes, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Transitional Care Unit of St. Joseph 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. The facility has elected to utilize a Categorical Waiver pertaining to electric motor driven fire pump assemblies and is in compliance.</p> <p>The Transitional Care Unit was fully sprinklered and located on the ninth floor of a ten story partially sprinklered</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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K010056 SS=E	<p>hospital of Type I (332) construction. The facility has a fire alarm system with smoke detection in the areas open to the corridors and hard wired smoke detectors in the resident rooms. The facility has a capacity of 21 and had a census of 8 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. All areas providing facility services with the exception of the elevator equipment room were sprinklered.</p> <p>Quality Review by Dennis Austill, Life Safety Code Specialist on 02/20/15.</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 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</p>						

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	<p>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>Based on observation and interview, the facility failed to ensure a complete automatic sprinkler system or other automatic extinguishing equipment was provided for 1 of 1 elevator equipment rooms, providing service to the ninth floor Transitional Care Unit, in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems to provide complete coverage for all portions of the building. NFPA 13, 5-13.6.2 states automatic sprinklers in elevator machine rooms shall be ordinary or intermediate temperature rating. ASME/ANSI A17.1 permits sprinklers in elevator machine rooms when there is a means for disconnecting the main line power supply to the affected elevator automatically upon or prior to the application of water from the sprinkler located in the elevator machine room. LSC 9.7.3.1 allows for alternative automatic extinguishing systems to be installed in lieu of an automatic sprinkler system. Such systems shall be installed, inspected, and maintained in accordance</p>	K010056	<p>1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>To protect all residents on the Transitional Care Unit (TCU) at St. Joseph Hospital, a contracted fire protection company will install a cross-zoned double interlock pre-action system feeding a new compliment of sprinkler heads in the intermediate and top level of the Elevator Equipment Room 1, 2, 3, and 4.</p> <p>2. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken?</p> <p>It was identified that all residents on the TCU unit would be affected by the deficiency in the lack of automatic sprinkler coverage or an alternative automatic extinguishing system in the elevator equipment room which serves elevators one, two, three, and four.</p> <p>To protect all residents on the Transitional Care Unit (TCU) at St. Joseph Hospital, a contracted fire protection company will install a cross-zoned double interlock pre-action system feeding a new compliment of sprinkler heads in the intermediate and top level of the</p>	04/16/2015

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	<p>with appropriate NFPA standards. This deficiency practice could affect any number of patient, staff, or visitor using the elevators for the Transitional Care Unit.</p> <p>Findings include: Based on observation and interview during the tour of the facility with the Administrator and Manager of Facilities Management on 02/16/15 at 12:31 p.m., the elevator equipment room was separated with a two hour fire rated construction, had smoke detection, but lacked automatic sprinkler coverage or an alternative automatic extinguishing system. The elevator equipment room which serves elevators one, two, three, and four is located on the tenth floor of the hospital; not in the Transitional Care Unit. However, elevators one, two, three, and four do provide service to the ninth floor Transitional Care Unit. Based on interview at the time of observation, the Manager of Facilities Management acknowledged there was no sprinkler coverage or an alternative automatic extinguishing system in the elevator equipment room.</p> <p>3.1-19(b)</p>		<p>Elevator Equipment Room 1, 2, 3, and 4.</p> <p>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur? The Fire Protection Company will install a cross-zoned double interlock pre-action system feeding a new compliment of sprinkler heads in the intermediate and top level of the Elevator Equipment Room 1, 2, 3, and 4. Hospital Policy EC.01.01.01.6 "Fire Safety Management Plan" defines our process for ensuring an appropriate and effective response to fire emergency situations that could affect the safety of patients, staff, and visitors or the environment of St. Joseph Hospital. The program is also designed to assure compliance with applicable codes and regulations. Per policy EC.01.01.6 IV. (M); Automatic fire extinguishing systems, including sprinkler systems and packaged systems, are tested according to applicable NFPA Standards. Tests are annual or semiannual, depending on system function.</p> <p>4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; Routine building inspections and Environmental Tours are conducted to ensure compliance is ongoing in accordance with</p>				

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			<p>Policy LS.03.01.35 "Installing and Maintaining Systems for Extinguishing Fires". It is the policy of St. Joseph Hospital to design systems for extinguishing fires and to maintain existing systems to comply with the 2000 edition Life Safety Code (NFPA 101). Building features and systems shall be constructed, installed and maintained in accordance with all applicable codes.</p> <p>Results of Automatic fire extinguishing systems, including sprinkler systems and packaged systems, are testing, building inspections, and Environmental Tours are presented and reviewed at Environment of Care Committee Meetings and then forwarded to Quality Committee, Medical Executive Committee and the Board of Directors for review.</p> <p>By what date the systemic changes will be completed.</p> <p>The Administrative Director of Support Services contacted a fire protection company to obtain a quote for correcting the cited deficiency. On March 4, 2015 the quote was received. Approval to proceed with the scope of work was obtained and work is scheduled to begin Monday March 9, 2015. By the first 30 days following survey, March 16th, work will be underway to install a cross-zoned double interlock pre-action system feeding a new compliment of sprinkler heads</p>		

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			<p>in the intermediate and top level of the Elevator Equipment Room 1, 2, 3, and 4. However, the nature of the deficiency precludes completion within the first thirty (30) days following the survey. Therefore, work will continue and will be completed within the next 30 day timeframe.</p> <p>In conclusion all work on the cross-zoned double interlock pre-action system feeding a new compliment of sprinkler heads in the intermediate and top level of the Elevator Equipment Room 1, 2, 3, and 4 will be completed no later than April 16, 2015.</p>		