

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

PRINTED: 03/25/2025
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 154020		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/30/2025	
NAME OF PROVIDER OR SUPPLIER REGIONAL MENTAL HEALTH CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 8555 TAFT ST MERRILLVILLE, IN 46410			
(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 Recertification survey.</p> <p>Facility Number: 005184</p> <p>Dates of Survey: 1/28/2025 through 1/30/2025, and 1/31/2025</p> <p>QA: 2/4/2025</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 observation, record review, and interview; the facility failed to ensure non-hospital grade electrical receptacles in 16 of 16 sleeping rooms were tested at least annually; failed to maintain a complete written record of monthly generator load testing for 6 of 12 months; failed to ensure staff were instructed in the use of the UL 300 hood fire suppression system in 1 of 1 kitchen; failed to provide an approved method for returning cooking appliances to where they were when the kitchen hood extinguishing equipment was designed and installed for 1 of 1 kitchen hood extinguishing systems; failed to maintain 1 of 1 kitchen extinguishing system in accordance with NFPA 96, Standard for Ventilation and Fire Protection of Commercial Cooking Operations;</p>			A 0700	<p>To correct the outlined deficiencies the following actions were taken:</p> <p>Electrical Systems – hospital grade receptacles were installed in all 16 sleeping rooms.</p> <p>Emergency Power/Generator load testing – The Director of Facilities conducted training with all maintenance personnel to review the step-by-step procedures for conducting the weekly inspection and monthly load testing of the generator. Additionally, the documentation and recording procedures were also reviewed with all responsible</p>		02/28/2025

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

TITLE

(X6) DATE

Rachel Bakaitis

VP of Accreditation & Quality

03/18/2025

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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	<p>failed to ensure 1 of 1 electric fire pump was inspected monthly for 12 of 12 months over the past year in accordance with NFPA 25; failed to document sprinkler system inspections in accordance with NFPA 25; failed to conduct fire drills on 1 shift for 1 of 4 quarters and 2 shifts for 2 of 4 quarters.</p> <p>Findings Include: The cumulative effect of these systemic problems resulted in the facility's inability to ensure it had implemented a systemic plan of correction to prevent recurrence, therefore failing to ensure the provision of quality health care in a safe environment.</p>				<p>members.</p> <p>Fire Suppression System Training – The Director of Facilities conducted training with all kitchen, maintenance, housekeeping and security staff on the procedures for manually activating the fire suppression system in the kitchen. Training included an overview of the fire extinguishing devices in the kitchen (fire extinguisher, fire blanket, dry-chemical fire suppression system in range hood and fire sprinkler system), as well as actions to take in case of a fire in the kitchen which included manual activation of the range hood suppression system and evacuation of the space.</p> <p>Fire Suppression Manual Activation Device – The fire suppression contractor completed the relocation of the manual activation device for the range hood fire suppression system to lower the device to 46 inches above finish floor. Additionally, the contractor realigned the spray nozzles for the system above the gas range to ensure they are positioned correctly.</p> <p>Method of Returning Cooking Appliances – Yellow duct tape was placed on the floor in front of the range in the kitchen and training conducted with kitchen staff so they know to replace the range in the proper location after cleaning or moving the range.</p>		

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			<p>Fire Pump Inspections – The Director of Facilities conducted training with responsible maintenance staff in the procedures for conducting and recording the monthly fire pump test.</p> <p>Kitchen Extinguishing System – The Director of Facilities conducted training with responsible maintenance staff in the procedures for conducted and recording weekly sprinkler gauge and valve inspections.</p> <p>Sprinkler System Inspections – The fire sprinkler service company conducted a visual inspection of all sprinkler heads throughout the facility. They identified that the only area in the building with quick-response sprinkler heads was in Pod – B where the FQHC is located. The FQHC was built out in 2016/2017 and the date stamp on the sprinkler heads show the heads to be from 2017. Consequently the 20-year sprinkler head inspection is due in 2037. Additionally, the contractor took standard response sprinkler heads to be sent to the lab to conduct the 50-year sprinkler head inspection.</p> <p>Fire Drills – The deficiency was previously identified during our internal audit process and subsequently reported to the Corporate Safety and Risk Committee. In response, the Director of Facilities has</p>		

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			<p>developed a Corrective Action Plan to address this issue and is actively implementing the plan to ensure ongoing compliance.</p> <p>How the deficiencies will be prevented from reoccurring:</p> <p>Electrical Systems – the completed invoice and specification sheets for the hospital grade outlets have been retained for audit and/or documentation purposes.</p> <p>Emergency Power/Generator load testing – Both the weekly inspection and monthly generator load testing was inputted into our Computerized Maintenance Management Software (CMMS) as a Monthly PM to ensure future monthly tests are completed correctly and on time.</p> <p>Fire Suppression System Training – A review of these procedures will be conducted with appropriate staff during the quarterly fire drills. The Facility Manager will be responsible for training of any new staff throughout the year as necessary.</p> <p>Fire Suppression Manual Activation Device – device lowered to 46" above the finished floor which now meets regulation; completed invoice/documentation retained for records.</p> <p>Method of Returning Cooking Appliances – A permanent line to be painted on the kitchen floor. The Facility Manager will be responsible for training of any new</p>		

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			<p>staff throughout the year as necessary.</p> <p>Fire Pump Inspections – A monthly PM was created and added to our CMMS program to ensure compliance moving forward.</p> <p>Kitchen Extinguishing System – A weekly PM was created and added to our CMMS program to ensure compliance moving forward.</p> <p>Sprinkler System Inspections – A PM was created in our CMMS program to ensure that required testing of these heads are completed in 2036. Additionally, the contractor took standard response sprinkler heads to be sent to the lab to conduct the 50-year sprinkler head inspection. Documentation for the 50-yr sprinkler head inspection will be retained and a PM was created for 2035 to ensure that follow on 10-year sprinkler heads are tested as required.</p> <p>Fire Drills – A comprehensive schedule for the completion of all fire drills has been formulated by the Director of Facilities. Furthermore, automatic reminders have been set up in Smartsheet and the Director of Facilities examines these reports to confirm that the drills have been completed. Additionally, oversight is provided by the Corporate Safety Committee.</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>Based on observation, record review, and interview; the facility failed to ensure non-hospital grade electrical receptacles in 16 of 16 sleeping rooms were tested at least annually. NFPA 99, Health Care Facilities Code 2012 Edition, Section 6.3.4.1.3 states receptacles not listed as hospital-grade, at patient bed locations and in locations where deep sedation or general anesthesia is administered, shall be tested at intervals not exceeding 12 months. Additionally, 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); and failed to maintain a complete written record of monthly generator load testing for 6 of 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. NFPA 110 8.4.2.4 states spark-ignited generator sets shall be exercised at least once a month with the available EPSS load for 30 minutes or until the</p>		A 0701	<p>Person Responsible – Director of Facilities</p> <p>To correct the outlined deficiencies the following actions were taken: Electrical Systems – hospital grade receptacles were installed in all 16 sleeping rooms. Emergency Power/Generator load testing – The Director of Facilities conducted training with all maintenance personnel to review the step-by-step procedures for conducting the weekly inspection and monthly load testing of the generator. Additionally, the documentation and recording procedures were also reviewed with all responsible members. How the deficiencies will be prevented from reoccurring: Electrical Systems – the completed invoice and specification sheets for the hospital grade outlets have been retained for audit and/or documentation purposes. Emergency Power/Generator load testing – Both the weekly inspection and monthly generator load testing was inputted into our</p>		02/28/2025	

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A 0709 Bldg. 00	<p>water temperature and the oil pressure have stabilized. 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.</p> <p>Findings include:</p> <p>Based on observation with the Director of Facilities on 01/28/2025 from 1:57 p.m. to 4:30 p.m., the facility's 16 sleeping rooms contained non-hospital-grade electrical receptacles. Based on records review on 01/28/2025 from 9:45 a.m. to 1:53 p.m., no annual electrical receptacle testing for non-hospital grade electrical receptacles had been conducted. The Director of Facilities was not aware of the requirement to test non-hospital grade electrical receptacles and stated they did not have documentation of any inspection. Based on record review with the Director of Facilities on 01/28/2025 from 9:45 a.m. to 1:53 p.m., documentation for the monthly load tests were incomplete. Documentation for monthly load tests for July 2024 through December 2024 was not completed and lacked Transfer time, time ran under load, and load percentage. It was not clear from the documentation if the generator was run under load during those months. Based on an interview at the time of record review, the Director of Facilities agreed not all of the required information was documented and stated a new maintenance technician had started to perform the inspections around the time the information was not documented.</p> <p>482.41(b) LIFE SAFETY FROM FIRE Life Safety from Fire Based on observation, record review, and</p>			A 0709	<p>Computerized Maintenance Management Software (CMMS) as a Monthly PM to ensure future monthly tests are completed correctly and on time.</p> <p>Person Responsible – Director of Facilities</p> <p>To correct the outlined</p>		02/28/2025

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	<p>interview, the facility failed to ensure staff were instructed in the use of the UL 300 hood fire suppression system in 1 of 1 kitchen. NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, Section 10.5.7 states instruction shall be provided to employees regarding the proper use of portable fire extinguishers and the manual activation of fire-extinguishing equipment. Section 11.1.4 states instructions for manually operating the fire extinguishing system shall be posted conspicuously in the kitchen and shall be reviewed with employees by management. This deficient practice could affect kitchen staff only; failed to provide an approved method for returning cooking appliances to where they were when the kitchen hood extinguishing equipment was designed and installed for 1 of 1 kitchen hood extinguishing systems. NFPA 96 Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations Section 2011 Edition Section 12.1.2.2*Cooking appliances requiring protection shall not be moved, modified, or rearranged without prior re-evaluation of the fire-extinguishing system by the system installer or servicing agent, unless otherwise allowed by the design of the fire extinguishing system. Section 12.1.2.3 The fire-extinguishing system shall not require reevaluation where the cooking appliances are moved for the purposes of maintenance and cleaning, provided the appliances are returned to approved design location prior to cooking operations, and any disconnected fire-extinguishing system nozzles attached to the appliances are reconnected in accordance with the manufacturer's listed design manual. Section 12.1.2.3.1 An approved method shall be provided that will ensure that the appliance is returned to an approved design location; failed to maintain 1 of 1 kitchen</p>				<p>deficiencies the following actions were taken: Fire Suppression System Training – The Director of Facilities conducted training with all kitchen, maintenance, housekeeping and security staff on the procedures for manually activating the fire suppression system in the kitchen. Training included an overview of the fire extinguishing devices in the kitchen (fire extinguisher, fire blanket, dry-chemical fire suppression system in range hood and fire sprinkler system), as well as actions to take in case of a fire in the kitchen which included manual activation of the range hood suppression system and evacuation of the space. Fire Suppression Manual Activation Device – The fire suppression contractor completed the relocation of the manual activation device for the range hood fire suppression system to lower the device to 46 inches above finish floor. Additionally, the contractor realigned the spray nozzles for the system above the gas range to ensure they are positioned correctly. Method of Returning Cooking Appliances – Yellow duct tape was placed on the floor in front of the range in the kitchen and training conducted with kitchen staff so they know to replace the range in the proper location after</p>		

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	<p>extinguishing system in accordance with NFPA 96, Standard for Ventilation and Fire Protection of Commercial Cooking Operations, Section 10.5.1 states A readily accessible means for manual activation shall be located between 42 in. and 48 in. above the floor, be accessible in the event of a fire, be located in a path of egress, and clearly identify the hazard protected. Additionally, NFPA 101, Life Safety Code, 4.6.12.3 states that existing life safety features obvious to the public, if not required by the code, shall be either maintained or removed; failed to ensure 1 of 1 electric fire pump was inspected monthly for 12 of 12 months over the past year in accordance with NFPA 25. NFPA 25, 2011 Edition, the Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 8-3.1.2 requires electric motor-driven fire pumps shall be operated monthly; failed to document sprinkler system inspections in accordance with NFPA 25. NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 2011 Edition, Section 5.2.4.2 states gauges on dry pipe sprinkler systems shall be inspected weekly to ensure that normal air and water pressures are being maintained. Section 5.1.2 states valves and fire department connections shall be inspected, tested, and maintained in accordance with Chapter 13. Section 13.1.1.2 states Table 13.1.1.2 shall be utilized for inspection, testing and maintenance of valves, valve components and trim. Section 4.3.1 states records shall be made for all inspections, tests, and maintenance of the system and its components and shall be made available to the authority having jurisdiction upon request; failed to provide written documentation or other evidence that quick response sprinkler heads were tested or replaced after 20 years. LSC 4.6.12.1 requires any device, equipment or system required</p>				<p>cleaning or moving the range. Fire Pump Inspections – The Director of Facilities conducted training with responsible maintenance staff in the procedures for conducting and recording the monthly fire pump test. Kitchen Extinguishing System – The Director of Facilities conducted training with responsible maintenance staff in the procedures for conducted and recording weekly sprinkler gauge and valve inspections. Sprinkler System Inspections – The fire sprinkler service company conducted a visual inspection of all sprinkler heads throughout the facility. They identified that the only area in the building with quick-response sprinkler heads was in Pod B where the FQHC is located. The FQHC was built out in 2016/2017 and the date stamp on the sprinkler heads show the heads to be from 2017. Consequently the 20-year sprinkler head inspection is due in 2037. Additionally, the contractor took standard response sprinkler heads to be sent to the lab to conduct the 50-year sprinkler head inspection. Fire Drills – The deficiency was previously identified during our internal audit process and subsequently reported to the Corporate Safety and Risk Committee. In response, the</p>		

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	<p>for compliance with this code be maintained in accordance with applicable NFPA requirements. Sprinkler systems shall be properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 4.3.1 requires records shall be made for all inspections, tests, and maintenance of the system components and shall be made available to the authority having jurisdiction upon request. 4.3.2 requires that records shall indicate the procedure performed (e.g., inspection, test, or maintenance), the organization that performed the work, the results, and the date. NFPA 25, 5.3.1.1.1.3 Sprinklers manufactured using fast-response elements that have been in service for 20 years shall be replaced, or representative samples shall be tested and then retested at 10-year intervals; failed to conduct fire drills on 1 shift for 1 of 4 quarters and 2 shifts for 2 of 4 quarters. LSC 19.7.1.6 states drills shall be conducted quarterly on each shift to familiarize facility personnel (nurses, interns, maintenance engineers, and administrative staff) with the signals and emergency action required under varied conditions.</p> <p>Findings include:</p> <p>Based on observation and interview with the Director of Facilities on 01/28/2025 from 1:57 p.m. to 4:30 p.m., the kitchen was provided with a UL 300 hood fire suppression system. Based on interview during tour of the kitchen, the Kitchen Supervisor was asked what she would do if there was a grease fire underneath the hood. She stated a list of things she would do but failed to mention</p>				<p>Director of Facilities has developed a Corrective Action Plan to address this issue and is actively implementing the plan to ensure ongoing compliance.</p> <p>How the deficiencies will be prevented from reoccurring:</p> <p>Fire Suppression System Training – A review of these procedures will be conducted with appropriate staff during the quarterly fire drills. The Facility Manager will be responsible for training of any new staff throughout the year as necessary.</p> <p>Fire Suppression Manual Activation Device – device lowered to 46" above the finished floor which now meets regulation; completed invoice/documentation retained for records.</p> <p>Method of Returning Cooking Appliances – A permanent line to be painted on the kitchen floor. The Facility Manager will be responsible for training of any new staff throughout the year as necessary.</p> <p>Fire Pump Inspections – A monthly PM was created and added to our CMMS program to ensure compliance moving forward.</p> <p>Kitchen Extinguishing System – A weekly PM was created and added to our CMMS program to ensure compliance moving forward.</p> <p>Sprinkler System Inspections – A PM was created in our CMMS</p>		

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	<p>activating the fire suppression system. When she was asked if she knew what the pipes with nozzles above the stove were, she was aware that it was the fire suppression system but was not familiar with the location of the pull station to activate the system. Based on interview the Director of Facilities acknowledged the kitchen staff needed required training.</p> <p>Based on observation and interview with the Director of Facilities on 01/28/2025 from 1:57 p.m. to 4:30 p.m., cooking appliances including a gas burner stove were located under the hood in 1 of 1 kitchen were not provided with an approved method that would ensure that the appliances were returned to an approved design location after they had been moved for maintenance and cleaning. Based on interview with the Maintenance Director, he was not aware of any method or procedure in place.</p> <p>Based on observation and interview with the Director of Facilities on 01/28/2025 from 1:57 p.m. to 4:30 p.m., the ANSUL "Remote Pull Station" was mounted 59 ½ inches above the floor as measured with the surveyor's tape measure. Based on interview at time of observation, the Director of Facilities acknowledged the measurement and stated he believed it should be "grand-fathered".</p> <p>Based on observation with the Director of Facilities on 01/28/2025 from 1:57 p.m. to 4:30 p.m., the sprinkler riser room, had an electric motor driven fire pump in operation for the sprinkler system. Based on an interview with the Director of Facilities on 01/28/2025 from 9:45 a.m. to 1:53 p.m., the facility failed to provide documentation of monthly inspections of the electric motor driven fire pump. Documentation of quarterly sprinkler system inspections indicated the vendor</p>				<p>program to ensure that required testing of these heads are completed in 2036. Additionally, the contractor took standard response sprinkler heads to be sent to the lab to conduct the 50-year sprinkler head inspection. Documentation for the 50-yr sprinkler head inspection will be retained and a PM was created for 2035 to ensure that follow on 10-year sprinkler heads are tested as required.</p> <p>Fire Drills – A comprehensive schedule for the completion of all fire drills has been formulated by the Director of Facilities. Furthermore, automatic reminders have been set up in Smartsheet and the Director of Facilities examines these reports to confirm that the drills have been completed. Additionally, oversight is provided by the Corporate Safety Committee.</p> <p>Person Responsible – Director of Facilities</p>		

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

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FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 154020		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/30/2025	
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	<p>performing the quarterly inspections, included inspection of the electric motor driven fire pump; however, no documentation of inspections was provided for 8 of 12 months including January 2024 or 2025, February 2024, April 2024, May 2024, July 2024, August 2024, October 2024 or November 2024.</p> <p>Based on record review with the Director of Facilities on 01/28/2025 from 9:45 a.m. to 1:53 p.m., documentation was provided indicating inspection of sprinklers but did not include what was inspected. Weekly sprinkler gauge inspection documentation for 52 of 52 weeks was not available for review. In addition, inspection documentation for all sprinkler system control valves was also not available for review. Based on observation on 01/28/2025 from 1:57 p.m. to 4:30 p.m., the facility had a wet and a dry-sprinkler system. Based on interview with the Director of Facilities he acknowledged the documents that were provided did not show that valve or gauge inspections had been completed.</p> <p>Based on record review with the Director of Facilities on 01/28/2025 from 9:45 a.m. to 1:53 p.m., documentation of the sprinkler system failed to indicate a date the sprinkler heads were last inspected or replaced. Based on observation on 01/28/2025 from 1:57 p.m. to 4:30 p.m., the facility had standard-response and fast-response sprinkler heads. Based on interview the Director of Facilities stated the building was built in 1977 but could not advise when the sprinklers were last tested or replaced.</p> <p>Based on record review with the Director of Facilities on 01/28/2025 from 9:45 a.m. to 1:53 p.m., the facility failed to document fire drills conducted on second shift of the first quarter of 2024, the</p>						

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	second and third shifts of the second quarter of 2024 and the second and third shifts of the third quarter of 2024. Based on interview at the time of record review, the Director of Facilities stated the facility was aware that fire drills had not been conducted on each shift for each quarter. The facility had documented a plan to ensure fire drills were completed when required.						