

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155710	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  04/07/2016
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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 0000  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: 04/07/16</p> <p>Facility Number: 000021 Provider Number: 155710 AIM Number: 100275270</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 and battery operated detectors in all resident sleeping rooms. The facility has a capacity of 101 and had a census of 73</p>	K 0000	<p>Please accept the attached plan of correction as credible allegation of compliance to the deficiencies cited during the annual inspection</p> <p>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 allegation contained herein are accurate and true representations of the quality of care and services provided to the residents of Chase Center</p> <p>If after reviewing our plan of correction you have questions or require additional information, please do not hesitate to contact Lacey Schnurpel, Administrator at 574-753-4137</p>	

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 0062 SS=D Bldg. 01	<p>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 completed on 04/08/16 - DA</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>1. Based on observation and interview, the facility failed to ensure the spray pattern for 1 of 1 sprinkler heads in the closet of room 104 and 1 of 1 sprinkler heads in the closet of room 111 was unobstructed. LSC 9.7.5 requires all automatic sprinkler systems be inspected, tested and maintained in accordance with NFPA 25, Standard for the inspection, Testing and Maintenance of Water-Based Fire Protection Systems. NFPA 25, Section 2-2.1.2 states unacceptable obstructions to spray patterns shall be corrected. This deficient practice could affect 2 residents in rooms 104 and 111.</p>	K 0062	<p>1 &amp; 2- An audit was completed on 4/14/15 to identify the location and condition of all sprinkler heads in the facility (See Exhibit A-Audit completed 4/14/16) VFP Fire Systems will be at the facility on 5/2/16 to start the process of replacing, moving, and ensuring all sprinkler heads have a 4" spray area, free of paint and corrosion (See Exhibit B-Quote from VFP Fire Systems) 3 &amp; 4- Sprinkler head audit will be completed monthly and reported at the monthly QAPI meeting (See Exhibit C &amp; D-Monthly audit</p>	05/18/2016			

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	<p>Findings include:</p> <p>Based on observation during the tour of the facility with the Maintenance Director and Administrator on 04/07/16 between 10:40 a.m. and 11:30 a.m., the spray pattern for the sprinkler heads in the closet of rooms 104 and 111 were obstructed by duct work. Both sprinkler head were less than an inch from the duct work. Based on interview at the time of observation, the Maintenance Director acknowledged the duct work would obstruct the sprinklers spray pattern.</p> <p>3.1-19(b)</p> <p>2. Based on observation and interview, the facility failed to replace 3 of over 100 sprinklers in the facility which had been painted. LSC 9.7.5 requires all automatic sprinkler systems shall be inspected, tested and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 1998 edition, 2-2.1.1 requires any sprinkler shall be replaced which is painted, corroded, damaged, loaded, or in the improper orientation. This deficient practice could affect 1 residents in the room 104 and staff in the basement.</p>		<p>and QAPI report) 5-VFP will be at the facility on 5/2/16 and anticipate project to be completed by 5/18/16 Currently, we are working to move/replace 23 sprinkler heads</p>		

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	<p>Findings include:</p> <p>Based on observation during the tour of the facility with the Maintenance Director and Administrator on 04/07/16 between 10:20 a.m. and 11:40 a.m., the following automatic sprinklers had paint or plaster on the fusible link and/or the deflector.</p> <p>a. One sprinkler head in the closet of room 104</p> <p>b. One sprinkler head in the closet of the medical storage room in the basement</p> <p>c. One sprinkler head in the medical records closet in the basement</p> <p>Based on interview at the time of observation, the painted sprinkler heads were acknowledged by the Maintenance Director.</p> <p>3.1-19(b)</p> <p>3. Based on observation and interview, the facility failed to replace 2 of 2 corroded sprinkler heads in the kitchen dish room. LSC 9.7.5 requires all automatic sprinkler systems shall be inspected and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 1998 edition, 2-2.1.1 requires any sprinkler shall be replaced which is painted, corroded, damaged, loaded, or in the improper orientation. This deficient</p>			

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	<p>practice was not in a resident care area but could affect all kitchen staff.</p> <p>Findings include:</p> <p>Based on observation during the tour of the facility with the Maintenance Director and Administrator on 04/07/16 at 11:55 a.m., the two sprinkler heads in the kitchen dish room were corroded with a green substance. This was acknowledged by the Maintenance Director at the time of observation.</p> <p>3.1-19(b)</p>				