

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

PRINTED: 12/05/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155710		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING		X3) DATE SURVEY COMPLETED 11/15/2022	
NAME OF PROVIDER OR SUPPLIER CHASE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 2 CHASE PARK LOGANSPORT, IN 46947			
(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	
E 0000 Bldg. --	<p>An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73.</p> <p>Survey Date: 11/15/22</p> <p>Facility Number: 000021 Provider Number: 155710 AIM Number: 100275270</p> <p>At this Emergency Preparedness survey, Chase Center 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 101 certified beds. At the time of the survey, the census was 45.</p> <p>Quality Review completed on 11/17/22.</p>		E 0000	<p>Please accept the attached plan of correction as credible allegation of compliance to the deficiencies cited during this inspection. I would like to formally request your consideration for granting this facility paper compliance. Chase Center submits this plan of correction (POC) in accordance with specific regulatory requirements. The submission of the POC does not indicate an admission by Chase Center that the findings and allegations contained herein are accurate and true representations of the quality of care and services provided to the residents of Chase Center. If after reviewing our plan of correction you have any questions or require additional information, please do not hesitate to contact myself, Lacey Schnurpel, Administrator at 574-753-4137.</p> <p>="" p=""></p>			
K 0000 Bldg. 01	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a).</p> <p>Survey Date: 11/15/22</p> <p>Facility Number: 000021</p>		K 0000	<p>Please accept the attached plan of correction as credible allegation of compliance to the deficiencies cited during this inspection. I would like to formally request your consideration for granting this facility paper compliance. Chase Center submits this plan of</p>			

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

TITLE

(X6) DATE

Lacey R. Schnurpel

Administrator

12/01/2022

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 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 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 0372 SS=E Bldg. 01	<p>Provider Number: 155710 AIM Number: 100275270</p> <p>At this Life Safety Code survey, Chase Center 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>This one-story facility with a partial basement was constructed in 1972 and was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors and battery-operated detectors in all resident sleeping rooms. The building is partially protected by a 80 kW emergency generator powered by natural gas. The facility has a capacity of 101 and had a census of 45 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. All areas which provided facility services were sprinklered except the two detached buildings which include a generator housed in a wood frame building and a wood frame laundry building which were not sprinklered.</p> <p>Quality Review completed on 11/17/22.</p> <p>NFPA 101 Subdivision of Building Spaces - Smoke Barrie Subdivision of Building Spaces - Smoke Barrier Construction 2012 EXISTING Smoke barriers shall be constructed to a</p>				<p>correction (POC) in accordance with specific regulatory requirements. The submission of the POC does not indicate an admission by Chase Center that the findings and allegations contained herein are accurate and true representations of the quality of care and services provided to the residents of Chase Center. If after reviewing our plan of correction you have any questions or require additional information, please do not hesitate to contact myself, Lacey Schnurpel, Administrator at 574-753-4137.</p> <p>="" p=""></p>		

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	<p>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.</p> <p>19.3.7.3, 8.6.7.1(1)</p> <p>Describe any mechanical smoke control system in REMARKS.</p> <p>Based on observation and interview, the facility failed to ensure the penetrations caused by the passage of wire and/or conduit through 1 of 1 mechanical room ceilings were protected to maintain the smoke resistance of each smoke barrier. LSC Section 19.3.7.5 requires smoke barriers to be constructed in accordance with LSC Section 8.5 and shall have a minimum ½ hour fire resistive rating. This deficient practice could affect as many as 3 staff only.</p> <p>Findings include:</p> <p>Based on observations made with the Director of Maintenance and the facility Administrator on 11/15/22 at 1:40 p.m., the mechanical room identified as "Mech room #1" had a four-inch piece of conduit in the ceiling that extended up through it and into the attic space of the facility. There were approximately twelve data cables and television cables passing up through the conduit, but there was around three- and one-half inches of annular space that was not filled in. Based on interview at the time of observation, the Director of Maintenance stated that he would have the annular space filled in with intumescent calking as soon as he had the time to do so.</p> <p>This finding was reviewed with the facility Administrator at the exit conference on 11/15/22 at</p>			K 0372	<p>1. The vertical penetration in the Fulton Mechanical room has been corrected on 11/15/2022. (see attached Exhibit 1)</p> <p>2. A facility walk through was conducted by the Maintenance team on 11/30/22 to identify any other potential areas of concern that may have vertical penetration. Any areas noted were corrected on 11/30/2022. (see attached exhibit 2)</p> <p>3. All of the Maintenance staff were educated on Life Safety findings, as it pertains to vertical penetration. (see attached exhibit 3)</p> <p>4. An audit will be performed weekly for 4 weeks and then monthly for 6 months to identify any potential vertical penetration points. The findings will be reported to the Quality Assurance and Performance Improvement committee monthly. (see attached exhibit 4)</p>		12/01/2022

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	2:25 p.m. 3.1-19(b)						