

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

PRINTED: 10/13/2023

FORM APPROVED

OMB NO. 0938-039

|   |  |  |  |  |   |  |                            |
|---|--|--|--|--|---|--|----------------------------|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION |  | X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>155710 |  | X2) MULTIPLE CONSTRUCTION<br>A. BUILDING --<br>B. WING                       |   | X3) DATE SURVEY<br>COMPLETED<br>10/02/2023 |                            |
| NAME OF PROVIDER OR SUPPLIER<br><br>CHASE CENTER    |  |  |  | STREET ADDRESS, CITY, STATE, ZIP COD<br>2 CHASE PARK<br>LOGANSPORT, IN 46947 |   |  |                            |
| (X4) ID<br>PREFIX<br>TAG                            | SUMMARY STATEMENT OF DEFICIENCY<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)   |  |  | ID<br>PREFIX<br>TAG  | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY)  |  | (X5)<br>COMPLETION<br>DATE |
| E 0000<br><br>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: 10/02/23</p> <p>Facility Number: 000021<br/>Provider Number: 155710<br/>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 52.</p> <p>Quality Review completed on 10/05/23</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> |  |                            |
| K 0000<br><br>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: 10/02/23</p> <p>Facility Number: 000021<br/>Provider Number: 155710</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 correction (POC) in accordance</p>   |  |                            |

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

TITLE

(X6) DATE

Lacey R. Schnurpel

Administrator

10/12/2023

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 0353<br>SS=E<br>Bldg. 01                          | <p>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 52 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 10/05/23</p> <p>NFPA 101<br/>Sprinkler System - Maintenance and Testing<br/>Sprinkler System - Maintenance and Testing<br/>Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems.</p> |  |  |   | <p>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> |  |                            |

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|   | <p>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.<br/>9.7.5, 9.7.7, 9.7.8, and NFPA 25<br/>Based on observation and interview, the facility failed to ensure 1 of 1 sprinkler systems were provided with spare sprinklers, a spare sprinkler cabinet large enough to fit all spare sprinkler heads, and a sprinkler wrench on the premises. NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 2011 Edition, Section 5.4.1.4 states a supply of spare sprinklers (never fewer than six) shall be maintained on the premises so that any sprinklers that have been operated or damaged in any way can be promptly replaced. The sprinklers shall correspond to the types and temperature ratings of the sprinklers on the property. The sprinklers shall be kept in a cabinet located where the temperature in which they are subjected will at no time exceed 100 degrees Fahrenheit. A special sprinkler wrench shall be provided and kept in the cabinet to be used in the removal and installation of sprinklers. This deficient practice could affect as many as 16 residents, 4 staff, and 2 visitors.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Director and Administrator on 10/02/23 at 2:16 p.m., there were three spare sprinkler cabinet in</p> | K 0353   | <p>1. Spare Sprinkler heads that were not secured in the spare sprinkler box were removed on 10/02/2023.</p> <p>2. All Maintenance personnel were in-serviced on 10/03/2023 of the requirement that all spare sprinkler heads in the spare sprinkler box are to be secured within the box and there are to be no additional sprinkler heads laying loose in the box. (See attached exhibit 1)</p> <p>3. An audit form labeled, "Monthly Fire Drill Report Chase Center" includes a question: "Spare Sprinkler Heads, (6 of each type that are found in the building) are secured in head boxes in the riser room." (See attached Exhibit 2)</p> <p>4. The Maintenance Director or Designee will complete an audit of the spare sprinkler head box one time per month for 6 months to ensure 100% compliance. The Quality Assurance and</p> |   | 10/12/2023                 |  |  |

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|   | <p>the riser room, but they were not large enough to contain all sprinkler heads and prevent damage to them. When the cabinet in riser room was opened, the cabinet contained more sprinkler heads than spots available. Based on interview at the time of the observations, the Maintenance Director and Administrator agreed the cabinet was not large enough to contain all spare sprinkler heads.</p> <p>This finding was reviewed with the Maintenance Director and Administrator during the exit conference.</p> <p>3.1-19(b)</p> |   |  |  | <p>Performance Improvement Committee will review the results. If 100% compliance is obtained the audit will be discontinued and if less than 100% compliance the audit will be continued past the 6 months.</p> <p>5. Date in Compliance: 10/12/23</p> |  |                            |