STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	150045	A. BUILDING **01 - MAIN BLDG** B. WING _____	R **08/26/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARKVIEW DEKALB HOSPITAL	**1316 E SEVENTH ST** **AUBURN, IN 46706**

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{K 000}	INITIAL COMMENTS A Post Survey Revisit (PSR) to the Life Safety Code Recertification Survey conducted 11/16/23 through 11/17/23 and the PSR on 01/22/24 was conducted by the Indiana Department of Health in accordance with 42 CFR 482.41(b). Survey Date: 08/26/24 Facility Number: 005041 Provider Number: 150045 AIM Number: 100269460A At this PSR survey, Parkview Dekalb Hospital 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, Chapter 19 Existing Health Care occupancies. The facility is a three-story building. The original 1964 building and the 1976, 1992, 2001, and 2014 additions were determined to be Type I (332) construction and the 2008 and 2011 Emergency Department addition were determined to be Type II (222). The facility is fully sprinklered, has a monitored fire alarm system with smoke detection in the corridors and spaces open to the corridors and in the operating rooms. The facility is protected with a Type 1 EES by three generators. The facility does have a Category 1 Gas and Vacuum Piped Systems. The facility has a capacity of 57 with a census of 19. Quality Review completed on 08/28/24	{K 000}		
{K 131}	Multiple Occupancies CFR(s): NFPA 101	{K 131}		

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

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{K 131}	Continued From page 1 Multiple Occupancies - Sections of Health Care Facilities Sections of health care facilities classified as other occupancies meet all of the following: o They are not intended to serve four or more inpatients for purposes of housing, treatment, or customary access. o They are separated from areas of health care occupancies by construction having a minimum two hour fire resistance rating in accordance with Chapter 8. o The entire building is protected throughout by an approved, supervised automatic sprinkler system in accordance with Section 9.7. Hospital outpatient surgical departments are required to be classified as an Ambulatory Health Care Occupancy regardless of the number of patients served. 19.1.3.3, 42 CFR 482.41, 42 CFR 485.623 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	{K 131}		

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{K 131}	Continued From page 2 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. This deficient practice could affect all staff, visitors, and patients. 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. B. Above the ceiling tiles of the east firewall in the women's lounge had multiple unsealed penetrations. C. Above the ceiling tiles of the ER fire wall by ER manager door had multiple unsealed penetrations. 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. This deficiency was cited on 11/17/23 and 1/22/24. The facility failed to implement a systemic plan of correction to prevent recurrence. The finding was reviewed with the Facilities Supervisor during the exit conference.	{K 131}		
K 223	Doors with Self-Closing Devices CFR(s): NFPA 101	K 223		

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K 223	Continued From page 3 Doors with Self-Closing Devices Doors in an exit passageway, stairway enclosure, or horizontal exit, smoke barrier, or hazardous area enclosure are self-closing and kept in the closed position, unless held open by a release device complying with 7.2.1.8.2 that automatically closes all such doors throughout the smoke compartment or entire facility upon activation of: * Required manual fire alarm system; and * Local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and * Automatic sprinkler system, if installed; and * Loss of power. 18.2.2.2.7, 18.2.2.2.8, 19.2.2.2.7, 19.2.2.2.8 This STANDARD is not met as evidenced by: 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. (1) Upon release of the hold-open mechanism, the leaf becomes self-closing. (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. (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. (4) Upon loss of power to the hold-open device, the hold open mechanism is released, and the door leaf becomes self-closing. This deficient practice could affect 20 patients in the ER. Findings include:	K 223		

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K 223	Continued From page 4 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. The findings were reviewed with the Facilities Supervisor during the exit conference.	K 223		
{K 372}	Subdivision of Building Spaces - Smoke Barrie CFR(s): NFPA 101 Subdivision of Building Spaces - Smoke Barrier Construction 2012 EXISTING Smoke barriers shall be constructed to a 1/2-hour fire resistance rating per 8.5. Smoke barriers shall be permitted to terminate at an atrium wall. Smoke dampers are not required in duct penetrations in fully ducted HVAC systems where an approved sprinkler system is installed for smoke compartments adjacent to the smoke barrier. 19.3.7.3, 8.6.7.1(1) Describe any mechanical smoke control system in REMARKS. This STANDARD is not met as evidenced by: 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	{K 372}		

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{K 372}	Continued From page 5 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 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. This deficient practice affects staff, visitors, and all patients. 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 smoke barriers had unsealed penetration and/or holes: A. Above the ceiling tiles of the smoke wall by the ultrasound room had multiple unsealed penetrations. B. Above the ceiling tiles of the smoke wall between imaging and respiratory had multiple unsealed penetrations. C. Above the ceiling tiles of the smoke wall to surgery had multiple unsealed penetrations. D. Above the ceiling tiles of the smoke wall to the lobby had multiple unsealed penetrations. 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. This deficiency was cited on 11/17/23 and 1/22/24. The facility failed to implement a systemic plan of correction to prevent recurrence.	{K 372}		

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{K 372}	Continued From page 6 The findings were reviewed with the Facilities Supervisor during the exit conference.	{K 372}		