

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER <b>155356</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>--</u> B. WING <u>      </u>	(X3) DATE SURVEY COMPLETED <b>02/04/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>TRANSITIONAL CARE UNIT OF ST JOSEPH</b>		STREET ADDRESS, CITY, STATE, ZIP COD <b>700 BROADWAY TRANSITIONAL CARE UNIT FORT WAYNE, IN 46802</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
E 0000  Bldg. --	<p>An Emergency Preparedness Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.73.</p> <p>Survey Date: 02/04/20</p> <p>Facility Number: 000247 Provider Number: 155356 AIM Number: N/A</p> <p>At this Emergency Preparedness survey, Transitional Care Unit of St Joseph was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73</p> <p>The facility has 20 certified beds. At the time of the survey, the census was 14.</p> <p>Quality Review completed on 02/06/20</p>	E 0000		
K 0000  Bldg. 01	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.90(a).</p> <p>Survey Date: 02/04/20</p> <p>Facility Number: 000247 Provider Number: 155356 AIM Number: N/A</p> <p>At this Life Safety Code survey, Transitional Care</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 0345 SS=F Bldg. 01	<p>Unit of St. Joseph was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.90(a), 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 and 410 IAC 16.2.</p> <p>The Transitional Care Unit was fully sprinklered and located on the ninth floor of an ten story partially sprinklered hospital of Type I (332) construction. The facility has a fire alarm system with smoke detection in the areas open to the corridors and hard wired smoke detectors in the resident rooms. The facility has a capacity of 20 and had a census of 14 at the time of this survey.</p> <p>Quality Review completed on 02/06/20</p> <p>NFPA 101 Fire Alarm System - Testing and Maintenance Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 Based on record review and interview, the facility failed to maintain 1 of 1 fire alarm systems in accordance with NFPA 72, as required by LSC 101 Sections 19.3.4.5.1 and 9.6. NFPA 72, Section 14.3.1 states that unless otherwise permitted by 14.3.2, visual inspections shall be performed in accordance with the schedules in Table 14.3.1, or more often if required by the authority having</p>	K 0345	<p><b><u>I. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</u></b></p> <p>Corrective action for those residents found to have been</p>	03/05/2020

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	<p>jurisdiction. Table 14.3.1 states that the following must be visually inspected semi-annually:</p> <ul style="list-style-type: none"> <li>a. Control unit trouble signals</li> <li>b. Remote annunciators</li> <li>c. Initiating devices (e.g. duct detectors, manual fire alarm boxes, heat detectors, smoke detectors, etc.)</li> <li>d. Notification appliances</li> <li>e. Magnetic hold-open devices</li> </ul> <p>This deficient practice could affect all building occupants.</p> <p>Findings include:</p> <p>During record review with the Facilities Director and Administrator on 02/04/20 at 10:45 a.m., no documentation could be provided regarding a semi-annual visual fire alarm system inspection six months after the annual fire alarm inspection completed on 02/19/19. Based on interview at the time of record review, the Facilities Director stated a semi-annual visual inspection six months after the annual fire alarm inspection was not completed.</p> <p>3.1-19(b)</p>			<p>affected by the deficient practice: The Annual visual inspection of fire alarm devices was performed on 2/17/2020 by Johnson Controls, our contracted vendor. The Semi-annual visual inspection per regulations, will be scheduled 6 months after the annual inspection, which will be in August 2020. These inspections will take place building-wide including all areas throughout the Hospital and TCU. Findings and corrective actions will be reviewed by the Facilities Director and presented to the Environment of Care Committee.</p> <p><b><u>II. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken:</u></b></p> <p>Corrective action for other residents having the potential to be affected by the deficient practice: The Annual visual inspection of fire alarm devices was performed on 2/17/2020 by Simplex, our contracted vendor. The Semi- annual visual inspection per regulations, will be scheduled 6 months after the annual inspection, which will be in August 2020. These inspections will take place building-wide including all areas throughout the Hospital and TCU. Findings and corrective</p>

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				<p>actions will be reviewed by the Facilities Director and presented to the Environment of Care Committee.</p> <p><b><u>III. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</u></b></p> <p>To ensure that the deficient practice does not recur, the following will be done:</p> <ol style="list-style-type: none"> <li>1. On 02/14/2020, The Director of Facilities created the Semi-Annual Fire Alarm Device Visual Inspection planned event within the Automated building management system, TMS.</li> <li>2. The Facilities Staff will be educated and trained regarding the Semi-annual visual inspection regulation before March 5 2020</li> <li>3. The Semi-Annual – Fire Alarm Device Visual Inspection will be completed by hospital Facilities staff members each year in August; 6 months following the Annual Fire Alarm testing.</li> <li>4. The Semi-Annual – Fire Alarm Device Visual Inspection will be submitted to and reviewed by the Director of Facilities.</li> </ol> <p><b><u>IV. How the corrective action(s) will be monitored to ensure the deficient practice will not</u></b></p>

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				<p><b>recur, i.e., what quality assurance program will be put into place;</b></p> <p>1. The Semi-Annual – Fire Alarm Device Visual Inspection will be submitted to and reviewed by the Director of Facilities to ensure standard is met.</p> <p>2. The results of the Annual Fire Alarm Testing Inspection, as well as the Semi-Annual – Fire Alarm Device Visual Inspection and any subsequent corrective action will be reported the EOC Committee on a semi-annual basis.</p> <p>3. An audit of these results will be conducted by the St. Joe Hospital Safety Officer following each inspection, Semi-Annually February and August.</p> <p>4. The audit result will be reviewed during the Quarterly Quality Assurance Meeting.</p> <p><b><u>V. By what date the systemic changes will be completed.</u></b></p> <p>Systemic Changes will be completed by March 5 2020</p>