

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 154009	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 11/12/2014
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NAME OF PROVIDER OR SUPPLIER HAMILTON CENTER INC	STREET ADDRESS, CITY, STATE, ZIP CODE 620 8TH AVE TERRE HAUTE, IN 47804
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K010000	<p>A Life Safety Code Recertification Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 482.41(b).</p> <p>Survey Date: 11/12/14</p> <p>Facility Number: 005174 Provider Number: 154009 AIM Number: 100273170A</p> <p>Surveyor: Lex Brashear, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Hamilton Center Inc. was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 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 two story facility was determined to be of Type II (222) construction and was partially sprinklered. All client sleeping rooms were located on the second floor. The facility has a fire alarm system with hard wired smoke detectors in the corridors and spaces open to the</p>	K010000	<p>This Plan of Correction is submitted as required by Federal Statutes and regulations applicable to psychiatric hospitals. This Plan of Correction and its submission does not constitute an admission of liability or wrongdoing on the part of Hamilton Center, Inc. (hereinafter referenced as "Hamilton") nor an admission as to the accuracy of the survey findings. This Plan of Correction is offered as Hamilton's credible allegation of compliance. 12/10/14</p>	
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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.

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K010017	<p>corridors. The facility has a capacity of 16 and had a census of 15 at the time of this survey.</p> <p>The second floor Supply Room was the only area of the facility with sprinkler coverage.</p> <p>Quality Review by Dennis Austill, Life Safety Code Specialist on 11/19/14.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Corridors are separated from use areas by walls constructed with at least ½ hour fire resistance rating. In sprinklered buildings, partitions are only required to resist the passage of smoke. In non-sprinklered buildings, walls properly extend above the ceiling. (Corridor walls may terminate at the underside of ceilings where specifically permitted by Code. Charting and clerical stations, waiting areas, dining rooms, and activity spaces may be open to the corridor under certain conditions specified in the Code. Gift shops may be separated from corridors by non-fire rated walls if the gift shop is fully sprinklered.) 19.3.6.1, 19.3.6.2.1, 19.3.6.5</p> <p>Based on observation and interview, the facility failed to ensure 1 of 2 open use areas were separated from the corridor by walls constructed with at least a thirty</p>	K010017	<p>Tag K 017 NFPA Life Safety Code Standard</p> <p><u>Corrective Action(s)</u>: An electrically supervised</p>	12/05/2014			

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	<p>minute fire resistance rating extending from the floor to the roof/floor above or met an Exception. LSC 19.3.6.1, Exception #6: Spaces other than patient sleeping rooms, treatment rooms, and hazardous areas shall be permitted to be open to the corridor and unlimited in area, provided that the following criteria are met: (a) The space and the corridor onto which it opens, where located in the same smoke compartment, are protected by an electrically supervised automatic smoke detection system in accordance with 19.3.4. (b) Each space is protected by automatic sprinklers, or the furnishings and furniture, in combination with all other combustibles within the area, are of such minimum quantity and arrangement that a fully developed fire is unlikely to occur. (c) The space does not obstruct access to required exits.</p> <p>This deficient practice could affect all occupants on the second floor of the facility.</p> <p>Findings include:</p> <p>Based on observation on 11/12/14 at 12:40 p.m. during a tour of the facility with the Director of Operations, the Chief Operating Officer (C.O.O.), and the Facilities Manager, the personal laundry room was open to the corridor.</p> <p>Exception #6 requirement (a) of LSC</p>		<p>automatic detection system has been added to the personal laundry room by Koorsen Fire and Security.</p> <p>-</p> <p><u>Monitoring:</u> The supervised automatic detection system will be tested annually by a licensed third party vendor who performs fire and sensitivity testing on the fire system.</p> <p>-</p> <p><u>Responsible Person(s):</u> The Facilities Manager</p> <p><u>Date of Completion:</u> 12/05/14</p>				

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K010029	<p>19.3.6.1 was not met as follows: The personal laundry room was not protected by an electrically supervised automatic smoke detection system. This was acknowledged by the Director of Operations, C.O.O., and the Facilities Manager at the time of observation.</p> <p>3-1.19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1</p> <p>Based on observation and interview, the facility failed to ensure 1 of 3 hazardous area room doors, such as a room over 50 square feet containing combustible material, was equipped with a self closing device on the door. This deficient practice could affect all occupants on the second floor of the facility.</p> <p>Findings include:</p>	K010029	<p>Tag K 029 NFPA 101 Life Safety Code Standard</p> <p><u>Corrective Action(s)</u>: A self-closing device was added to the Supply Room door by Hamilton Maintenance personnel.</p> <p><u>Monitoring</u>: The self-closing device will be monitored as part of the environment of care facility surveys that are conducted quarterly.</p> <p><u>Responsible Person(s)</u>: The Facilities Manager</p> <p><u>Date of Completion</u>: 11/12/14</p>	11/12/2014			

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K010048	<p>Based on observation on 11/12/14 at 12:59 p.m. during a tour of the facility with the Director of Operations, the Chief Operating Officer, and the Facilities Manager, the Supply Room, a hazardous area room over 50 square feet containing a large amount of combustible material such as cardboard boxes, paper, plastic, and other items, was not provided with a self closing device on the door. This was acknowledged by the Director of Operations at the time of observation.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. 19.7.1.1 Based on record review and interview, the facility failed to provide a complete written fire safety plan for the protection of 15 of 15 residents to accurately address all life safety systems, such as, the transmission of the fire alarm to the fire department/monitoring company, the evacuation of the smoke compartment and the use of fire extinguishers in the facility thus addressing all items required by NFPA 101, 2000 edition, Section 19.7.2.2. LSC 19.7.2.2 requires a written health care occupancy fire safety plan that shall provide for the following: (1) Use of alarms (2) Transmission of alarm to the fire</p>	K010048	<p>Tag K 048 NFPA 101 Life Safety Code Standard</p> <p><u>Corrective Action(s)</u>: The Fire Plan has been updated to include: Transmission of the fire alarm to the fire department/monitoring company, the evacuation of the smoke compartment, and the use of fire extinguishers.</p> <p><u>Monitoring</u>: The plan will be reviewed annually by the Hamilton Safety Committee. A tickler file was added to the Operations calendar to ensure this date is not missed.</p> <p><u>Responsible Person(s)</u>: The Facilities Manager & Director of Operations <u>Date of Completion</u>: 11/19/14</p>	11/19/2014

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K010050	<p>department</p> <p>(3) Response to alarms</p> <p>(4) Isolation of fire</p> <p>(5) Evacuation of immediate area</p> <p>(6) Evacuation of smoke compartment</p> <p>(7) Preparation of floors and building for evacuation</p> <p>(8) Extinguishment of fire</p> <p>This deficient practice could affect all occupants in the event of an emergency.</p> <p>Findings include:</p> <p>Based on a review of the Fire and Explosion Plan section of the Emergency Preparedness Plan on 11/12/14 at 10:05 a.m. with the Director of Operations present, the Fire Plan did not address the transmission of the fire alarm to the fire department/monitoring company, the evacuation of the smoke compartment, and the use of fire extinguishers used in the facility. Based on interview at the time of record review, the Director of Operations acknowledged the Fire Plan was not a complete and accurate plan.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified</p>						

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	<p>to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2</p> <p>Based on record review and interview, the facility failed to ensure each documented fire drill included complete documentation of the transmission of a fire alarm signal to the monitoring company/fire department for 12 of 13 fire drills. LSC 19.7.1.2 requires fire drills in health care occupancies shall include the transmission of the fire alarm signal and simulation of emergency conditions. This deficient practice could affect all occupants on the second floor of the facility.</p> <p>Findings include:</p> <p>Based on review of the facility's fire drills on 11/12/14 at 11:10 a.m. with the Director of Operations and Chief Operating Officer (C.O.O.) present, all fire drills (except one - 06/17/14), were not documented to show the fire department/monitoring company received the transmission of the fire alarm. The Director of Operations said the fire drills were silent drills on the second floor where client sleeping rooms were located, but the alarms did ring in all other portions of the facility. The C.O.O. indicated the fire alarms were not sounded on the second floor because it</p>	K010050	<p>Tag K 050 NFPA 101 Life Safety Code Standard</p> <p><u>Corrective Action(s)</u>: Fire drill documentation has been updated to indicate if the fire department/monitoring company received the transmission of the fire alarm.</p> <p>Simulation of Emergency conditions will be accomplished through coded announcement between 9pm and 6am.</p> <p><u>Monitoring</u>: The Facilities Manager or designee will contact Guardian Protection services (monitoring company) to insure they received the transmission of the fire alarm. The results will be recorded on the updated fire drill form.</p> <p>Coded announcement will be noted on the drill form between 9pm and 6am.</p> <p><u>Responsible Person(s)</u>: The Facilities Manager <u>Date of Completion</u>: 12/02/14</p>	12/02/2014			

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K010051	<p>might upset many of the clients.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, National Fire Alarm Code, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection or extinguishing system operation. Pull stations in patient sleeping areas may be omitted provided that manual pull stations are within 200 feet of nurse's stations. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72 and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 19.3.4, 9.6</p> <p>Based on observation and interview, the facility failed to properly maintain 1 of 1 fire alarm systems in accordance with NFPA 72. NFPA 72, 3-8.1 allows fire alarm system components to share control equipment or operate as stand alone systems, but in any case, they shall be arranged to function as a single system. NFPA 72, 1-5.4.6 requires trouble signals to be located in an area where it is likely to be heard. NFPA 72, 1-5.4.4 requires fire alarms, supervisory signals, and trouble signals to be distinctive and descriptively annunciated.</p>	K010051	<p>Tag K 051 NFPA 101 Life Safety Code Standard</p> <p><u>Corrective Action(s)</u>: An additional telephone line has been added for the automatic dialer on the fire system. This was completed by Frontier Communications and Koorsen Fire and Security.</p> <p>The fire system has been updated to activate a local audio trouble signal at the Fire Alarm Control Panel at the Nurses Station and Front desk.</p> <p><u>Monitoring</u>: The Facilities Manager or designee will contact Guardian Protection services (monitoring company) to insure they received the transmission of the fire alarm following all drills.</p> <p>The local audio trouble signal at the Fire Alarm Control Panel at the Nurses Station and Front desk will be tested annually by a licensed third party vendor who performs fire and sensitivity testing on the fire system.</p>	12/08/2014			

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	<p>NFPA 72, 5-5.3.2.1.6.1 requires the following: A DACT (Digital Alarm Communicator Transmitter) shall employ one of the following combinations of transmission channels:</p> <ol style="list-style-type: none"> (1) Two telephone lines (numbers) (2) One telephone line (number) and one cellular telephone connection (3) One telephone line (number) and a one way radio system (4) One telephone line (number) equipped with a derived local channel (5) One telephone line (number) and a one way private radio alarm system (6) One telephone line (number) and a private microwave radio system (7) One telephone line (number) and a two way RF multiplex system (8) A single integrated services digital network (ISDN) telephone line using a terminal adapter specifically listed for supervising station fire alarm service, where the path between the transmitter and the switched telephone network serving central office is monitored for integrity so the occurrence of an adverse condition in the path shall be annunciated at the supervising station within 200 seconds. This deficient practice could affect all occupants in the facility. <p>Findings include:</p> <p>A. Based on observation on 11/12/14 at</p>		<p><u>Responsible Person(s):</u> The Facilities Manager</p> <p><u>Date of Completion:</u> 12/08/14</p>				

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	<p>12:20 p.m. with the Director of Operations, the Chief Operating Officer (C.O.O.), and the Facilities Manager, there was only one telephone line available for the automatic dialer. Based on interview at the time of observation, it was acknowledged by the Director of Operations, the C.O.O., and the Facilities Manager there was only one telephone line available for the automatic transmission of the fire alarm signal with no other secondary back up in place.</p> <p>B. Based on observations on 11/12/14 between 12:00 p.m. and 1:15 p.m. during a tour of the facility with the Director of Operations, the Chief Operating Officer (C.O.O.), and the Facilities Manager, the main Fire Alarm Control Panel (FACP) and the fire alarm communication panel (dialer) were both located in the first floor Mechanical Room. When the Digital Alarm Communicator Transmitter (DACT) was placed in trouble from phone line failure at 12:20 p.m., the DACT did not actuate a local audio trouble signal, furthermore, the DACT did not activate a trouble signal at either FACP annunciator panel located at the front entrance desk and the second floor nurses' station. Based on interview at 1:00 p.m., the Facilities Manager acknowledged the phone line failure did not sound a trouble signal at the FACP or</p>						

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K010052	<p>to the fire alarm annunciator panels at the front entrance desk or second floor nurses' station, furthermore, when the Facilities Manager called the fire alarm monitoring company he was told they did not receive a trouble for a phone line failure.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4</p> <p>Based on observation and interview, the facility failed to ensure 3 of 52 smoke detectors were not installed where air flow would adversely affect their operation. Section 9.6.1.4 requires fire alarm systems comply with NFPA 72, National Fire Alarm Code. NFPA 72, 2-3.5.1 requires in spaces served by air handling systems, detectors shall not be located where air flow prevents operation of the detectors. This deficient practice could affect all occupants on the second floor of the facility.</p> <p>Findings include:</p> <p>Based on observations on 11/12/14 between 12:00 p.m. and 1:15 p.m. during a tour of the facility with the Director of</p>	K010052	<p>Tag K 052 NFPA 101 Life Safety Code Standard</p> <p><u>Corrective Action(s)</u>: Ceiling mounted smoke detectors near the client lounge, in the corridor outside of room 222, and in the north staff office have been moved at least three feet from the air supply vents. This work was accomplished by Koorsen Fire and Security.</p> <p><u>Monitoring</u>: Minimum distance of three feet of smoke detectors from air supply vents will be monitored by a licensed third party vendor who performs fire and sensitivity testing on the fire system.</p> <p><u>Responsible Person(s)</u>: The Facilities Manager</p> <p><u>Date of Completion</u>: 11/20/14</p>	11/20/2014

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K010062	<p>Operations, the Chief Operating Officer (C.O.O.), and the Facilities Manager, the following was noted:</p> <ol style="list-style-type: none"> 1. There was a ceiling mounted smoke detector within two feet of an air supply vent in the Client Lounge. 2. There was a ceiling mounted smoke detector within one foot of an air supply vent in the corridor outside room 222. 3. There was a ceiling mounted smoke detector within two feet of an air supply vent in the north Staff Office. <p>This was acknowledged by the Director of Operations, the C.O.O., and the Facilities Manager at the time of each observation.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <ol style="list-style-type: none"> 1. Based on record review and interview, the facility failed to ensure 1 of 1 automatic sprinkler piping system was inspected every five years as required by NFPA 25, the Standard for the Inspection, Testing and Maintenance of Water-Based Fire Protection Systems 10-2.2. Section 10-2.2, Obstruction Prevention, states systems shall be examined internally for obstructions 	K010062	<p>Tag K 062 NFPA 101 Life Safety Code Standard</p> <p><u>Corrective Action(s)</u>: An internal pipe inspection was performed on the sprinkler system by Indy Fire Service.</p> <p>The sprinkler system pressure gauge was replaced by Koorsen Fire and Security.</p> <p><u>Monitoring</u>: Per NFPA 25 an internal pipe inspection will be conducted prior to December of 2019. A tickler file was added to the Operations calendar to ensure this date is not missed.</p> <p>Per NFPA 25 the sprinkler system pressure gauge will be calibrated or replaced prior to December of 2019. A tickler file was added to Operations calendar to</p>	12/02/2014
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(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	
	<p>where conditions exist that could cause obstructed piping. If the condition has not been corrected or the condition is one that could result in obstruction of piping despite any previous flushing procedures that have been performed, the system shall be examined internally for obstructions every 5 years. This deficient practice could affect all occupants on the second floor of the facility.</p> <p>Findings include:</p> <p>Based on review of sprinkler system inspection reports on 11/12/14 at 11:20 a.m. with the Director of Operations present, there was no documentation to show the sprinkler system had ever had an internal pipe inspection. Based on an interview at the time of record review, the Director of Operations contacted the sprinkler system inspection company and said there has never been an internal pipe inspection conducted on the partial sprinkler system.</p> <p>2. Based on record review, observation and interview; the facility failed to ensure 1 of 1 sprinkler system's gauge was replaced or recalibrated within the past 5 years. NFPA 101 Section 9.7.5 refers to NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems.</p>		<p>ensure this date is not missed_</p> <p><u>Responsible Person(s)</u>: The Facilities Manager & Director of Operations</p> <p><u>Date of Completion</u>: 12/02/14</p>		

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	<p>NFPA 25 2-3.2 requires gauges to be replaced every 5 years or tested every 5 years by comparison with a calibrated gauge. Gauges not accurate to within 3 percent of the full scale shall be recalibrated or replaced. This deficient practice could affect all occupants on the second floor of the facility.</p> <p>Findings include:</p> <p>Based on review of sprinkler system inspection reports on 11/12/14 at 11:20 a.m. with the Director of Operations present, there was no documentation to show the sprinkler system gauge had ever been replaced or recalibrated. Based on observation during a tour of the facility with the Director of Operations, the Chief Operating Officer, and the Facilities Manager, it was determined the pressure gauge on the sprinkler system riser had never been replaced. During an interview at the time of observation, the Director of Operations acknowledged the the pressure gauge of the sprinkler system riser had never been replaced.</p>						
K010144	<p>NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. Based on observation and interview, the</p>	K010144	Tag K 144 NFPA 101 Life Safety Code Standard			11/23/2014	

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	<p>facility failed to ensure 1 of 1 emergency generators was provided with an alarm annunciator in a location readily observed by operating personnel at a regular work station such as a nurses' station. NFPA 99, Health Care Facilities, 3-4.1.1.15 requires a remote annunciator, storage battery powered, shall be provided to operate outside of the generating room in a location readily observed by operating personnel at a regular work station. The annunciator shall indicate alarm conditions of the emergency or auxiliary power source as follows:</p> <p>(a) Individual visual signals shall indicate:</p> <ol style="list-style-type: none"> 1. When the emergency or auxiliary power source is operating to supply power to load. 2. When the battery charger is malfunctioning. <p>(b) Individual visual signals plus a common audible signal to warn of an engine-generator alarm condition shall indicate:</p> <ol style="list-style-type: none"> 1. Low lubricating oil pressure. 2. Low water temperature. 3. Excessive water temperature. 4. Low fuel - when the main fuel storage tank contains less than a 3-hour operating supply. 5. Overcrank (failed to start). 6. Overspeed. <p>Where a regular work station will be</p>		<p><u>Corrective Action(s)</u>: The remote alarm annunciator for the emergency generator was moved by Crown Electric to the nurses station.</p> <p><u>Monitoring</u>: The remote alarm annunciator is now located in the nurses station which is staffed 24/7.</p> <p><u>Responsible Person(s)</u>: The Facilities Manager</p> <p><u>Date of Completion</u>: 11/23/14</p>	
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K010154	<p>unattended periodically, an audible and visual derangement signal, appropriately labeled, shall be established at a continuously monitored location. This derangement signal shall activate when any of the conditions in 3-4.1.1.15(a) and (b) occur but need not display these conditions individually. This deficient practice could affect all occupants in the facility .</p> <p>Findings include:</p> <p>Based on observations on 11/12/14 between 12:00 p.m. and 1:15 p.m. during a tour of the facility with the Director of Operations, the Chief Operating Officer (C.O.O.), and the Facilities Manager, there was no remote alarm annunciator for the emergency generator in a location readily observed by operating personnel at a regular work station such as a nurses' station. This was verified by the Director of Operations, the C.O.O., and the Facilities Manager at the time of observation. Furthermore, there was a remote alarm annunciator for the emergency generator observed at the front entrance desk, however, the C.O.O. said the front entrance desk was not a continuously monitored location.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Where a required automatic sprinkler</p>						

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	<p>system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction is notified, and the building is evacuated or an approved fire watch system is provided for all parties left unprotected by the shutdown until the sprinkler system has been returned to service. 9.7.6.1</p> <p>Based on record review and interview, the facility failed to provide a written policy for the protection of 15 of 15 residents containing procedures to be followed in the event the automatic sprinkler system has to be placed out of service for 4 hours or more in a 24 hour period in accordance with LSC, Section 9.7.6.1. LSC 9.7.6.2 requires sprinkler impairment procedures comply with NFPA 25, Standard for Inspection, Testing and Maintenance of Water Based Fire Protection Systems. NFPA 25, 11-5(d) requires the local fire department be notified of a sprinkler impairment and 11-5(e) requires the insurance carrier, alarm company, building owner/manager and other authorities having jurisdiction also be notified. This deficient practice could affect all occupants in the facility.</p> <p>Findings include:</p> <p>Based on review of the Emergency Preparedness Plan on 11/12/14 at 11:45 a.m. with the Director of Operations present, the facility did not have available</p>	K010154	<p>Tag K 154 NFPA 101 Life Safety Code Standard</p> <p><u>Corrective Action(s)</u>: A written policy/procedure for an impaired sprinkler system has been created. The Fire Watch Policy calls for the notification of ISDH, the Terre Haute Fire department, our insurance carrier, and the alarm monitoring company if the system is out of service for 4 hours or more within a 24 hour period. Telephone numbers for relevant agencies are listed in the policy. The fire watch person will perform 15 minute walkthroughs as their only duty while the sprinkler system is impaired. A fire watch log will be completed at the end of each watch and turned into the Operations Department.</p> <p><u>Monitoring</u>: The plan will be reviewed annually by the Hamilton Safety Committee. A tickler file was added to the Operations calendar to ensure this occurs.</p> <p><u>Responsible Person(s)</u>: The Facilities Manager & Director of Operations</p> <p><u>Date of Completion</u>: 11/19/14</p>	11/19/2014
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K010155	<p>a written policy and procedure for an impaired sprinkler system. The facility did have a policy called Interim Life Safety Measures, but it did not address issues required in a Fire Watch Policy such as: Notifying the Indiana State Department of Health (ISDH) and the local Fire Department when the system is out of service for 4 hours or more within a 24 hour time period, phone numbers for the ISDH and local Fire Department, 15 minute walk through of entire facility by the fire watch person, and the only duty the fire watch person shall have will be the fire watch, to name a few items. During an interview at the exit conference, the C.O.O. confirmed the facility did not have a Fire Watch Policy for an impaired sprinkler system.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Where a required fire alarm system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction is notified, and the building is evacuated or an approved fire watch is provided for all parties left unprotected by the shutdown until the fire alarm system has been returned to service. 9.6.1.8</p> <p>Based on record review and interview, the facility failed to provide a written policy for the protection of 15 of 15 residents containing procedures to be followed in the event the fire alarm</p>	K010155	<p>Tag K 155 NFPA 101 Life Safety Code Standard <u>Corrective Action(s)</u>: A written policy/procedure for when a required fire alarm system is out of service for more than 4 hours has been created. The Fire Watch Policy calls for the notification of ISDH, the Terre Haute Fire department, our insurance carrier, and the alarm monitoring company if the system is out of service for 4 hours or more within a 24 hour period. Telephone numbers for relevant agencies are listed in the policy. The fire watch person will perform 15</p>	11/19/2014			

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	<p>system has to be placed out of services for 4 hours or more in a 24 hour period in accordance with LSC, Section 9.6.1.8. LSC, 19.7.1.1 requires every health care occupancy to have in effect and available to all supervisory personnel a plan for the protection of all persons. All employees shall periodically be instructed and kept informed with respect to their duties under the plan. The provisions of 19.7.1.2 through 19.7.2.3 shall apply. 19.7.2.2 requires all fire safety plans to provide for the use of alarms, the transmission of the alarm to the fire department and response to alarms. 19.7.2.3 requires health care personnel to be instructed in the use of a code phrase to assure transmission of the alarm during a malfunction of the building fire alarm system. This deficient practice could affect all occupants in the facility.</p> <p>Findings include:</p> <p>Based on review of the Emergency Preparedness Plan on 11/12/14 at 11:45 a.m. with the Director of Operations present, the facility did not have available a written policy and procedure for an impaired sprinkler system. The facility did have a policy called Interim Life Safety Measures, but it did not address issues required in a Fire Watch Policy such as: Notifying the Indiana State</p>		<p>minute walkthroughs as their only duty while the fire alarm system is out of service. A fire watch log will be completed at the end of each watch and turned into the Operations Department. <u>Monitoring:</u> The plan will be reviewed annually by the Hamilton Safety Committee. A tickler file was added to the Operations calendar to ensure this occurs. <u>Responsible Person(s):</u> The Facilities Manager & Director of Operations <u>Date of Completion:</u> 11/19/14</p>				

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	<p>Department of Health (ISDH) and the local Fire Department when the system is out of service for 4 hours or more within a 24 hour time period, phone numbers for the ISDH and local Fire Department, 15 minute walk through of entire facility by the fire watch person, and the only duty the fire watch person shall have will be the fire watch, to name a few items. During an interview at the exit conference, the C.O.O. confirmed the facility did not have a Fire Watch Policy for an impaired sprinkler system.</p>				