STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	155516	A. BUILDING -- B. WING	06/05/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PARKVIEW MEMORIAL HOSPITAL-CCC	2200 RANDALLIA DR FORT WAYNE, IN 46805

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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. --	An Emergency Preparedness Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.73. Survey Date: 06/05/18 Facility Number: 001203 Provider Number: 155516 AIM Number: N/A At this Emergency Preparedness survey, Parkview Memorial Hospital -CCC was found in substantial compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73. The facility has a capacity of 41 and had a census of 32 at the time of this survey. Quality Review completed on 06/08/18 - DA The requirement at 42 CFR, Subpart 483.73 is NOT MET as evidenced by:	E 0000	Preparation and / or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set for the statement of deficiencies. The plan of correction is prepared and/ or solely executed because it is required by the provisions of federal and state law.	
E 0015 SS=C Bldg. --	Based on record review and interview, the facility failed to ensure emergency preparedness policies and procedures include at a minimum, (1) The provision of subsistence needs for staff and residents, whether they evacuate or shelter in place, include, but are not limited to the following: (i) Food, water, medical, and pharmaceutical supplies. (ii) Alternate sources of energy to maintain - (A) Temperatures to protect resident health and safety and for the safe and sanitary storage of provisions; (B) Emergency lighting; (C)	E 0015	1. What corrective actions will be taken- The Emergency Operations Plan-Annex 3 has been reviewed and updated to include emergency lighting for disaster preparedness was addressed with corrections added 6/6/18. Disaster totes on the unit were checked to ensure headlights and batteries were available to address emergency	07/05/2018

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

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	Fire detection, extinguishing, and alarm systems; and (D) Sewage and waste disposal in accordance with 42 CFR 483.73(b)(1). This deficient practice could affect all occupants. Findings include: Based on record review with the Disaster Preparedness Coordinator, Facilities Director and Administrator on 06/05/18 at 11:15 a.m., the facility's Emergency Preparedness plan provided did not address the emergency lighting in an emergency at the time of review. Based on interview at the time of records review, the Facilities Director and Administrator stated lights are on the generator and there are flashlights but Disaster Preparedness Coordinator stated that is not addressed in the plan.		event. During this time there was no emergency noted and emergency totes were in place but not addressed in emergency procedures. Education for additional information given to staff member on Continuing Care Center Unit. Egress lighting of evacuation route is on generator to ensure lighting is available during an event of evacuation. 2. Potential to affected others- Currently there is no affect to other staff or patients. There was not and has not been an emergency issue since the Life Safety Survey. Director of Emergency Preparedness has reviewed other sections in the Annex to ensure regulations have been met. Facilities have emergency outside lighting for evacuation route on the generator. Staff education on location of totes and Emergency Operations Plan will be reviewed with staff between 6/6/18-7/5/18 to assure staff is aware of additional information on the Emergency Preparedness addressing lighting in the event of evacuation emergency and location of totes for the headlamps. This will be completed by July, 5 2018. Administrator or designee will complete one-on-ones check-offs with all current staff on Emergency Operations Plan for emergency lighting to ensure knowledge of what is available in case of an emergency. Please see	

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E 0026 SS=C			attachment (A) for staff check-off on education. 3. What measures will be put into place to ensure this does not recur? The Director of Emergency Preparedness and Administrator reviewed and revised as necessary to ensure the emergency lighting in case of an emergency event occurs. These revisions went live on 6/6/18. Administrator/designee will review emergency tote box during business hours Monday through Friday 2 times a month for 2 months, then once a for 4 months. 4. How corrective actions will be monitored? The Emergency Operations Plan Annex-3 will be reviewed on an annual basis to assure compliance with regulations. Administrator/ designee will audit emergency totes for flashlights/ headlamps and batteries. Once the audit tool is completed at the 6 month then the audit tool will be reviewed in QAPI and by Administrator for trends to determine if further education or monitoring is needed. See attachment (B) for audit tool. Date of compliance: July 5, 2018	

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Bldg. --	Based on record review and interview, the facility failed to ensure emergency preparedness policies and procedures include the role of the LTC facility under a waiver declared by the Secretary, in accordance with section 1135 of the Act, in the provision of care and treatment at an alternate care site identified by emergency management officials in accordance with 42 CFR 483.73(b)(8). This deficient practice could affect all occupants. Findings include: Based on record review with the Disaster Preparedness Coordinator, Facilities Director and Administrator on 06/05/18 at 11:25 a.m., the facility's Emergency Preparedness plan provided did not address the role of the LTC facility under a waiver declared by the Secretary at the time of review. Based on interview at the time of records review, the Disaster Preparedness Coordinator stated developing the waver police is currently being developer but it is not yet completed.	E 0026	1. What corrective actions will be taken- The Disaster Preparedness Coordinator has completed the waiver policy and it is now in place. See Attachment C- requesting Waiver 1135 2. Potential to affect others- Currently, there is no affect to other residents. There was not or has not been an emergency since the Life Safety audit. Waiver policy is complete and in place. 3. What measures will be put into place to ensure this does not recur- Systematic review of the Waiver 1135 section was reviewed and on an annual basis will be updated as needed to assure compliance with all requirements are being followed for Parkview Hospital and Continuing Care Center. Continuing Care has nine different Parkview locations for any emergency that may require a need for patient to be evacuated. 4. How corrective actions will be monitored- Administrator will check with Director of Emergency Preparedness to track any changes that may occur. An audit to monitor availability of the waiver will be once a month times 6 months. Once the 6 months are	07/05/2018

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			complete the audit tool will be reviewed in the QAPI meeting to ensure compliance. See attachment (D) for waiver audit sheet. 5. Date of compliance: July, 5 2018	
K 0000 Bldg. 01	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). Survey Date: 06/05/18 Facility Number: 001203 Provider Number: 155516 AIM Number: N/A At this Life Safety Code survey, Parkview Memorial Hospital - CCC was found 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. 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 to the corridor and hardwired smoke detectors in the resident rooms. The facility has a capacity of 41 and had a census of 32 at the time	K 0000	Preparation and / or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set for the statement of deficiencies. The plan of correction is prepared and/ or solely executed because it is required by the provisions of federal and state law.	

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	of this survey. All areas where patients have customary access were sprinkled. All areas providing facility services were sprinkled Quality Review completed on 06/08/18 - DA			