

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

PRINTED: 11/10/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 154052		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING		X3) DATE SURVEY COMPLETED 10/19/2022	
NAME OF PROVIDER OR SUPPLIER PORTER-STARKE SERVICES INC				STREET ADDRESS, CITY, STATE, ZIP COD 701 WALL ST VALPARAISO, IN 46383			
(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
E 0000 Bldg. --	<p>An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 482.15.</p> <p>Survey Dates: 10/18-19/22</p> <p>Facility Number: 005585 Provider Number: 154052 AIM Number: N/A</p> <p>At this Emergency Preparedness survey, Porter Starke Services, Inc., was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 482.15</p> <p>The facility has 16 certified beds. At the time of the survey, the census was 2.</p> <p>Quality Review completed on 10/21/22</p>			E 0000			
K 0000 Bldg. 01	<p>A Life Safety Code Recertification Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 482.41(b).</p> <p>Survey Dates: 10/18-19/22</p> <p>Facility Number: 005585 Provider Number: 154052 AIM Number: N/A</p> <p>At this Life Safety Code Survey, Porter-Starke Services, Inc. was found not in compliance with Requirements for Participation in</p>			K 0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Andrew Nielsen

Chief Financial Officer

11/04/2022

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 disclosable 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 0161 Bldg. 01	<p>Medicare/Medicaid, 42 CFR Subpart 482.41(b), Life Safety from Fire, the 2012 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies, as well as the 2012 edition of the National Fire Protection Association (NFPA) 99, Health Care Facilities Code.</p> <p>Building 01, a two story structure was determined to be of Type II (111) construction and was fully sprinklered. The in-patient facility was not separated from the remaining building by a Fire Wall with a 2-Hour Fire Resistive Rating, therefore the entire facility was surveyed under Chapter 19, existing health care occupancy. The facility has a fire alarm system with smoke detection in the corridors and spaces open to the corridors. The building is protected by a 100 kW diesel-powered generator providing emergency power. The facility has a capacity of 16 and had a census of 2 at the time of this survey.</p> <p>Quality Review completed on 10/21/22</p> <p>NFPA 101 Building Construction Type and Height Building Construction Type and Height 2012 EXISTING Building construction type and stories meets Table 19.1.6.1, unless otherwise permitted by 19.1.6.2 through 19.1.6.7 19.1.6.4, 19.1.6.5</p> <p>Construction Type 1 I (442), I (332), II (222) Any number of stories non-sprinklered and sprinklered</p> <p>2 II (111) One story</p>						

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	<p>non-sprinklered Maximum 3 stories sprinklered</p> <p>3 II (000) Not allowed non-sprinklered 4 III (211) Maximum 2 stories sprinklered 5 IV (2HH) 6 V (111)</p> <p>7 III (200) Not allowed non-sprinklered 8 V (000) Maximum 1 story sprinklered</p> <p>Sprinklered stories must be sprinklered throughout by an approved, supervised automatic system in accordance with section 9.7. (See 19.3.5)</p> <p>Give a brief description, in REMARKS, of the construction, the number of stories, including basements, floors on which patients are located, location of smoke or fire barriers and dates of approval. Complete sketch or attach small floor plan of the building as appropriate. Based on observation and interview, the facility failed to maintain the building construction type of the facility. This deficient practice could affect all occupants within the facility.</p> <p>Findings include:</p> <p>Based on observation on 10/18/2022 during a tour of the facility from 12:45 p.m. to 1:50 p.m. with the Facilities Director, the concrete ceiling in the boiler room had a PVC pipe penetrating through a three inch in diameter hole leading up to the second floor of the facility. Based on interview at the time of observation, the Facilities Director agreed there was an open vertical penetration</p>			K 0161	<p>The deficiency was corrected on 10/25/2022 by injecting Firestop caulking into the gap/hole. The hole is completely filled as of 10/25/2022 and it is not anticipated that there will be a need for any further action. This deficiency will be prevented from recurring in the future by regular weekly inspection of the ceiling. If any further gaps or holes are discovered, they will be caulked or re-caulked with Firestop-grade caulk. The Facilities Director, Steven Ochoa, was responsible for</p>		10/25/2022

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K 0355 Bldg. 01	<p>through the concrete ceiling, and he would get the hole filled in as soon as possible.</p> <p>This finding was reviewed with the Facilities Director at the exit conference.</p> <p>NFPA 101 Portable Fire Extinguishers Portable Fire Extinguishers Portable fire extinguishers are selected, installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers. 18.3.5.12, 19.3.5.12, NFPA 10 1. Based on observation and interview, the facility failed to ensure 1 of 1 portable fire extinguishers in the dosing room were installed in accordance with NFPA 10, Standard for Portable Fire Extinguishers, 2010 Edition. Section 6.1.3.4 states portable fire extinguishers other than wheeled extinguishers shall be installed using any of the following means. (1) Securely on a hanger intended for the extinguishers. (2) In the bracket supplied by the extinguisher manufacture. (3) In a listed bracket approved for such purpose. (3) In a cabinet or wall recess. This deficient practice could affect staff in the dosing room.</p> <p>Findings include:</p> <p>Based on observations during a tour of the facility with the Facilities Director on 10/18/22 at 1:35 p.m. the ABC portable fire extinguisher located in the dosing room was sitting on the floor. Based on interview at the time of observation, the Facilities Director agreed the extinguisher was sitting on the floor and not mounted.</p> <p>This finding was reviewed with the Facilities Director at the exit conference.</p>			K 0355	<p>correcting the deficiency and will be responsible for preventing a future recurrence of this deficiency.</p> <p>For the fire extinguisher that was found in the dosing room and sitting on the floor, it was mounted on a hanger intended for that model on 10/25/2022. The fire safety inspection company that Porter-Starke Services, Inc. uses, Allegiant Fire Protection, was notified of the deficiency and will inspect for fire extinguisher placement during their annual inspections. In addition, the Porter-Starke maintenance department will add the review of fire inspection location to their monthly inspection checklists. These two procedures should prevent a recurrence of this deficiency in the future. The individual responsible for correcting the deficiency and for preventing its recurrence is the Facilities Director, Steven Ochoa.</p> <p>For the fire extinguisher that had an annual inspection date of May</p>		11/08/2022

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	<p>2. Based on observation and interview, the facility failed to ensure all portable fire extinguishers were given maintenance at periods not more than one year apart. NFPA 10, the Standard for Portable Fire Extinguishers, at Section 7.3.1.1.1 requires that fire extinguishers shall be subjected to maintenance at intervals of not more than 1 year, at the time of hydrostatic test, or when specifically indicated by an inspection or electronic notification. Section 3.3.15 defines extinguisher maintenance as a thorough examination of the fire extinguisher that is intended to give maximum assurance that a fire extinguisher will operate effectively and safely and to determine if physical damage or condition will prevent its operation, if any repair or replacement is necessary, and if hydrostatic testing or internal maintenance is required. Section 7.3.3 states each fire extinguisher shall have a tag or label securely attached that indicates the month and year the maintenance was performed, identifies the person performing the work, and identifies the name of the agency performing the work. This deficient practice could affect staff.</p> <p>Findings include:</p> <p>Based on an observation with the Facilities Director on 10/18/2022 at 1:35 p.m., the tag on the ABC fire extinguisher in the dosing room had an annual inspection date of May 2020. Based on interview at the time of observation, the Facilities Director agreed the fire extinguisher's annual inspection was past due.</p> <p>This finding was reviewed with the Facilities Director at the exit conference.</p>			<p>2020, our vendor for fire inspection, Allegiant Fire Protection, is scheduled to visit our facility on 11/8/2022 to inspect and tag that fire extinguisher. Allegiant Fire Protection has been notified that it is critical to include the fire extinguisher in question in their annual inspections. Local staff were reminded that there is a fire extinguisher in that room and that it is critical to maintain that fire extinguisher in working order. In addition, an employee of our maintenance staff will accompany our fire inspection company when they perform their annual inspection to ensure that they do not fail to inspect one of our fire extinguishers. This should prevent a recurrence of this missed inspection. The individual responsible for correcting this deficiency and for preventing the recurrence of this deficiency is the Facilities Director, Steven Ochoa.</p>			

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K 0000 Bldg. 03	<p>A Life Safety Code Recertification Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 482.41(b).</p> <p>Survey Dates: 10/18-19/22</p> <p>Facility Number: 005585 Provider Number: 154052 AIM Number: N/A</p> <p>At this Life Safety Code Survey, Porter-Starke Services, Inc. was found not 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 (LSC), Chapter 39, Existing Business Occupancies.</p> <p>Building 03, a one story, non-sprinklered structure had a fire alarm system with smoke detection in the corridors.</p> <p>Quality Review completed on 10/21/22</p>			K 0000			
K 0000 Bldg. 04	<p>A Life Safety Code Recertification Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 482.41(b).</p> <p>Survey Dates: 10/18-19/22</p> <p>Facility Number: 005585 Provider Number: 154052 AIM Number: N/A</p>			K 0000			

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	<p>At this Life Safety Code Survey, Porter-Starke Services, Inc. was found not 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 (LSC), Chapter 39, Existing Business Occupancies.</p> <p>Building 04, a one story, non-sprinklered structure had a fire alarm system with smoke detection in the corridors.</p> <p>Quality Review completed on 10/21/22</p>						