

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/28/2021

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 150045		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/12/2021	
NAME OF PROVIDER OR SUPPLIER PARKVIEW DEKALB HOSPITAL				STREET ADDRESS, CITY, STATE, ZIP COD 1316 E SEVENTH ST AUBURN, IN 46706			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
A 0000 Bldg. 00	<p>This visit was for a Federal hospital re-certification and a Focused Infection Control survey.</p> <p>Facility Number: 005041</p> <p>Survey Date: 05/10-12/2021 and 05/24-25/2021</p> <p>Parkview Dekalb Hospital was found in compliance with CMS Focused Infection Control Survey for Acute and Continuing Care.</p> <p>QA: 05/17/2021 and 5/28/21</p>			A 0000			
A 0700 Bldg. 00	<p>482.41 PHYSICAL ENVIRONMENT</p> <p>The hospital must be constructed, arranged, and maintained to ensure the safety of the patient, and to provide facilities for diagnosis and treatment and for special hospital services appropriate to the needs of the community.</p> <p>Based on record review, observation and interview, the facility failed to ensure 5 of 15 horizontal-sliding room doors in ICU and the Emergency Department were provided with means for keeping the door closed (see tag K224), failed to ensure complete automatic sprinkler system was provided for 2 of 2 walk-in cooler/freezer in accordance with NFPA 13-2010 (see tag K351), failed to maintain 1 of 1 sprinkler system in accordance with 19.3.5.3 (see tag K353) and failed to maintain the ceiling construction of 1 of 1 I.T. rooms (see tag K353).</p>			A 0700	<p>1. How are you, the provider, going to correct the finding and/or deficiency? If already corrected, include the following steps and state date of correction.</p> <p>a. The door latch for Room 9 in the emergency department was replaced by facilities on June 2, 2021. Door latches 1, 2, 5 and 6 in ICU were fixed on June 3, 2021.</p> <p>2. How are you, the</p>		08/24/2021

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 other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed 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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	The cumulative effect of these systemic problems resulted in the hospital's inability to ensure that all locations from which it provides services are constructed, arranged and maintained to ensure the provision of quality health care in a safe environment.		<p>provider, going to prevent the finding and/or deficiency from recurring in the future, even if already corrected?</p> <p>a. To prevent this from happening in the future, we will ensure that door latches are checked during Environment of Care rounds biannually within the departments.</p> <p>b. Memo to mangers of each department reminding staff to create work orders when issues within their department are identified.</p> <p>3. Who is going to be responsible for numbers 1 and 2 above, i.e. administrator, director of nursing, head housekeeper, dietary supervisor, maintenance supervisor, etc.?</p> <p>a. Environment of Care Team will be responsible for identifying issues with door latches during rounding in department biannually.</p> <p>b. Facilities Manager or designee(s) will be responsible for fixing future identified issues with latches.</p> <p>c. Unit manager or designee will be responsible for as needed work orders being placed when issues with latches identified.</p> <p>4. By what date are you the provider going to have the finding and/or deficiency</p>		

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			<p>corrected?</p> <p>a. The room 9 ER door was fixed as of 6/2/2021 and the CCU door latches were fixed on 6/3/2021.</p> <p>1. How are you, the provider, going to correct the finding and/or deficiency? If already corrected, include the following steps and state date of correction.</p> <p>a. New sprinklers will be installed in the walk-in-freezer and walk-in-cooler by a Fire Systems Company contracted by the hospital.</p> <p>2. How are you, the provider, going to prevent the finding and/or deficiency from recurring in the future, even if already corrected.</p> <p>a. Once installed, the sprinkler systems in these areas will be compliant and this will not recur.</p> <p>3. Who is going to be responsible for numbers 1 & 2 above?</p> <p>a. Facilities manager</p> <p>4. By what date are you, the provider, going to have the finding and/or deficiency corrected?</p> <p>a. Received quote from the Fire Systems company on June 4, 2021 for the sprinkler installation in both the walk-in-freezer and walk-in-refrigerator in the dietary department.</p>		

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			<p>b. Working with contractor to schedule installation with completion date by August 24th, 2021.</p> <p>1. How are you, the provider, going to correct the finding and/or deficiency? If already corrected, include the following steps and state date of correction.</p> <p>a. The internal sprinkler system pipe inspection will be conducted by the Fire Systems Company contracted by the hospital.</p> <p>2. How are you, the provider, going to prevent the finding and/or deficiency from recurring in the future, even if already corrected?</p> <p>a. This service will be performed every 5 years in accordance with 19.3.5.3. NFPA 25, 2011 Edition, 14.2.1, by a Fire Systems Company contracted by the hospital.</p> <p>3. Who is going to be responsible for numbers 1 & 2?</p> <p>a. Facilities manager will be responsible for scheduling contracted service with the Fire Systems Company every 5 years.</p> <p>4. By what date are you the provider going to have the finding and/or deficiency corrected?</p> <p>a. A quote was obtained from the Fire Systems Company on May 26, 2021 for</p>		

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			<p>the internal sprinkler pipe inspection.</p> <p>b. The internal sprinkler system pipe inspection will be scheduled with completion by August 24, 2021.</p> <p>1. How are you, the provider, going to correct the finding and/or deficiency from recurring in the future, even if already corrected?</p> <p>a. Ceiling tiles identified as missing in Suite 5, IT room were replaced on 5/27/2021</p> <p>2. How are you, the provider, going to prevent the finding and/or deficiency from recurring in the future, even if already corrected.</p> <p>a. Contractors will be educated about the importance of making sure all ceiling tiles are replaced when they are finished with a job.</p> <p>b. Ceiling tiles will be observed during Environment of Care (EOC) rounds Biannually and as needed.</p> <p>3. Who is going to be responsible for numbers 1 & 2 above?</p> <p>a. Facilities Manager</p> <p>b. EOC rounding team</p> <p>4. By what date are you, the provider going to have the finding and/or deficiency corrected?</p> <p>a. This was corrected on 5/27/2021.</p>		

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A 0701 Bldg. 00	<p>482.41(a) MAINTENANCE OF PHYSICAL PLANT The condition of the physical plant and the overall hospital environment must be developed and maintained in such a manner that the safety and well-being of patients are assured.</p> <p>1. Based on record review and interview, the facility failed to maintain 1 of 1 sprinkler system in accordance with 19.3.5.3. NFPA 25, 2011 Edition, 14.2.1 states except as discussed in 14.2.1.1 and 14.2.1.4 an inspection of piping and branch line conditions shall be conducted every 5 years by opening a flushing connection at the end of one main and by removing a sprinkler toward the end of one branch line for the purpose of inspecting for the presence of foreign organic and inorganic material. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on records review with the Vice President of Facilities, the Facilities Manager, and the Safety Coordinator on 05/24/21 at 10:34 a.m., there was no documentation to show when the last time an internal pipe inspection was conducted on the sprinkler system, or when the next inspection was due. Based on interview at the time of record review, the Facilities Manager did not know if or when the last internal pipe inspection was conducted and could not find internal pipe inspection paperwork.</p> <p>2. Based on observation and interview, the facility failed to maintain the ceiling construction of 1 of 1 I.T. rooms. The ceiling tiles trap hot air and gases around the sprinkler and cause the sprinkler to operate at a specified temperature.</p>			A 0701	<p>1. How are you, the provider, going to correct the finding and/or deficiency? If already corrected, include the following steps and state date of correction.</p> <p>a. The internal sprinkler system pipe inspection will be conducted by the Fire Systems Company contracted by the hospital.</p> <p>2. How are you, the provider, going to prevent the finding and/or deficiency from recurring in the future, even if already corrected?</p> <p>a. This service will be performed every 5 years in accordance with 19.3.5.3. NFPA 25, 2011 Edition, 14.2.1, by a Fire Systems Company contracted by the hospital.</p> <p>3. Who is going to be responsible for numbers 1 & 2?</p> <p>a. Facilities manager will be responsible for scheduling contracted service with the Fire Systems Company every 5 years.</p> <p>4. By what date are you the provider going to have the finding and/or deficiency corrected?</p>		08/24/2021

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	<p>NFPA 13, 2010 edition, 8.5.4.11 states the distance between the sprinkler deflector and the ceiling above shall be selected based on the type of sprinkler and the type of construction. This deficient practice could affect 5 patients in suite five.</p> <p>Findings include:</p> <p>Based on observation during a tour of the facility with the Vice President of Facilities, the Facilities Manager, and the Safety Coordinator on 05/25/21 at 1:30 p.m., the suspended ceiling in the suite five I.T. room had two ceiling tiles missing. This condition could delay the activation of the sprinklers installed on the suspended ceiling. Based on interview at the time of the observations, the Facilities Manager stated the I.T. department did not replace the tiles after completing work.</p> <p>The findings were reviewed with the Vice President of Facilities, the Facilities Manager, and the Safety Coordinator during the exit conference.</p>				<p>a. A quote was obtained from the Fire Systems Company on May 26, 2021 for the internal sprinkler pipe inspection.</p> <p>b. The internal sprinkler system pipe inspection will be scheduled with completion by August 24, 2021.</p> <p>1. How are you, the provider, going to correct the finding and/or deficiency from recurring in the future, even if already corrected?</p> <p>a. Ceiling tiles identified as missing in Suite 5, IT room were replaced on 5/27/2021</p> <p>2. How are you, the provider, going to prevent the finding and/or deficiency from recurring in the future, even if already corrected.</p> <p>a. Contractors will be educated about the importance of making sure all ceiling tiles are replaced when they are finished with a job.</p> <p>b. Ceiling tiles will be observed during Environment of Care (EOC) rounds Biannually and as needed.</p> <p>3. Who is going to be responsible for numbers 1 & 2 above?</p> <p>a. Facilities Manager</p> <p>b. EOC rounding team</p> <p>4. By what date are you, the provider going to have the finding and/or deficiency corrected?</p>		

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A 0709 Bldg. 00	<p>482.41(b) LIFE SAFETY FROM FIRE Life Safety from Fire</p> <p>Based on observation and interview, the facility failed to ensure complete automatic sprinkler system was provided for 2 of 2 walk-in cooler/freezer in accordance with NFPA 13-2010, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. This deficient practice could affect up to 30 people in the in the kitchen and dining area.</p> <p>Findings include:</p> <p>Based on observation during a tour of the facility with the Vice President of Facilities, the Facilities Manager, and the Safety Coordinator on 05/25/21 at 12:30 p.m., the walk-in cooler and walk-in freezer in the kitchen were not provided with sprinkler coverage. Based on interview during observation, the Facilities Manager agreed the walk-in cooler and freezer were not provided with sprinklers.</p> <p>The finding was reviewed with the Vice President of Facilities, the Facilities Manager, and the Safety Coordinator during the exit conference.</p>			A 0709	<p>a. This was corrected on 5/27/2021.</p> <p>1. How are you, the provider, going to correct the finding and/or deficiency? If already corrected, include the following steps and state date of correction.</p> <p>a. New sprinklers will be installed in the walk-in-freezer and walk-in-cooler by a Fire Systems Company contracted by the hospital.</p> <p>2. How are you, the provider, going to prevent the finding and/or deficiency from recurring in the future, even if already corrected.</p> <p>a. Once installed, the sprinkler systems in these areas will be compliant and this will not recur.</p> <p>3. Who is going to be responsible for numbers 1 & 2 above?</p> <p>a. Facilities manager</p> <p>4. By what date are you, the provider, going to have the finding and/or deficiency corrected?</p> <p>a. Received quote from the Fire Systems company on June 4, 2021 for the sprinkler installation in both the walk-in-freezer and walk-in-refrigerator in the</p>		08/24/2021

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A 0720 Bldg. 00	<p>482.41(c) STANDARD: BUILDING SAFETY (c) Standard: Building safety. Except as otherwise provided in this section, the hospital must meet the applicable provisions and must proceed in accordance with the Health Care Facilities Code (NFPA 99 and Tentative Interim Amendments TIA 12-2, TIA 12-3, TIA 12-4, TIA 12-5 and TIA 12-6).</p> <p>(1) Chapters 7, 8, 12, and 13 of the adopted Health Care Facilities Code do not apply to a hospital.</p> <p>(2) If application of the Health Care Facilities Code required under paragraph (c) of this section would result in unreasonable hardship for the hospital, CMS may waive specific provisions of the Health Care Facilities Code, but only if the waiver does not adversely affect the health and safety of patients.</p> <p>Based on observation and interview, the facility failed to ensure 5 of 15 horizontal-sliding room doors in ICU and the Emergency Department were provided with means for keeping the door closed. LSC 19.3.6.3.5 stated doors shall be provided with a means for keeping the door closed that is acceptable to the authority having jurisdiction. LSC 19.2.2.2.10.1 states horizontal-sliding doors, as permitted by 7.2.1.14, that are not automatic-closing shall be limited to a single leaf and shall have a latch or other mechanism that ensures that the doors will not rebound into a</p>			A 0720	<p>dietary department. b. Working with contractor to schedule installation with completion date by August 24th, 2021.</p> <p>1. How are you, the provider, going to correct the finding and/or deficiency? If already corrected, include the following steps and state date of correction. a. The door latch for Room 9 in the emergency department was replaced by facilities on June 2, 2021. Door latches 1, 2, 5 and 6 in ICU were fixed on June 3, 2021. 2. How are you, the</p>		06/03/2021

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	<p>partially open position if forcefully closed. This deficient practice could affect 5 patients.</p> <p>Findings include:</p> <p>Based on observation during a tour of the facility with the Vice President of Facilities, the Facilities Manager, and the Safety Coordinator on 05/25/21 between 11:20 a.m. and 2:00 p.m., patient rooms 1, 2, 5, and 6 in ICU and room 9 in the Emergency Department were provided with horizontal-sliding doors. The doors were provided with latches, but when tested the doors did not latch into the frame. Based on interview during observation, the Facilities Manager agreed the doors did not latch into the door frame when tested and stated the door latches will need to be repaired.</p> <p>The finding was reviewed with the Vice President of Facilities, the Facilities Manager, and the Safety Coordinator during the exit conference.</p>				<p>provider, going to prevent the finding and/or deficiency from recurring in the future, even if already corrected?</p> <p>a. To prevent this from happening in the future, we will ensure that door latches are checked during Environment of Care rounds biannually within the departments.</p> <p>b. Memo to managers of each department reminding staff to create work orders when issues within their department are identified.</p> <p>3. Who is going to be responsible for numbers 1 and 2 above, i.e. administrator, director of nursing, head housekeeper, dietary supervisor, maintenance supervisor, etc.?</p> <p>a. Environment of Care Team will be responsible for identifying issues with door latches during rounding in department biannually.</p> <p>b. Facilities Manager or designee(s) will be responsible for fixing future identified issues with latches.</p> <p>c. Unit manager or designee will be responsible for as needed work orders being placed when issues with latches identified.</p> <p>4. By what date are you the provider going to have the finding and/or deficiency</p>		

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S 0000 Bldg. 00	<p>The visit was for a State Hospital licensure survey.</p> <p>Facility Number: 005041</p> <p>Survey Date: 5/10-12/2021</p> <p>Parkview Dekalb Hospital is in compliance with 410 IAC 15.1, Hospital Licensure Rules.</p> <p>QA: 05/17/2021</p>			S 0000	<p>corrected?</p> <p>a. The room 9 ER door was fixed as of 6/2/2021 and the CCU door latches were fixed on 6/3/2021.</p>		