

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 154011	(X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING _____	(X3) DATE SURVEY COMPLETED 06/21/2022
NAME OF PROVIDER OR SUPPLIER COMMUNITY MENTAL HEALTH CENTER INC		STREET ADDRESS, CITY, STATE, ZIP COD 285 BIELBY RD LAWRENCEBURG, IN 47025		
(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 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 Date: 06/21/22</p> <p>Facility Number: 005176 Provider Number: 154011 AIM Number: 200147890A</p> <p>At this Emergency Preparedness survey, Community Mental Health Center 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 12.</p> <p>Quality Review completed on 06/23/22</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 Date: 06/21/22</p> <p>Facility Number: 005176 Provider Number: 154011 AIM Number: 200147890A</p> <p>At this Life Safety Code survey, Community Mental Health Center was found not in</p>	K 0000		

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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K 0346 Bldg. 01	<p>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 19, Existing Health Care Occupancies.</p> <p>The Community Mental Health Center was located on the non sprinklered first floor, East Wing, of a three story, partially sprinklered hospital with a basement of Type I (332) construction. There is a 2 hour fire separation wall between the hospital and the Community Mental Health Center. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors, and hard wired smoke detectors in all patient sleeping rooms. The facility has a capacity of 16 and had a census of 9 at the time of this survey.</p> <p>Quality Review completed on 06/23/22</p> <p>NFPA 101 Fire Alarm System - Out of Service Fire Alarm - Out of Service Where required fire alarm system is out of services for more than 4 hours in a 24-hour period, the authority having jurisdiction shall be notified, and the building shall be evacuated or an approved fire watch shall be provided for all parties left unprotected by the shutdown until the fire alarm system has been returned to service.</p> <p>9.6.1.6 Based on record review and interview, the facility failed to provide a complete written policy for the protection of all patients indicating procedures to be followed in the event the fire alarm system has to be placed out of service for four hours or more in a twenty four hour period in accordance with</p>	K 0346	Inpatient Unit –Building 01 The Fire Safety Emergency Preparedness Plan – will be updated to include Fire Watch	07/29/2022

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K 0918 Bldg. 01	<p>LSC, Section 9.6.1.6. This deficient practice affects all occupants in the facility.</p> <p>Findings include:</p> <p>Based on record review on 06/21/22 between 9:45 a.m. and 4:45 p.m. with the Safety and Security Coordinator present, the facility provided fire watch documentation from the Emergency Preparedness Plan, however, it was incomplete. The plan did include the phone number for the IDOH, however, the plan failed to include contacting the Indiana Department of Health (IDOH) with the web link for contacting the Incident Reporting System located on the IDOH Gateway. Based on an interview at the time of record review, the Safety and Security Coordinator agreed the fire watch policy lacked the previously mentioned information.</p> <p>This finding was reviewed with the QI Director, Chief Clinical Officer, Chief Financial Officer, Facilities Manager, and Safety and Security Coordinator during the exit conference.</p> <p>NFPA 101 Electrical Systems - Essential Electric System Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly,</p>		<p>instruction, including direction to contact the Indiana Department of Health (IDOH) with the web link for contacting the Incident Reporting System located on the IDOH Gateway.</p> <p>Staff working in this location will be educated regarding the process to conduct a Fire Watch and make the required notifications.</p> <p>Responsible Person: Safety and Security Coordinator will assure documents/plans are updated and staff are educated by the above noted date.</p>	

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	<p>exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations.</p> <p>6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)</p> <p>Based on record review and interview, the facility failed to maintain a complete written record of monthly generator load testing for 2 of 2 generator during 12 of the past 12 months. Chapter 6.4.4.1.1.4(a) of 2012 NFPA 99 requires monthly testing of the generator serving the emergency electrical system to be in accordance with NFPA 110, the Standard for Emergency and Standby Powers Systems, Chapter 8. Chapter 6.4.4.2 of NFPA 99 requires a written record of inspection, performance, exercising period, and repairs for the generator to be regularly maintained and available for inspection by the authority having jurisdiction. Chapter 6-4.4.1.3 of 2012 NFPA 99 requires batteries for on-site generators shall be maintained in accordance with NFPA 110, 2010 Edition, Standard for Emergency and Standby</p>		K 0918	<p>Building 01- Inpatient Unit - Generator Load Testing is completed by the maintenance staff of the hosting general hospital. Records of the monthly testing by that facility have been requested for the last 12 months.</p> <p>Responsible Person: The Facilities Maintenance Manager will request Generator Load Test documents on a monthly basis henceforth to ensure testing is completed to provide a safe environment for all occupants. Completed records for the past 12 months are included with this Plan of Correction.</p>	06/30/2022

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K 0000 Bldg. 02	<p>Power Systems. 8.3.7 requires storage batteries, including electrolyte levels or battery voltage, used in connection with systems shall be inspected weekly and maintained in full compliance with manufacturer's specifications. 8.3.7.2 states defective batteries shall be repaired or replaced immediately upon discovery of defects. Chapter 6.5.4.2 of NFPA 99 requires a written record of inspection, performance, exercising period, and repairs shall be regularly maintained and available for inspection by the authority having jurisdiction. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on record review on 06/21/22 between 9:45 a.m. and 4:45 p.m. with the Facilities Manager present, there was no monthly generator load test documentation available during the past 12 months. Based on interview at the time of record review, the Facilities Manager said the facility's generator power comes from the main hospital next door. He further said maintenance staff from the main hospital was unavailable to provide the monthly generator load testing documentation.</p> <p>This finding was reviewed with the QI Director, Chief Clinical Officer, Chief Financial Officer, Facilities Manager, and Safety and Security Coordinator during the exit conference.</p> <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 Date: 06/21/22</p>		K 0000		

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K 0346 Bldg. 02	<p>Facility Number: 005176 Provider Number: 154011 AIM Number: 200147890A</p> <p>At this Life Safety Code survey, Community Mental Health Center In Patient unit 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 19, Existing Health Care Occupancies.</p> <p>The In Patient Center was located on the non sprinklered first floor, East Wing, of a three story, partially sprinklered hospital with a basement of Type I (332) construction. There is a 2 hour fire separation wall between the hospital and the Community Mental Health Center. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors, and hard wired smoke detectors in all patient sleeping rooms. The facility has a capacity of 16 and had a census of 12 at the time of this survey.</p> <p>Quality Review completed on 06/23/22</p> <p>NFPA 101 Fire Alarm System - Out of Service Fire Alarm - Out of Service Where required fire alarm system is out of services for more than 4 hours in a 24-hour period, the authority having jurisdiction shall be notified, and the building shall be evacuated or an approved fire watch shall be provided for all parties left unprotected by the shutdown until the fire alarm system has been returned to service.</p> <p>9.6.1.6</p>			

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K 0918 Bldg. 02	<p>Based on record review and interview, the facility failed to provide a complete written policy for the protection of all patients indicating procedures to be followed in the event the fire alarm system has to be placed out of service for four hours or more in a twenty four hour period in accordance with LSC, Section 9.6.1.6. This deficient practice affects all occupants in the facility.</p> <p>Findings include:</p> <p>Based on record review on 06/21/22 between 9:45 a.m. and 4:45 p.m. with the Safety and Security Coordinator present, the facility provided fire watch documentation from the Emergency Preparedness Plan, however, it was incomplete. The plan did include the phone number for the IDOH, however, the plan failed to include contacting the Indiana Department of Health (IDOH) with the web link for contacting the Incident Reporting System located on the IDOH Gateway. Based on an interview at the time of record review, the Safety and Security Coordinator agreed the fire watch policy lacked the previously mentioned information.</p> <p>This finding was reviewed with the QI Director, Chief Clinical Officer, Chief Financial Officer, Facilities Manager, and Safety and Security Coordinator during the exit conference.</p> <p>NFPA 101 Electrical Systems - Essential Electric System Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to</p>		K 0346	<p>281 Bielby Rd - Building 04</p> <p>The Fire Safety Emergency Preparedness Plan – will be updated to include Fire Watch instruction, including direction to contact the Indiana Department of Health (IDOH) with the web link for contacting the Incident Reporting System located on the IDOH Gateway.</p> <p>Staff working in this location will be educated regarding the process to conduct a Fire Watch and make the required notifications.</p> <p>Responsible Person: Safety and Security Coordinator will documents/plans are updated and staff are educated by the above noted date.</p>

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	<p>annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110.</p> <p>Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits.</p> <p>Minimizing the possibility of damage of the emergency power source is a design consideration for new installations.</p> <p>6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)</p> <p>Based on record review and interview, the facility failed to maintain a complete written record of monthly generator load testing for 2 of 2 generator during 12 of the past 12 months. Chapter 6.4.4.1.1.4(a) of 2012 NFPA 99 requires monthly testing of the generator serving the emergency electrical system to be in accordance with NFPA 110, the Standard for Emergency and Standby Powers Systems, Chapter 8. Chapter 6.4.4.2 of NFPA 99 requires a written record of inspection, performance, exercising period, and repairs for the</p>		K 0918	<p>Building 03 -Unity House/IDDT - Generator Load Testing is completed by the maintenance staff of the hosting general hospital. Records of the monthly testing by that facility have been requested for the last 12 months.</p> <p>Responsible Person: The Facilities Maintenance Manager will request Generator Load Test documents on a monthly basis</p>	06/30/2022

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K 0000	<p>generator to be regularly maintained and available for inspection by the authority having jurisdiction. Chapter 6-4.4.1.3 of 2012 NFPA 99 requires batteries for on-site generators shall be maintained in accordance with NFPA 110, 2010 Edition, Standard for Emergency and Standby Power Systems. 8.3.7 requires storage batteries, including electrolyte levels or battery voltage, used in connection with systems shall be inspected weekly and maintained in full compliance with manufacturer's specifications. 8.3.7.2 states defective batteries shall be repaired or replaced immediately upon discovery of defects. Chapter 6.5.4.2 of NFPA 99 requires a written record of inspection, performance, exercising period, and repairs shall be regularly maintained and available for inspection by the authority having jurisdiction. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on record review on 06/21/22 between 9:45 a.m. and 4:45 p.m. with the Facilities Manager present, there was no monthly generator load test documentation available during the past 12 months. Based on interview at the time of record review, the Facilities Manager said the facility's generator power comes from the main hospital next door. He further said maintenance staff from the main hospital was unavailable to provide the monthly generator load testing documentation.</p> <p>This finding was reviewed with the QI Director, Chief Clinical Officer, Chief Financial Officer, Facilities Manager, and Safety and Security Coordinator during the exit conference.</p>			<p>henceforth to ensure testing is completed to provide a safe environment for all occupants. Completed records for the past 12 months are included with this Plan of Correction.</p>	

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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 Date: 06/21/22</p> <p>Facility Number: 005176 Provider Number: 154011 AIM Number: 200147890A</p> <p>At this Life Safety Code survey, Community Mental Health Center IDDT Unity House 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 19, Existing Health Care Occupancies.</p> <p>The IDDT Unity House was located above the In Patient unit on the sprinklered second floor, East Wing, of a three story, partially sprinklered hospital with a basement of Type I (332) construction. There is a 2 hour fire separation wall between the hospital and the Community Mental Health Center. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors, and hard wired smoke detectors in all patient sleeping rooms. The facility has a capacity of 16 and had a census of 12 at the time of this survey.</p> <p>Quality Review completed on 06/23/22</p>	K 0000		
K 0324 Bldg. 03	<p>NFPA 101 Cooking Facilities Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for</p>			

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	<p>Ventilation Control and Fire Protection of Commercial Cooking Operations, unless:</p> <ul style="list-style-type: none"> * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or * cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4. Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor. <p>18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2</p> <p>Based on record review and interview, the facility failed to ensure 1 of 1 kitchen range hood extinguishing system was maintained in proper working order. This deficient practice could affect all patients and staff.</p> <p>Findings include:</p> <p>Based on record review on 06/21/22 between 9:45 a.m. and 4:45 p.m. with the Facilities Manager present, range hood suppression reports dated 12/03/21 and 06/10/21 from the facility's vendor both stated "Exhaust Fan does not kick on upon System Activation". When asked, the Facilities Manager said after checking with the vendor it has not been fixed, but they are now scheduled to come fix the issue within the next week.</p> <p>This finding was reviewed with the QI Director, Chief Clinical Officer, Chief Financial Officer,</p>	K 0324	<p>Ludwig Electric was contacted on 6/29/2022 about the hood exhaust fan not coming on. We are waiting to be placed on their schedule to get this done.</p> <p>The operation of the fan will be tested during the semiannual inspection performed by Crossman Fire and Safety and ensure it functions correctly.</p> <p>These inspections are monitored by the Facilities Maintenance Manager.</p>	07/29/2022

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K 0346 Bldg. 03	<p>Facilities Manager, and Safety and Security Coordinator during the exit conference.</p> <p>NFPA 101</p> <p>Fire Alarm System - Out of Service</p> <p>Fire Alarm - Out of Service</p> <p>Where required fire alarm system is out of services for more than 4 hours in a 24-hour period, the authority having jurisdiction shall be notified, and the building shall be evacuated or an approved fire watch shall be provided for all parties left unprotected by the shutdown until the fire alarm system has been returned to service.</p> <p>9.6.1.6</p> <p>Based on record review and interview, the facility failed to provide a complete written policy for the protection of all patients indicating procedures to be followed in the event the fire alarm system has to be placed out of service for four hours or more in a twenty four hour period in accordance with LSC, Section 9.6.1.6. This deficient practice affects all occupants in the facility.</p> <p>Findings include:</p> <p>Based on record review on 06/21/22 between 9:45 a.m. and 4:45 p.m. with the Safety and Security Coordinator present, the facility provided fire watch documentation from the Emergency Preparedness Plan, however, it was incomplete. The plan did include the phone number for the IDOH, however, the plan failed to include contacting the Indiana Department of Health (IDOH) with the web link for contacting the Incident Reporting System located on the IDOH Gateway. Based on an interview at the time of record review, the Safety and Security Coordinator agreed the fire watch policy lacked the previously mentioned information.</p>	K 0346	<p>Unity House/IDDT - Building 02</p> <p>The Fire Safety Emergency Preparedness Plan – will be updated to include Fire Watch instruction, including direction to contact the Indiana Department of Health (IDOH) with the web link for contacting the Incident Reporting System located on the IDOH Gateway.</p> <p>Staff working in this location will be educated regarding the process to conduct a Fire Watch and make the required notifications.</p> <p>Responsible Person: Safety and Security Coordinator will documents/plans are updated and</p>	07/29/2022

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K 0353 Bldg. 03	<p>This finding was reviewed with the QI Director, Chief Clinical Officer, Chief Financial Officer, Facilities Manager, and Safety and Security Coordinator during the exit conference.</p> <p>NFPA 101 Sprinkler System - Maintenance and Testing Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available.</p> <p>a) Date sprinkler system last checked</p> <p>b) Who provided system test</p> <p>c) Water system supply source</p> <p>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system.</p> <p>9.7.5, 9.7.7, 9.7.8, and NFPA 25</p> <p>Based on observation and interview, the facility failed to ensure the ceiling in 1 of 2 sprinklered smoke compartments was maintained to allow sprinkler heads to function to their full capability. This deficient practice could affect all patients and staff.</p> <p>Findings include:</p> <p>Based on observations on 06/21/22 between 2:30 p.m. and 3:10 p.m. during a tour of the facility with the Safety and Security Coordinator, the following was noted:</p>		K 0353	<p>staff are educated by the above noted date.</p> <p>Unity House/IDDT missing ceiling tiles were installed in both the Janitorial Closet and the Supply Closet, thus allowing sprinkler heads to function to full capability. This will create a safer environment for all patients and staff in this location.</p> <p>Facilities Maintenance Manager will monitor to assure ceiling tiles remain in place during regular semi-annual inspections.</p>

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K 0511 Bldg. 03	<p>a. There were two ceiling tiles missing in the sprinklered Janitorial Closet</p> <p>b. There were two ceiling tiles missing in the sprinklered Supply Closet</p> <p>Based on interview at the time of each observation, the Safety and Security Coordinator agreed there were missing ceiling tiles in the Janitorial Closet and Supply Closet.</p> <p>This finding was reviewed with the QI Director, Chief Clinical Officer, Chief Financial Officer, Facilities Manager, and Safety and Security Coordinator during the exit conference.</p> <p>NFPA 101</p> <p>Utilities - Gas and Electric</p> <p>Utilities - Gas and Electric</p> <p>Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life.</p> <p>18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2</p> <p>Based on observation and interview, the facility failed to ensure 1 of over 5 wet locations, was provided with ground fault circuit interrupter (GFCI) protection against electric shock. NFPA 70, NEC 2011 Edition at 210.8 Ground-Fault Circuit-Interrupter Protection for Personnel, states, ground-fault circuit-interruption for personnel shall be provided as required in 210.8(A) through (C). The ground-fault circuit-interrupter shall be installed in a readily accessible location.</p> <p>Informational Note: See 215.9 for ground-fault circuit interrupter protection for personnel on feeders.</p> <p>(B) Other Than Dwelling Units. All 125-volt, single-phase, 15- and 20-ampere receptacles</p>	K 0511	<p>Unity House/IDDT - The two electric receptacles within two feet of the counter sink in the kitchen/dining room area will be equipped with properly working GFCI protection to provide a safe environment for all patients and staff.</p> <p>These receptacles will be tested during the Semi-Annual inspections conducted by the Facilities Maintenance Manager.</p>	07/21/2022

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	<p>installed in the locations specified in 210.8(B)(1) through (8) shall have ground-fault circuit-interrupter protection for personnel.</p> <p>(1) Bathrooms (2) Kitchens (3) Rooftops (4) Outdoors</p> <p>Exception No. 1 to (3) and (4): Receptacles that are not readily accessible and are supplied by a branch circuit dedicated to electric snow-melting, deicing, or pipeline and vessel heating equipment shall be permitted to be installed in accordance with 426.28 or 427.22, as applicable.</p> <p>Exception No. 2 to (4): In industrial establishments only, where the conditions of maintenance and supervision ensure that only qualified personnel are involved, an assured equipment grounding conductor program as specified in 590.6(B)(2) shall be permitted for only those receptacle outlets used to supply equipment that would create a greater hazard if power is interrupted or having a design that is not compatible with GFCI protection.</p> <p>(5) Sinks - where receptacles are installed within 1.8 m (6 ft.) of the outside edge of the sink.</p> <p>Exception No. 1 to (5): In industrial laboratories, receptacles used to supply equipment where removal of power would introduce a greater hazard shall be permitted to be installed without GFCI protection.</p> <p>Exception No. 2 to (5): For receptacles located in patient bed locations of general care or critical care areas of health care facilities other than those covered under 210.8(B)(1), GFCI protection shall not be required.</p> <p>(6) Indoor wet locations (7) Locker rooms with associated showering facilities (8) Garages, service bays, and similar areas where electrical</p>			

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K 0918 Bldg. 03	<p>diagnostic equipment, electrical hand tools. NFPA 70, 517-20 Wet Locations, requires all receptacles and fixed equipment within the area of the wet location to have ground-fault circuit interrupter (GFCI) protection. Note: Moisture can reduce the contact resistance of the body, and electrical insulation is more subject to failure. This deficient practice could affect patients and staff.</p> <p>Findings include:</p> <p>Based on observations on 06/21/22 between 2:30 p.m. and 3:10 p.m. during a tour of the facility with the Safety and Security Coordinator, two electric receptacles within two feet of the counter sink in the kitchen/dining room area were not provided with properly working GFCI protection. The receptacle to the left of the sink was provided with a GFCI receptacle, however, when tested with a GFCI testing device, it did not break the circuit. The testing device showed the wiring to be correct. Furthermore, the circuit did not break when attempting to use the test button on the receptacle. The receptacle to the right of the sink was not provided with a GFCI receptacle. When tested with a GFCI testing device, it did not break the circuit. Based on interview at the time of each observation, the Safety and Security Coordinator agreed the previously mentioned receptacles were not GFCI protected.</p> <p>This finding was reviewed with the QI Director, Chief Clinical Officer, Chief Financial Officer, Facilities Manager, and Safety and Security Coordinator during the exit conference.</p> <p>NFPA 101 Electrical Systems - Essential Electric Syste Electrical Systems - Essential Electric</p>			

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	<p>System Maintenance and Testing</p> <p>The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110.</p> <p>Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits.</p> <p>Minimizing the possibility of damage of the emergency power source is a design consideration for new installations.</p> <p>6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)</p> <p>Based on record review and interview, the facility failed to maintain a complete written record of monthly generator load testing for 2 of 2 generator during 12 of the past 12 months. Chapter 6.4.4.1.4(a) of 2012 NFPA 99 requires monthly</p>		K 0918	<p>Building 02 -285 Bielby (Main Center location)</p> <p>This location is not connected to</p>	06/30/2022

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	<p>testing of the generator serving the emergency electrical system to be in accordance with NFPA 110, the Standard for Emergency and Standby Powers Systems, Chapter 8. Chapter 6.4.4.2 of NFPA 99 requires a written record of inspection, performance, exercising period, and repairs for the generator to be regularly maintained and available for inspection by the authority having jurisdiction. Chapter 6-4.4.1.3 of 2012 NFPA 99 requires batteries for on-site generators shall be maintained in accordance with NFPA 110, 2010 Edition, Standard for Emergency and Standby Power Systems. 8.3.7 requires storage batteries, including electrolyte levels or battery voltage, used in connection with systems shall be inspected weekly and maintained in full compliance with manufacturer's specifications. 8.3.7.2 states defective batteries shall be repaired or replaced immediately upon discovery of defects. Chapter 6.5.4.2 of NFPA 99 requires a written record of inspection, performance, exercising period, and repairs shall be regularly maintained and available for inspection by the authority having jurisdiction. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on record review on 06/21/22 between 9:45 a.m. and 4:45 p.m. with the Facilities Manager present, there was no monthly generator load test documentation available during the past 12 months. Based on interview at the time of record review, the Facilities Manager said the facility's generator power comes from the main hospital next door. He further said maintenance staff from the main hospital was unavailable to provide the monthly generator load testing documentation.</p> <p>This finding was reviewed with the QI Director,</p>			<p>nor supported by the generator system of the neighboring hospital. It is a separate building from the two locations noted above.</p> <p>Only the Inpatient Unit (Building 01) and the Unity House/IDDT (Building 03) are supported by the generator of the hosting hospital.</p>	

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K 0000 Bldg. 04	<p>Chief Clinical Officer, Chief Financial Officer, Facilities Manager, and Safety and Security Coordinator during the exit conference.</p> <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 Date: 06/21/22</p> <p>Facility Number: 005176 Provider Number: 154011 AIM Number: 200147890A</p> <p>At this Life Safety Code survey, Community Mental Health Center 281 Building 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 19, Existing Health Care Occupancies.</p> <p>The 281 Building was separate from Main center located on the ground floor of a three story non sprinklered building with a basement of Type V (111) construction. The facility has a fire alarm system with smoke detection in the corridors and spaces open to the corridors. This is an Administrative building. There are no resident rooms.</p> <p>Quality Review completed on 06/23/22</p> <p>NFPA 101 Fire Alarm System - Installation Fire Alarm System - Installation</p>		K 0000		
K 0341 Bldg. 04					

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	<p>A fire alarm system is installed with systems and components approved for the purpose in accordance with NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm Code to provide effective warning of fire in any part of the building. In areas not continuously occupied, detection is installed at each fire alarm control unit. In new occupancy, detection is also installed at notification appliance circuit power extenders, and supervising station transmitting equipment. Fire alarm system wiring or other transmission paths are monitored for integrity.</p> <p>18.3.4.1, 19.3.4.1, 9.6, 9.6.1.8</p> <p>Based on observation and interview, the facility failed to ensure 2 of over 10 hard wired smoke detectors was not installed where air flow would adversely affect its operation. NFPA 72, 2010 edition, 17.7.6.3.2 requires that smoke detectors shall not be located directly in the airstream of supply registers. Section 17.7.4.1 requires in spaces served by air handling systems, detectors shall not be located where air flow prevents operation of the detectors. A.17.7.4.1 states detectors should not be located in a direct airflow or closer than 36 inches from an air supply diffuser or return air opening. This deficient practice could affect at least 5 patients and staff.</p> <p>Findings include:</p> <p>Based on observations on 06/21/22 between 3:15 p.m. and 3:45 p.m. during a tour of the facility with the Safety and Security Coordinator, the following was noted:</p> <ul style="list-style-type: none"> a. There was a ceiling mounted smoke detector in the Building 281 Waiting Room within one foot of an air supply vent. b. There was a ceiling mounted smoke detector in 	K 0341	<p>281 Bielby Building – Crossman Safety was contacted on 6/29/2022 to schedule extension of the wiring. The two smoke detectors will be moved to a more suitable location that is more than 36 inches from the air supply vent, creating a safer environment for all staff and patients in these locations.</p> <p>Responsible Person: Facilities Maintenance Manager will monitor this process to assure it is completed correctly and on time.</p>	07/01/2022

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	<p>the Building 281 C.A.S.E. Waiting Room within one foot of an air supply vent.</p> <p>Based on interview at the time of each observation, the Safety and Security Coordinator agreed the two smoke detectors were within one foot of the air supply vents.</p> <p>This finding was reviewed with the QI Director, Chief Clinical Officer, Chief Financial Officer, Facilities Manager, and Safety and Security Coordinator during the exit conference.</p>			