STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	151304	A. BUILDING **01, 02, 03, 04, 05, 06** B. WING _____	R **09/29/2020**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RUSH MEMORIAL HOSPITAL	**1300 N MAIN ST** **RUSHVILLE, IN 46173**

(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
{E 000}	Initial Comments A Post Survey Revisit (PSR) to the Emergency Preparedness Survey conducted on 08/20/19 & 08/21/19 was conducted by the Indiana Department of Health in accordance with 42 CFR 485.625. Survey Date: 09/29/20 Facility Number: 005082 Provider Number: 151304 AIM Number: 100269820A At this PSR survey to the Emergency Preparedness survey, Rush Memorial Hospital was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 485.625. The facility has 25 certified beds. At the time of the survey, the census was 6. Quality Review completed on 10/01/20	{E 000}		
{K 000}	INITIAL COMMENTS A Post Survey Revisit (PSR) to the Life Safety Code Recertification Survey conducted on 08/20/19 & 08/21/19 was conducted by the Indiana Department of Health in accordance with 42 CFR 485.623(c). Survey Date: 09/29/20 Facility Number: 005082 Provider Number: 151304 AIM Number: 100269820A	{K 000}		

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

10/22/2020

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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{K 000}	Continued From page 1 At this PSR survey, Rush Memorial Hospital was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 485.623(c), Life Safety from Fire and the 2012 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies. The facility was constructed at three different times. The original building built in 1949 is a three story, non sprinkled building with a basement with a renovation to the first floor, second floor and small basement addition in 1972 of Type I (332) construction and non sprinkled except the elevator shaft and dumb waiter shaft enclosures. In 1996, a two story addition to the north of the original building was constructed and is a two story, sprinkled addition with a basement of Type I (332) construction. Because the original building and the addition are the same type of construction, the facility was surveyed as one building. Both buildings have a fire alarm system with smoke detection in the corridors, spaces open to the corridors, and hard wired smoke detection in all patient sleeping rooms. The facility has a capacity of 25 and had a census of 6 at the time of this survey. All areas of the 1996 addition where patients have customary access were sprinklered. The facility detached buildings providing facility services which were not sprinklered. Quality Review completed on 10/01/20	{K 000}		
{K 000}	INITIAL COMMENTS A Post Survey Revisit (PSR) to the Life Safety Code Recertification Survey conducted on	{K 000}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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{K 000}	Continued From page 2 08/20/19 & 08/21/19 was conducted by the Indiana Department of Health in accordance with 42 CFR 485.623(c). Survey Date: 09/29/20 Facility Number: 005082 Provider Number: 151304 AIM Number: 100269820A At this PSR survey, Rush Memorial Hospital was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 485.623(c), Life Safety from Fire and the 2012 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies. The facility was constructed at three different times. The original building built in 1949 is a three story, non sprinkled building with a basement with a renovation to the first floor, second floor and small basement addition in 1972 of Type I (332) construction and non sprinkled except the elevator shaft and dumb waiter shaft enclosures. In 1996, a two story addition to the north of the original building was constructed and is a two story, sprinkled addition with a basement of Type I (332) construction. Because the original building and the addition are the same type of construction, the facility was surveyed as one building. Both buildings have a fire alarm system with smoke detection in the corridors, spaces open to the corridors, and hard wired smoke detection in all patient sleeping rooms. The facility has a capacity of 25 and had a census of 6 at the time of this survey. All areas of the 1996 addition where patients	{K 000}		

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{K 000}	Continued From page 3 have customary access were sprinklered. The facility detached buildings providing facility services which were not sprinklered. Quality Review completed on 10/01/20	{K 000}		
{K 000}	INITIAL COMMENTS A Post Survey Revisit (PSR) to the Life Safety Code Recertification Survey conducted on 08/20/19 & 08/21/19 was conducted by the Indiana Department of Health in accordance with 42 CFR 485.623(c). Survey Date: 09/29/20 Facility Number: 005082 Provider Number: 151304 AIM Number: 100269820A At this PSR survey, Rush Memorial Hospital was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 485.623(c), Life Safety from Fire and the 2012 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies. The facility was constructed at three different times. The original building built in 1949 is a three story, non sprinkled building with a basement with a renovation to the first floor, second floor and small basement addition in 1972 of Type I (332) construction and non sprinkled except the elevator shaft and dumb waiter shaft enclosures. In 1996, a two story addition to the north of the original building was constructed and is a two story, sprinkled addition with a basement of Type I (332) construction. Because the original	{K 000}		

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{K 000}	Continued From page 4 building and the addition are the same type of construction, the facility was surveyed as one building. Both buildings have a fire alarm system with smoke detection in the corridors, spaces open to the corridors, and hard wired smoke detection in all patient sleeping rooms. The facility has a capacity of 25 and had a census of 6 at the time of this survey. All areas of the 1996 addition where patients have customary access were sprinklered. The facility detached buildings providing facility services which were not sprinklered. Quality Review completed on 10/01/20	{K 000}		
{K 000}	INITIAL COMMENTS A Post Survey Revisit (PSR) to the Life Safety Code Recertification Survey conducted on 08/20/19 & 08/21/19 was conducted by the Indiana Department of Health in accordance with 42 CFR 485.623(c). Survey Date: 09/29/20 Facility Number: 005082 Provider Number: 151304 AIM Number: 100269820A At this PSR survey, Rush Memorial Hospital was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 485.623(c), Life Safety from Fire and the 2012 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies. The facility was constructed at three different	{K 000}		

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{K 000}	Continued From page 5 times. The original building built in 1949 is a three story, non sprinkled building with a basement with a renovation to the first floor, second floor and small basement addition in 1972 of Type I (332) construction and non sprinkled except the elevator shaft and dumb waiter shaft enclosures. In 1996, a two story addition to the north of the original building was constructed and is a two story, sprinkled addition with a basement of Type I (332) construction. Because the original building and the addition are the same type of construction, the facility was surveyed as one building. Both buildings have a fire alarm system with smoke detection in the corridors, spaces open to the corridors, and hard wired smoke detection in all patient sleeping rooms. The facility has a capacity of 25 and had a census of 6 at the time of this survey. All areas of the 1996 addition where patients have customary access were sprinklered. The facility detached buildings providing facility services which were not sprinklered. Quality Review completed on 10/01/20	{K 000}		
{K 000}	INITIAL COMMENTS A Post Survey Revisit (PSR) to the Life Safety Code Recertification Survey conducted on 08/20/19 & 08/21/19 was conducted by the Indiana Department of Health in accordance with 42 CFR 485.623(c). Survey Date: 09/29/20 Facility Number: 005082 Provider Number: 151304 AIM Number: 100269820A	{K 000}		

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{K 000}	Continued From page 6 At this PSR survey, Rush Memorial Hospital was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 485.623(c), Life Safety from Fire and the 2012 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies. The facility was constructed at three different times. The original building built in 1949 is a three story, non sprinkled building with a basement with a renovation to the first floor, second floor and small basement addition in 1972 of Type I (332) construction and non sprinkled except the elevator shaft and dumb waiter shaft enclosures. In 1996, a two story addition to the north of the original building was constructed and is a two story, sprinkled addition with a basement of Type I (332) construction. Because the original building and the addition are the same type of construction, the facility was surveyed as one building. Both buildings have a fire alarm system with smoke detection in the corridors, spaces open to the corridors, and hard wired smoke detection in all patient sleeping rooms. The facility has a capacity of 25 and had a census of 6 at the time of this survey. All areas of the 1996 addition where patients have customary access were sprinklered. The facility detached buildings providing facility services which were not sprinklered. Quality Review completed on 10/01/20	{K 000}		
{K 000}	INITIAL COMMENTS A Post Survey Revisit (PSR) to the Life Safety	{K 000}		

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{K 000}	Continued From page 7 Code Recertification Survey conducted on 08/20/19 & 08/21/19 was conducted by the Indiana Department of Health in accordance with 42 CFR 485.623(c). Survey Date: 09/29/20 Facility Number: 005082 Provider Number: 151304 AIM Number: 100269820A At this PSR survey, Rush Memorial Hospital was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 485.623(c), Life Safety from Fire and the 2012 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies. The facility was constructed at three different times. The original building built in 1949 is a three story, non sprinkled building with a basement with a renovation to the first floor, second floor and small basement addition in 1972 of Type I (332) construction and non sprinkled except the elevator shaft and dumb waiter shaft enclosures. In 1996, a two story addition to the north of the original building was constructed and is a two story, sprinkled addition with a basement of Type I (332) construction. Because the original building and the addition are the same type of construction, the facility was surveyed as one building. Both buildings have a fire alarm system with smoke detection in the corridors, spaces open to the corridors, and hard wired smoke detection in all patient sleeping rooms. The facility has a capacity of 25 and had a census of 6 at the time of this survey.	{K 000}		

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{K 000}	Continued From page 8 All areas of the 1996 addition where patients have customary access were sprinklered. The facility detached buildings providing facility services which were not sprinklered. Quality Review completed on 10/01/20	{K 000}		
{K 323}	Anesthetizing Locations CFR(s): NFPA 101 Anesthetizing Locations Areas designated for administration of general anesthesia (i.e., inhalation anesthetics) are in accordance with 8.7 and NFPA 99. Zone valves are: located immediately outside each life-support, critical care and anesthetizing location of moderate sedation, deep sedation, or general anesthesia for medical gas or vacuum; readily accessible in an emergency; and arranged so shutting off any one anesthetizing location will not affect others. Area alarm panels are provided to monitor all medical gas, medical-surgical vacuum, and piped WAGD systems. Panels are at locations that provide for surveillance, indicate medical gas pressure decreases of 20 percent and vacuum decreases of 12 inch gauge HgV, and provide visual and audible indication. Alarm sensors are installed either on the source side of individual room zone valve box assemblies or on the patient/use side of each of the individual zone box valve assemblies. The EES critical branch supplies power for task illumination, fixed equipment, select receptacles, and select power circuits, and EES equipment system supplies power to ventilation system. Heating, cooling, and ventilation are in accordance with ASHRAE 170. Medical supply and equipment manufacturer's instructions for	{K 323}		

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{K 323}	Continued From page 9 use are considered before reducing humidity levels to those allowed by ASHRAE, per S&C 13-58. 19.3.2.3 (LSC) 5.1.4.8.7, 5.1.4.8.7.2, 5.1.9.3, 5.1.9.3.4, 6.4.2.2.4.2 (NFPA 99) This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure the humidity in 2 of 3 anesthetizing locations were maintained between 20% and 60% and within the relative humidity range established in surgical services policy documentation. NFPA 99 9.3.1.1 requires heating, cooling, ventilating, and process systems serving spaces or providing health care functions covered by this code or listed within ASHRAE 170, Ventilation of Health Care Facilities. ASHRAE 170, requires mechanical ventilation system supplying anesthetizing locations shall have the capability of controlling the relative humidity at a level of 20 percent or greater. CMS requires Operating Rooms not to exceed 60% humidity per S&C 13-25-LSC. This deficient practice could affect staff and up to 2 patients. Findings include: Based on review of relative humidity documentation for January 2020 through August 2020 with the Vice President of Operations and the Facilities Director from 10:15 a.m. to 12:30 p.m. on 09/29/20, documentation of the relative humidity in Operating Room 1 was greater than 60% for 06/08/20 through 06/12/20. Relative humidity in Operating Room 2 was at 16% on 01/17/20 and was greater than 60% for 05/26/20 through 05/29/20. Based on review of "Standards for Patient Care in Anesthesiology Policy" dated February 2020, Policy 3.3.5 states "relative	{K 323}		

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{K 323}	Continued From page 10 humidity shall be kept at not less than 50%". Based on interview at the time of record review, the Vice President of Operations stated Operating Rooms 1 and 2 can be used for general anesthesia, the Anesthesiology Policy contains reporting to maintenance as the corrective action when relative humidity is not maintained, she was unaware of why 50% was established as a relative humidity minimum for the rooms and agreed relative humidity documentation showed relative humidity had been exceeded for both 50% and 60% and was below 20% on 01/17/20. This finding was reviewed with the Vice President of Operations at the exit conference.	{K 323}		
{K 521}	HVAC CFR(s): NFPA 101 HVAC Heating, ventilation, and air conditioning shall comply with 9.2 and shall be installed in accordance with the manufacturer's specifications. 18.5.2.1, 19.5.2.1, 9.2 This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure all fire dampers in the facility were inspected and provided necessary maintenance at least every four years in accordance with NFPA 90A. LSC 9.2.1 requires heating, ventilating and air conditioning (HVAC) ductwork and related equipment shall be in accordance with NFPA 90A, Standard for the Installation of Air-Conditioning and Ventilating	{K 521}		

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{K 521}	Continued From page 11 Systems. NFPA 90A, 2012 Edition, Section 5.4.8.1 states fire dampers shall be maintained in accordance with NFPA 80, Standard for Fire Doors and Other Opening Protectives. NFPA 80, 2010 Edition, Section 19.4.1 states each damper shall be tested and inspected 1 year after installation. Section 19.4.1.1 states the test and inspection frequency shall then be every 4 years except for hospitals where the frequency is every 6 years. If the damper is equipped with a fusible link, the link shall be removed for testing to ensure full closure and lock-in-place if so equipped. The damper shall not be blocked from closure in any way. All inspections and testing shall be documented, indicating the location of the fire damper, date of inspection, name of inspector and deficiencies discovered. The documentation shall have a space to indicate when and how the deficiencies were corrected. This deficient practice could affect all patients, staff and visitors. Findings include: Based on record review of with the Vice President of Operations and the Facilities Director from 10:15 a.m. to 12:30 p.m. on 09/29/20, fire damper inspection and maintenance documentation within the most recent six year period stated was not available for review. The review of facility blueprint documentation for the original building built in 1949 stated fire dampers were located in the building. In addition, review of an inspection contractor's "Fire/Smoke Damper Maintenance Record" dated 04/28/10 indicated the fusible link for 7 fire dampers was inspected and replaced on 04/28/10. Based on interview at the time of record review, the Facilities Director stated the location of the 7 fire dampers could not be	{K 521}		

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{K 521}	Continued From page 12 determined, the facility does not have fire dampers but agreed fire damper inspection and testing documentation within the most recent six year period was not available for review. This finding was reviewed with the Vice President of Operations at the exit conference. This deficiency was cited on 08/21/19. The facility failed to implement a systemic plan of correction to prevent recurrence.	{K 521}		
{K 914}	Electrical Systems - Maintenance and Testing CFR(s): NFPA 101 Electrical Systems - Maintenance and Testing Hospital-grade receptacles at patient bed locations and where deep sedation or general anesthesia is administered, are tested after initial installation, replacement or servicing. Additional testing is performed at intervals defined by documented performance data. Receptacles not listed as hospital-grade at these locations are tested at intervals not exceeding 12 months. Line isolation monitors (LIM), if installed, are tested at intervals of less than or equal to 1 month by actuating the LIM test switch per 6.3.2.6.3.6, which activates both visual and audible alarm. For LIM circuits with automated self-testing, this manual test is performed at intervals less than or equal to 12 months. LIM circuits are tested per 6.3.3.3.2 after any repair or renovation to the electric distribution system. Records are maintained of required tests and associated repairs or modifications, containing date, room or area tested, and results. 6.3.4 (NFPA 99) This STANDARD is not met as evidenced by: Based on record review and interview, the facility	{K 914}		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RUSH MEMORIAL HOSPITAL	**1300 N MAIN ST** **RUSHVILLE, IN 46173**

(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 914}	Continued From page 13 failed to ensure documentation of electrical outlet receptacle testing at 25 of 25 patient bed locations within the most recent twelve month period was available for review in accordance with NFPA 99. NFPA 99, Health Care Facilities Code, 2012 Edition, Section 6.3.4.1.1 states hospital-grade receptacle testing shall be performed after initial installation, replacement or servicing of the device. Section 6.3.3.2, Receptacle Testing in Patient Care Rooms requires the physical integrity of each receptacle shall be confirmed by visual inspection. The continuity of the grounding circuit in each electrical receptacle shall be verified. Correct polarity of the hot and neutral connections in each electrical receptacle shall be confirmed; and retention force of the grounding blade of each electrical receptacle (except locking-type receptacles) shall be not less than 115 grams (4 ounces). Section 6.3.4.2.1.2 states, at a minimum, the record shall contain the date, the rooms or areas tested, and an indication of which items have met, or have failed to meet, the performance requirements of this chapter. This could affect all patients. Findings include: Based on record review of with the Vice President of Operations and the Facilities Director from 10:15 a.m. to 12:30 p.m. on 09/29/20, documentation of an itemized listing of hospital-grade receptacle testing at patient bed locations and in locations where deep sedation or general anesthesia is used within the most recent twelve month period was not available for review. Based on interview at the time of record review, the Facilities Director stated the facility tested hospital grade receptacles but documentation of	{K 914}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	151304	A. BUILDING **01, 02, 03, 04, 05, 06** B. WING _____	R **09/29/2020**

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{K 914}	Continued From page 14 an itemized listing of hospital-grade receptacle testing at patient bed locations within the most recent twelve month period was not available for review. In addition, the Facilities Director stated the four red receptacles in a wall mounted outlet box with a red cover plate near the head of the bed in patient Room 202 were replaced with hospital grade receptacles on or after 08/21/19, the facility tested them but agreed testing documentation on or after 08/21/19 was also not available for review. This finding was reviewed with the Vice President of Operations at the exit conference. This deficiency was cited on 08/21/19. The facility failed to implement a systemic plan of correction to prevent recurrence.	{K 914}		