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	154031	A. BUILDING -- B. WING	11/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
OAKLAWN PSYCHIATRIC CENTER INC	330 LAKEVIEW DR GOSHEN, IN 46527

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E 0000 Bldg. --	An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 482.15. Survey Date: 11/01/22 Facility Number: 005195 Provider Number: 154031 AIM Number: 100273510A At this Emergency Preparedness survey, Oaklawn Psychiatric Center, Inc. was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 482.15 The facility has 16 certified beds. At the time of the survey, the census was 12. Quality Review completed on 11/03/22	E 0000		
K 0000 Bldg. 01	A Life Safety Code Recertification Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 482.41(b). Survey Date: 11/01/22 Facility Number: 005195 Provider Number: 154031 AIM Number: 100273510A At this Life Safety Code survey, Oaklawn Psychiatric Center, Inc. was found not in compliance with Requirements for Participation in	K 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Emily Neufeld	Compliance Manager	11/11/2022

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclo 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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	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. This one story facility with a partial basement was determined to be of Type V (000) construction and was fully sprinklered. It is separated from the remaining building by a Fire Wall with a 2-Hour Fire Resistance Rating. The facility has a fire alarm system with smoke detection in the corridors, sleeping rooms and spaces open to the corridors. The building is fully protected by a 500 kW diesel-powered generator. The facility has a capacity of 16 and had a census of 12 at the time of this survey. Quality Review completed on 11/03/22			
K 0222 Bldg. 01	NFPA 101 Egress Doors Egress Doors Doors in a required means of egress shall not be equipped with a latch or a lock that requires the use of a tool or key from the egress side unless using one of the following special locking arrangements: CLINICAL NEEDS OR SECURITY THREAT LOCKING Where special locking arrangements for the clinical security needs of the patient are used, only one locking device shall be permitted on each door and provisions shall be made for the rapid removal of occupants by: remote control of locks; keying of all locks or keys carried by staff at all times; or other such reliable means available to the staff at all times. 18.2.2.2.5.1, 18.2.2.2.6, 19.2.2.2.5.1,			

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	19.2.2.2.6 SPECIAL NEEDS LOCKING ARRANGEMENTS Where special locking arrangements for the safety needs of the patient are used, all of the Clinical or Security Locking requirements are being met. In addition, the locks must be electrical locks that fail safely so as to release upon loss of power to the device; the building is protected by a supervised automatic sprinkler system and the locked space is protected by a complete smoke detection system (or is constantly monitored at an attended location within the locked space); and both the sprinkler and detection systems are arranged to unlock the doors upon activation. 18.2.2.2.5.2, 19.2.2.2.5.2, TIA 12-4 DELAYED-EGRESS LOCKING ARRANGEMENTS Approved, listed delayed-egress locking systems installed in accordance with 7.2.1.6.1 shall be permitted on door assemblies serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system or an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 ACCESS-CONTROLLED EGRESS LOCKING ARRANGEMENTS Access-Controlled Egress Door assemblies installed in accordance with 7.2.1.6.2 shall be permitted. 18.2.2.2.4, 19.2.2.2.4 ELEVATOR LOBBY EXIT ACCESS LOCKING ARRANGEMENTS Elevator lobby exit access door locking in accordance with 7.2.1.6.3 shall be permitted on door assemblies in buildings protected			

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	throughout by an approved, supervised automatic fire detection system and an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 Based on observation and interview, the facility failed to ensure the means of egress through 1 of 3 exits with special locking arrangements for the clinical security needs of the patients were readily accessible by remote control of locks; keys carried by staff at all times; or other such reliable means available to the staff at all times. This deficient practice could affect 8 patients in the west hall Findings include: Based on observations with the Facilities Manager on 11/01/22 at 11:13 a.m., the west exit door was marked as a facility exit, was locked with a dead bolt, and could be opened using a key carried by staff, but when tested the dead bolt did not release. Based on interview at the time of observation, the Facilities Manager stated the lock was broken and did replace the lock and was functioning when tested a second time. This finding was reviewed with the Facilities Manager during the exit conference.	K 0222	The Facilities Manager is primarily responsible for compliance. The deadbolt was repaired during the survey on 11/1/22 and replaced on 11/2/22. A log of weekly testing for fire doors was created on 11/3/22. Initial tests were completed on 11/4/22 with no issues found. The Environment of Care Committee will oversee completion of the weekly tests.	11/02/2022
K 0281 Bldg. 01	NFPA 101 Illumination of Means of Egress Illumination of Means of Egress Illumination of means of egress, including exit discharge, is arranged in accordance with 7.8 and shall be either continuously in operation or capable of automatic operation without manual intervention. 18.2.8, 19.2.8 Based on observation and interview, the facility	K 0281	The Facilities Manager is primarily	11/11/2022

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	failed to ensure the egress discharge for 2 of 5 exits was provided with illumination and were arranged so the failure of any single lighting fixture would not leave the area in darkness. LSC 7.8.1.4 requires illumination shall be arranged so that that the failure of any single lighting unit does not result in an illumination level of less than 0.2 foot-candle in any designated area. This deficient practice could affect all patients Findings include: Based on observations with the Facilities Manager on 11/01/22 at 11:20 a.m. and 11:45 a.m., the exit discharge outside the north exit did not have egress lighting. Also, there was only one light fixture with only one LED light outside the west exit. Based on interview at the time of observation, the Facilities Manager agreed there was only one light source outside of the west exit and no lighting out side of the north exit. This finding was reviewed with the Facilities Manager during the exit conference.		responsible for compliance. Additional LED light fixtures were installed on 11/11/22; two lights at the North exit and one light at the West exit.	
K 0341 Bldg. 01	NFPA 101 Fire Alarm System - Installation Fire Alarm System - Installation 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			

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	transmission paths are monitored for integrity. 18.3.4.1, 19.3.4.1, 9.6, 9.6.1.8 Based on observation and interview, the facility failed to ensure 1 of 1 fire alarm control panel was protected. NFPA 72, National Fire Alarm and Signaling Code Section 10.10.1 states a means for turning off activated alarm notification appliance(s) shall be permitted only if it complies with 10.10.3 through 10.10.7. Section 10.10.3 states the means shall be key-operated or located within a locked cabinet or arranged to provide equivalent protection against unauthorized use. This deficient practice could affect all occupants. Findings include: Based on observations with the Facilities Manager on 11/01/22 at 11:30 a.m., the fire control panel located at in the main lobby was in a cabinet but the door to the cabinet was unlocked when tested. This condition does not protect the fire alarm system against unauthorized use. Based on interview at the time of observations, the Facilities Manager agreed the cabinet door to the fire control panel was not properly secured. This finding was reviewed with the Facilities Manager during the exit conference.	K 0341	The Facilities Manager is primarily responsible for compliance. The fire panel door was locked on 11/2/22. The Facilities Manager trained Maintenance and Front Desk staff to keep panel doors locked on 11/11/22.	11/11/2022
K 0351 Bldg. 01	NFPA 101 Sprinkler System - Installation Spinkler System - Installation 2012 EXISTING Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems.			

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	In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers. In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems. 19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1) Based on observation and interview, the facility did not provide adequate signage for 1 of 1 fire department connection (FDC). NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 2011 Edition, 13.7 Fire Department Connections. 13.7.1 Fire department connections shall be inspected quarterly to verify the following: (1) The fire department connections are visible and accessible. (2) Couplings or swivels are not damaged and rotate smoothly. (3) Plugs or caps are in place and undamaged. (4) Gaskets are in place and in good condition. (5) Identification signs are in place. (6) The check valve is not leaking. (7) The automatic drain valve is in place and operating properly. (8) The fire department connection clapper(s) is in place and operating properly. This deficient practice could affect all occupants. Findings include: Based on observations with the Facilities Manager on 11/01/22 at 11:38 p.m., the FDC	K 0351	The Facilities Manager is primarily responsible for compliance. Signage for the FDC was ordered and will be installed on 11/14/22.	11/14/2022

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	located by rear parking lot was not provided with a FDC identification sign. Based on interview at the time of observation, the Facilities Manager stated there was no identification sign on the FDC. This finding was reviewed with the Facilities Manager during the exit conference.			
K 0511 Bldg. 01	NFPA 101 Utilities - Gas and Electric Utilities - Gas and Electric 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. 18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2 Based on observation and interview, the facility failed to ensure 1 of 2 receptacles within 6 feet from a sink were provided with ground fault circuit interrupter (GFCI) protection against electric shock. LSC 19.5.1.1 requires utilities comply with Section 9.1. LSC 9.1.2 requires electrical wiring and equipment to comply with NFPA 70, National Electrical Code. 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. (B) Other Than Dwelling Units. All 125-volt, single-phase, 15- and 20-ampere receptacles installed in the locations specified in 210.8(B)(1) through (8) shall have ground-fault circuit-interrupter protection for personnel. (1) Bathrooms, (2) Kitchens, (3) Rooftops, (4) Outdoors,	K 0511	The Facilities Manager is primarily responsible for compliance. On investigation 11/9/22, the outlet is tied to a GFCI outlet in the kitchenette. The receptacle was then reinstalled and tested numerous times with successful interruption on 11/9/22. The outlet was labeled as GFCI Protected on 11/9/22.	11/09/2022

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	(5) Sinks - where receptacles are installed within 1.8 m (6 ft.) of the outside edge of the sink. (6) Indoor wet locations, (7) Locker rooms with associated showering facilities, (8) Garages, service bays, and similar areas where electrical 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 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 2 patients in room 118. Findings include: Based on observations with the Facilities Manager on 11/01/22 at 12:35 p.m., there was an electric receptacle 29 inches from a sink in the restroom of room 118. The electric receptacle was not GFCI protected and did not trip when tested. Based on interview at the time of observation, the Facilities Manager agreed the electric receptacle was not GFCI protected when tested. This finding was reviewed with the Facilities Manager during the exit conference.			
K 0712 Bldg. 01	NFPA 101 Fire Drills Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded			

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	announcement may be used instead of audible alarms. 19.7.1.4 through 19.7.1.7 Based on record review and interview, the facility failed to conduct fire drills on each shift 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. This deficient practice affects all occupants. Findings include: Based on records review with the Facilities Manager on 11/01/22 at 10:02 a.m., the following shifts were missing documentation of a completed fire drill: a) A third shift fire drill in the second quarter of 2022. b) A third shift fire drill in the third quarter of 2022. c) A first shift fire drill in the third quarter of 2022. Based on interview at the time of record review, the Facilities Manager stated the aforementioned drills were not conducted. This finding was reviewed with the Facilities Manager during the exit conference.	K 0712	The Facilities Manager is primarily responsible for compliance. A schedule of drills including days/times was created on 10/22/22. Responsibility for all drills was assigned to the Facilities department on 11/2/22 instead of assigning 2nd/3rd shift drills to other staff Third shift drills will now include transmission of the signal and documentation. Facilities staff will be trained on this procedure by 11/18/22. The Environment of Care Committee approved this plan on 10/19/22 and will oversee compliance.	11/18/2022
K 0914 Bldg. 01	NFPA 101 Electrical Systems - Maintenance and Testing Electrical Systems - Maintenance and Testing Hospital-grade receptacles at patient bed locations and where deep sedation or general anesthesia is administered, are tested after initial installation, replacement or servicing. Additional testing is performed at intervals			

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	defined by documented performance data. Receptacles not listed as hospital-grade at these locations are tested at intervals not exceeding 12 months. Line isolation monitors (LIM), if installed, are tested at intervals of less than or equal to 1 month by actuating the LIM test switch per 6.3.2.6.3.6, which activates both visual and audible alarm. For LIM circuits with automated self-testing, this manual test is performed at intervals less than or equal to 12 months. LIM circuits are tested per 6.3.3.3.2 after any repair or renovation to the electric distribution system. Records are maintained of required tests and associated repairs or modifications, containing date, room or area tested, and results. 6.3.4 (NFPA 99) Based on observation, record review and interview, the facility failed to ensure electrical receptacles in 8 of 8 patient sleeping rooms were tested at least annually for non-hospital receptacles and initially for hospital grade receptacles. 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). This deficient practice	K 0914	The Facilities Manager is primarily responsible for this finding. All receptacles in sleeping areas will be changed to hospital-grade by 11/18/22. Initial testing will be completed after installation.	11/18/2022

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	could affect all patients. Findings include: Based on observations with the Facilities Manager on 11/01/22 between 11:00 a.m. and 12:00 p.m., the facility's patient sleeping rooms contained five to eight electrical receptacles with a mix of hospital and non-hospital grade receptacles. Based on records review at 10:30 a.m., there was no documentation available to show receptacle testing for the sleeping rooms. Based on interview at the time of the observation and records review, the Facilities Manager stated the receptacles will need to be tested. This finding was reviewed with the Facilities Manager during the exit conference. 3.1-19(b)			
K 0918 Bldg. 01	NFPA 101 Electrical Systems - Essential Electric Syste 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, 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			

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	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. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)			
	Based on record review and interview, the facility failed to exercise 1 of 1 diesel generators annually to meet the requirements of NFPA 110, 2010 Edition, the Standard for Emergency and Standby Powers Systems, Chapter 8.4.2. Section 8.4.2 states diesel generator sets in service shall be exercised at least once monthly, for a minimum of 30 minutes, using one of the following methods: (1) Loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer (2) Under operating temperature conditions and at not less than 30 percent of the EPS (Emergency Power Supply) nameplate kW rating. Section 8.4.2.3 states diesel-powered EPS installations that do not meet the requirements of 8.4.2 shall be exercised monthly with the available EPSS (Emergency Power Supply System) load and shall be exercised annually with supplemental loads (Load Bank Test) at not less than 50 percent of the EPS nameplate kW rating for 30 continuous	K 0918	The Facilities Manager is primarily responsible for compliance Load bank testing is scheduled for 11/14/22 and the following two year. Compliance will be monitored by the Environment of Care Committee.	11/14/2022

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	154031	A. BUILDING 01 B. WING	11/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
OAKLAWN PSYCHIATRIC CENTER INC	330 LAKEVIEW DR GOSHEN, IN 46527

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	minutes and at not less than 75 percent of the EPS nameplate kW rating for 1 continuous hour for a total test duration of not less than 1.5 continuous hours. This deficient practice could affect all occupants. Findings include: Based on records review with the Facilities Manager on 11/01/22 at 10:07 a.m., the monthly load tests showed that load percentage for the diesel-powered generator for the months of October 2021 thru May 2022 were under 30%, and no annual load bank test was available for review. Based on interview at the time of record review, the Facilities Manager stated the generator load did not achieve 30 % of the generator's name plate rating for 8 of 12 months. Additionally, the Maintenance Director stated a load bank test for the generator was not conducted during the past year. This finding was reviewed with the Facilities Manager during the exit conference.			