

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155516		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING		X3) DATE SURVEY COMPLETED 07/07/2017	
NAME OF PROVIDER OR SUPPLIER PARKVIEW MEMORIAL HOSPITAL-CCC				STREET ADDRESS, CITY, STATE, ZIP CODE 2200 RANDALLIA DR FORT WAYNE, IN 46805			
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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 483.70(a).</p> <p>Survey Date: 07/07/17</p> <p>Facility Number: 001203 Provider Number: 155516 AIM Number: N/A</p> <p>At this Life Safety Code survey, Parkview Memorial Hospital - CCC was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(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 fully sprinklered Parkview Memorial Hospital - CCC is located on the fifth floor in the 5 South and 5 South Extended Units of a 9 story hospital of Type I (332) construction with a basement. The facility has a fire alarm system with smoke detection at the corridor smoke barrier doors, areas open</p>		K 0000	<p>Life Safety Code Survey was conducted on July, 7, 2017. This is the plan of correction for the tags cited.</p> <p>Please consider paper compliance for these citations.</p> <p>Thank you Carolyn Davidson, RN, HFA 260-373-6524</p>			

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.

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

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FORM APPROVED
OMB NO. 0938-0391

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K 0222 SS=F Bldg. 01	<p>to the corridor and hardwired smoke detectors in the resident rooms. The facility has a capacity of 41 and had a census of 35 at the time of this survey.</p> <p>Quality Review completed on 07/12/17 - DA</p> <p>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, 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</p>						

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	<p>at an attended location within the locked space); and both the sprinkler and detection systems are arranged to unlock the doors upon activation.</p> <p>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.</p> <p>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.</p> <p>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 throughout by an approved, supervised automatic fire detection system and an approved, supervised automatic sprinkler system.</p> <p>18.2.2.2.4, 19.2.2.2.4 Based on observation records review, and interview, the facility failed to ensure annual testing of 4 of 4 fire doors and 4 of 4 smoke doors was completed in accordance of LSC 7.2.1.15 Inspection of Door Openings. LSC 7.2.1.15.1 states the following door assemblies shall be inspected and tested not less than</p>	K 0222	<p>Follow up on findings K222</p> <p>1. What corrective action will be taken- A functional testing of fire door was performed by individuals with knowledge and understanding of the operating components on 7/12/17. See appendix A.</p> <p>2. Potential to be affect others- Facilities manager has obtained</p>	08/06/2017			

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	<p>annually in accordance with 7.2.1.15.2 through 7.2.1.15.8: (1) Door leaves equipped with panic hardware or fire exit hardware in accordance with 7.2.1.7 (2) Door assemblies in exit enclosures (3) Electrically controlled egress doors (4) Door assemblies with special locking arrangements. 7.2.1.15.2 states fire-rated door assemblies shall be inspected and tested in accordance with NFPA 80, and smoke door assemblies shall be inspected and tested in accordance with NFPA 105. NFPA 80 5.2.1 states fire door assemblies shall be inspected and tested not less than annually and NFPA 105 5.2.1.1 states smoke door assemblies shall be inspected annually. LSC 7.2.1.15.4 states a written record of the inspections and testing shall be signed and kept for inspection by the authority having jurisdiction. 7.2.1.15.5 functional testing of door assemblies shall be performed by individuals who can demonstrate knowledge and understanding of the operating components of the type of door being subjected to testing. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on records review with the Administrator, Corporate Director of Facilities, and Quality Assurance</p>				<p>contract with Life Safety Services (LSS) to ensure all fire doors are in compliance with the National Fire Protection Association's (NFPA) Code. Any fire doors that are non-compliant with code will be reported to Facility Manager/designee and be replaced/repared immediately. (See attached contract)</p> <p>3. What measures will be put in place to ensure this does not reoccur- Education given to contracted employee to report directly to Facility Manager/designee if any deficiencies of Fire Doors prior to leaving the building. Also Facility Manager/designee will review all vender's life safety inspections monthly with monitoring tool to ensure compliance is met.</p> <p>4. Quality assurance program put in place- Facility Manager/designee will create a monthly PM work order x 6 month for inspection of identified smoke and fire doors, these completed work orders will be placed in separated binder and copies given to the Administrator. Once monitoring is completed the Quality Assurance team will review to ensure practice is within compliance.</p>		

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K 0345 SS=C Bldg. 01	<p>Supervisor, on 07/07/17 at 11:43 a.m., no annual inspection of the smoke door assemblies and fire-rated door assemblies was available for review. Based on interview at the time of records review, the Corporate Director of Facilities, and Quality Assurance Supervisor stated an annual inspection was not conducted for the aforementioned door assemblies in the last year.</p> <p>3.1-19(b)</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. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 Based on record review and interview, the facility failed to ensure 4 of 17 duct detectors were accessible for testing and was maintained in accordance with the applicable requirements of NFPA 72, 2010 Edition, National Fire Alarm Code 14.4.5 requires testing shall be performed in accordance with the schedules in Table 14.4.5 or more often if required by the authority having jurisdiction. Table</p>		K 0345	<p>K345- Maintenance and testing of duct detectors</p> <p>1. What corrective action will be taken- Annual inspection was reviewed on duct detectors in located departments and education given to contractor to report deficiencies to Facility Manager to correct and place facility in compliance to meet annual requirements.</p> <p>2. Potential to be affect others-</p>		08/06/2017	

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K 0353 SS=C Bldg. 01	<p>14.4.5 "Testing Frequencies" requires alarm initiating devices, alarm notification appliances, batteries, and initiating devices to be tested at least annually. NFPA 72 Section 17.4.5, states initiating devices shall be installed in a manner that provides accessibility for periodic maintenance. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on records review with the Administrator, Corporate Director of Facilities, and Quality Assurance Supervisor, on 07/07/17 at 11:33 a.m., the fire alarm annual test paper work showed the facility had 17 duct detectors but four of the detectors were not tested because the detectors were inaccessible. Based on interview at the time of records review, the Administrator, Corporate Director of Facilities, and Quality Assurance Supervisor, acknowledged four duct detectors were not accessible for testing.</p> <p>3.1-19(b)</p> <p>NFPA 101 Sprinkler System - Maintenance and Testing Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the</p>			<p>No one was affected from this citing. A work order was placed and completed in AIMS system for facilities to fix/correct. There are 4 out of the 17 work orders. #901250, #91251, #91252, #91253. These items are completed as seen in appendix B.</p> <p>3. What measures will be put in place to ensure this does not reoccur- Facility Manager/designee will inspect all life safety inspections paperwork prior to contractor leaving facility. Also a review of all vendors for life safety inspections will be conducted monthly to ensure compliance.</p> <p>4. Quality assurance program put in place- Facility Manager/designee will create a monthly PM work order x 6 month for inspection of duct detectors, these completed work orders will be placed in separated binder and copies given to the Administrator. Once monitoring is completed the Quality Assurance team will review to ensure practice is within compliance.</p>			

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	<p>Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available.</p> <p>a) Date sprinkler system last checked</p> <p>b) Who provided system test</p> <p>c) Water system supply source</p> <p>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25</p> <p>Based on record review and interview, the facility failed to provide written documentation or other evidence the sprinkler system gauges and valves had been inspected for 12 of 12 past months. LSC 4.6.12.1 requires any device, equipment or system required for compliance with this code be maintained in accordance with applicable NFPA requirements. Sprinkler systems shall be properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, Section 4.3.1 requires records shall be made for all inspections, tests, and maintenance of the system components and shall be made available to the authority having jurisdiction upon request. Section 4.3.2 requires that records shall indicate the procedure performed (e.g., inspection, test, or</p>	K 0353	<p>K 353- Sprinkler system</p> <p>1. What corrective action will be taken- Inspection of gages and valves completed to ensure compliance is met.</p> <p>2. Potential to be affect others- Facility Manager to have Ryan Fire Protection to come in facility on July 22, 2017 to create a new PM program for weekly inspection of dry system gauges if the system is not monitored. If the dry system gauges are monitored a monthly PM program inspection will be conducted. They will also create a PM program for monthly inspection of wet system gauges and valves.</p> <p>3. What measures will be put in place to ensure this does not reoccur- Monitoring in AIMS work order system all gauges and valve PM work orders are reviewed by Facility Manager/designee.</p> <p>4. Quality assurance program put in place- Facility</p>		08/06/2017		

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	<p>maintenance), the organization that performed the work, the results, and the date. NFPA 25, Section 5.2.4.1 states gauges on wet pipe sprinkler systems shall be inspected monthly to ensure that they are in good condition and that normal supply pressure is being maintained. Section 5.2.4.2 states gauges on dry pipe sprinkler systems shall be inspected weekly to ensure that normal air and water pressures are being maintained. NFPA 25, Section 13.3.2.1.1 states valves secured with locks or supervised in accordance with applicable NFPA standards shall be permitted to be inspected monthly. This deficient practice could affect all residents, staff, and visitors in the facility.</p> <p>Findings include:</p> <p>Based on records review with the Administrator, Corporate Director of Facilities, and Quality Assurance Supervisor, on 07/07/17 at 11:33 a.m., there was no monthly inspection of the wet sprinkler system's gauges and valves available for review. Also, no weekly inspection of the dry sprinkler system's valves available for review. During an interview at the time of record review, the Administrator, Corporate Director of Facilities, and Quality Assurance Supervisor acknowledged there was no</p>		<p>Manager/designee will create a monthly PM work order x 6 month for inspection of dry system gauges and wet system gauges and valves, these completed work orders will be placed in separated binder and copies given to the Administrator. Once monitoring is completed the Quality Assurance team will review to ensure practice is within compliance.</p>				

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	written documentation available to show the sprinkler system's gauges and valves had been inspected monthly and weekly. 3.1-19(b)						