STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	150045	A. BUILDING **01 - MAIN BLDG** B. WING _____	R **07/14/2021**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARKVIEW DEKALB HOSPITAL	**1316 E SEVENTH ST** **AUBURN, IN 46706**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
{K 000}	INITIAL COMMENTS	{K 000}		

A Post Survey Revisit to the Life Safety Code Recertification Survey conducted 05/24/21 through 05/25/21 was conducted by the Indiana Department of Health in accordance with 42 CFR 482.41(b).

Survey Date: 07/14/21

Facility Number: 005041
Provider Number: 150045
AIM Number: 100269460A

At this PSR survey, Parkview Dekalb Hospital was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 482.41(b), Life Safety from Fire and the 2012 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code, Chapter 19 Existing Health Care occupancies.

The facility is a three-story building. The original 1964 building and the 1976, 1992, 2001, 2014 additions was determined to be Type I (332) construction and the 2008 and 2011 Emergency Department addition was determined to be Type I (222). The facility is fully sprinklered, with exception of the walk-in cooler and freezer, and has a monitored fire alarm system with smoke detection in the corridors and spaces open to the corridors and in the operating rooms. The facility is protected with a Type 1 EES by three generators. The facility has a capacity of 47 with a census of 14.

Quality Review completed on 07/15/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

07/21/2021