

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

PRINTED: 10/08/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>150045</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/26/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>PARKVIEW DEKALB HOSPITAL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1316 E SEVENTH ST</b> <b>AUBURN, IN 46706</b>		
(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	
{A 000}	INITIAL COMMENTS  This visit was for a 2nd PSR (Post Survey Revisit) to the Federal Recertification Survey conducted on 11/8/23, 11/9/23, 11/16/23 and 11/17/23 and the 1st PSR conducted on 1/22/24.  Facility Number: 005041  Survey Dates: 8/26/24  QA: 9/04/24	{A 000}			
{A 700}	PHYSICAL ENVIRONMENT CFR(s): 482.41  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. This CONDITION is not met as evidenced by: Based on observation and interview, the facility failed to ensure the penetration in 3 of 4 fire barrier walls that separated health care from business occupancies was maintained to ensure the fire resistance of the barrier; failed to ensure the penetrations caused by the passage of wire and/or conduit through 4 of 17 smoke barrier walls were protected to maintain the smoke resistance of each smoke barrier; and failed to ensure 1 of 8 separation fire doors were self-closing and kept in the closed position, unless held open by a release device complying with 7.2.1.8.2.  The cumulative effect of these systemic problems resulted in the facility's inability to ensure the provision of quality health care in a safe environment.	{A 700}			

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 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.

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{A 709}	<p><b>LIFE SAFETY FROM FIRE</b> <b>CFR(s): 482.41(b)</b></p> <p>Life Safety from Fire</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure the penetration in 3 of 4 fire barrier walls that separated health care from business occupancies was maintained to ensure the fire resistance of the barrier. LSC 19.1.1.3 requires all health care facilities to be maintained and operated to minimize the possibility of a fire emergency requiring the evacuation of the occupants. LSC 8.3.5.1 requires penetrations for cables, cable trays, conduits, pipes, tubes, combustion vents and exhaust vents, wires, and similar items to accommodate electrical, mechanical, plumbing, and communications systems that pass through a wall, floor, or floor/ceiling assembly constructed as a fire barrier shall be protected by a firestop system or device. The firestop system or device shall be tested in accordance with ASTM E 814, Standard Test Method for Fire Tests of Through Penetration Fire Stops, or ANSI/UL 1479, Standard for Fire Tests of Through-Penetration Fire Stops.</p> <p>Based on observation and interview, the facility failed to ensure the penetrations caused by the passage of wire and/or conduit through 4 of 17 smoke barrier walls were protected to maintain the smoke resistance of each smoke barrier. LSC Section 8.5.6.2 requires penetrations for cables, cable trays, conduits, pipes, tubes, vents, wires, and similar items to accommodate electrical, mechanical, plumbing, and communications systems that pass through a wall, floor, or floor/ceiling assembly constructed as a smoke barrier, or through the ceiling</p>	{A 709}			

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{A 709}	<p>Continued From page 2</p> <p>membrane of the roof/ceiling of a smoke barrier assembly, shall be protected by a system or material capable of restricting the movement of smoke. The firestop system or device shall be tested in accordance with ASTM E 814, Standard Test Method for Fire Tests of Through Penetration Fire Stops, or ANSI/UL 1479, Standard for Fire Tests of Through-Penetration Fire Stops.</p> <p>Based on observation and interview the facility failed to ensure 1 of 8 separation fire doors were self-closing and kept in the closed position, unless held open by a release device complying with 7.2.1.8.2.</p> <p>(1) Upon release of the hold-open mechanism, the leaf becomes self-closing.</p> <p>(2) The release device is designed so that the leaf instantly releases manually and, upon release, becomes self-closing, or the leaf can be readily closed.</p> <p>(3) The automatic releasing mechanism or medium is activated by the operation of approved smoke detectors installed in accordance with the requirements for smoke detectors for door leaf release service in NFPA 72, National Fire Alarm and Signaling Code.</p> <p>(4) Upon loss of power to the hold-open device, the hold open mechanism is released, and the door leaf becomes self-closing.</p> <p>Findings Include: Based on observations with the Facilities Supervisor on 8/26/24 between 10:45 a.m. and 12:30 p.m., the following separation fire barriers had unsealed penetration and/or holes: A. Above the ceiling tiles by the women's lounge door had multiple unsealed penetrations.</p>	{A 709}			

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{A 709}	<p>Continued From page 3</p> <p>B. Above the ceiling tiles of the east firewall in the women's lounge had multiple unsealed penetrations.</p> <p>C. Above the ceiling tiles of the ER fire wall by ER manager door had multiple unsealed penetrations.</p> <p>Based on interview during the observation, the Facilities Supervisor stated some of the work was missed and agreed the three fire walls contained unsealed penetrations and/or holes.</p> <p>Based on observations with the Facilities Supervisor on 8/26/24 between 10:45 a.m. and 12:30 p.m., the following smoke barriers had unsealed penetration and/or holes:</p> <p>A. Above the ceiling tiles of the smoke wall by the ultrasound room had multiple unsealed penetrations.</p> <p>B. Above the ceiling tiles of the smoke wall between imaging and respiratory had multiple unsealed penetrations.</p> <p>C. Above the ceiling tiles of the smoke wall to surgery had multiple unsealed penetrations.</p> <p>D. Above the ceiling tiles of the smoke wall to the lobby had multiple unsealed penetrations.</p> <p>Based on interview during the observation, the Facilities Supervisor stated some of the work was missed and agreed the four smoke walls contained unsealed penetrations and/or holes.</p> <p>Based on observations with the Facilities Supervisor on 8/26/24 between 10:45 a.m. and 12:30 p.m., the ER separation fire door to the ER manager office was held open with a door wedge. Based on interview at the time of observation, the Facilities Supervisor agreed the door is in a separation fire barrier and was held open with a device that did not release with the fire alarm.</p>	{A 709}			