

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150045	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 07/11/2013
--	---	--	---

NAME OF PROVIDER OR SUPPLIER DEKALB HEALTH	STREET ADDRESS, CITY, STATE, ZIP CODE 1316 E SEVENTH ST AUBURN, IN 46706
---	--

(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
--------------------	--	---------------	---	----------------------

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: 07/09/13 through 07/11/13</p> <p>Facility Number: 005041 Provider Number: 150045 AIM Number: 100269460A</p> <p>Surveyors: Amy Kelley, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Dekalb Health was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 482.41(b), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC).</p> <p>Dekalb Health is comprised of the main hospital in Auburn, IN (Building 01), a Surgical addition (Building 02), a Rehabilitation and Obstetrics addition (Building 03), an Extension to the Emergency Room and a Radiology addition (Building 04), Butler Clinic in Butler, IN (Building 05), and Garrett Clinic in Garrett, IN (Building 06).</p>	K010000		
---------	--	---------	--	--

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150045	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 07/11/2013
NAME OF PROVIDER OR SUPPLIER DEKALB HEALTH			STREET ADDRESS, CITY, STATE, ZIP CODE 1316 E SEVENTH ST AUBURN, IN 46706		
(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>Dekalb Health's main building, Building 01, a three story fully sprinklered building of Type I (332) construction with a fire alarm system with smoke detection in the corridors and spaces open to the corridors was surveyed with Chapter 19, Existing Health Care Occupancies. Building 01 provides overnight care. Building 01 has a capacity of 47 and had a census of 12 at the time of this survey.</p> <p>The 2008 Surgical addition, Building 02, is a three story fully sprinklered building of Type I (332) construction with a fire alarm system with smoke detection in the corridors and spaces open to the corridors was surveyed with Chapter 18, New Health Care Occupancies.</p> <p>The 2001 Rehabilitation and Obstetrics addition, Building 03, is a three story fully sprinklered building of Type I (332) construction with a fire alarm system with smoke detection in the corridors and spaces open to the corridors was surveyed with Chapter 19, Existing Health Care Occupancies.</p> <p>The 2011 Emergency Room and Radiology extension, Building 04, is a two story fully sprinklered building of Type I (332) construction with a fire alarm system with smoke detection in the</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150045		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 07/11/2013	
NAME OF PROVIDER OR SUPPLIER DEKALB HEALTH				STREET ADDRESS, CITY, STATE, ZIP CODE 1316 E SEVENTH ST AUBURN, IN 46706			
(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>corridors and spaces open to the corridors was surveyed with Chapter 18, New Health Care Occupancies.</p> <p>Butler Clinic, Building 05, is a one story nonsprinklered building of Type V (000) construction with a fire alarm system with smoke detection in the corridors was surveyed with Chapter 39, Existing Business Occupancies. Building 05 provides a health clinic during regular business hours.</p> <p>Garrett Clinic, Building 06, is a one story nonsprinklered building of Type V (000) construction with a fire alarm system with smoke detection in the corridors was surveyed with Chapter 39, Existing Business Occupancies. Building 06 provides a health clinic during regular business hours.</p> <p>Quality Review by Lex Brashear, Life Safety Code Specialist-Medical Surveyor on 07/15/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150045		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 07/11/2013	
NAME OF PROVIDER OR SUPPLIER DEKALB HEALTH				STREET ADDRESS, CITY, STATE, ZIP CODE 1316 E SEVENTH ST AUBURN, IN 46706			
(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			
K010018	<p>NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities. Based on observation and interview, the facility failed to ensure 1 of 22 second floor corridor doors and 4 of 32 third floor corridor doors closed and latched into the door frame. This deficient practice could affect 2 patients on the second floor and patients in the medical/surgery area on the third floor.</p> <p>Findings include:</p> <p>Based on observations with the Director of Environmental Services 07/10/13 from 12:30 p.m. to 12:50 p.m., the corridor door to the treatment room on the second floor lacked latching hardware and failed to latch into the door frame. The following areas on the third floor lacked latching hardware and failed to latch into</p>	K010018	<p>Corridor Doors Latching Hardware 1. Passage sets of door hardware will be installed on the 2 nd floor treatment room, two storage rooms on 3 rd floor, one clean linen room and one laundry chute room on 3 rd floor. 2. Checking for positive latching will be added to CMMS corridor door checks. 3. Director of Environmental Services</p>	08/16/2013			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150045	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 07/11/2013
NAME OF PROVIDER OR SUPPLIER DEKALB HEALTH			STREET ADDRESS, CITY, STATE, ZIP CODE 1316 E SEVENTH ST AUBURN, IN 46706		
(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	
	the door frame; two storage rooms, one clean linen room and one laundry chute room containing four trash barrels. This was acknowledged by the Director of Environmental Services at the time of observations.				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150045		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 07/11/2013	
NAME OF PROVIDER OR SUPPLIER DEKALB HEALTH				STREET ADDRESS, CITY, STATE, ZIP CODE 1316 E SEVENTH ST AUBURN, IN 46706			
(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			
K010029	<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 the corridor door to 1 of 1 main laboratory, 1 of 1 medical records office with combustibles measuring over 50 square feet in size, 1 of 1 second floor soiled utility rooms, 1 of 1 infectious waste storage rooms, and 1 of 1 set of double doors entering the laundry latched into the door frame. Due to the various locations of this deficient practice, any number of patients could be affected.</p> <p>Findings include:</p> <p>Based on observation with the Director of Environmental Services on 07/10/13 from 11:00 a.m. to 1:05 p.m., the corridor door to the following hazardous areas lacked latching hardware and failed to latch into the door frame:</p> <p>a. the Main Laboratory</p>	K010029	<p>1. Door to main lab, laundry, 2 nd floor soiled utility and 3 rd floor infectious waste storage room will be equipped with positive latching. 2. Inspection of these doors will be included in the (CMMS) preventative maintenance schedule of corridor doors. 3. Director of Environmental Services4. Self-closer added to door into Medical Records was completed on 7/10/2013. This door already has positive latching. The other door will be completed by August 11,2013</p>	08/11/2013			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150045	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 07/11/2013
--	---	--	---

NAME OF PROVIDER OR SUPPLIER DEKALB HEALTH	STREET ADDRESS, CITY, STATE, ZIP CODE 1316 E SEVENTH ST AUBURN, IN 46706
---	--

(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>b. the Medical Records office, measuring over 1900 square feet, contained 12 rows of open shelves of medical records and 23 cardboard boxes of medical records</p> <p>c. the double door set entering the laundry room</p> <p>d. the third floor infectious waste storage room</p> <p>e. the second floor soiled utility room</p> <p>This was confirmed by the Director of Environmental Services at the time of observations.</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150045		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 07/11/2013	
NAME OF PROVIDER OR SUPPLIER DEKALB HEALTH				STREET ADDRESS, CITY, STATE, ZIP CODE 1316 E SEVENTH ST AUBURN, IN 46706			
(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			
K010038	<p>NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1</p> <p>Based on observation and interview, the facility failed to ensure exit access was arranged so 1 of 22 exits was readily accessible at all times in accordance with LSC Section 7.1. LSC Section 7.1 requires that means of egress for existing buildings shall comply with Chapter 7. LSC Section 7.7.1 requires all exits shall terminate directly at a public way or at an exterior exit discharge. Yards, courts, open spaces, or other portions of the exit discharge shall be of required width and size to provide all occupants with a safe access to a public way. In addition to providing the required width to allow all occupants safe access to a public way, such access also needs to meet the requirements with respect to maintaining the means of egress free of obstructions that would prevent its use, such as snow and the need for its removal in some climates or soft ground during heavy periods of rain. This deficient practice could affect all occupants evacuated through main dining room and the activity room exits.</p> <p>Findings include:</p> <p>Based on observation with the Director of</p>	K010038	<ol style="list-style-type: none"> 1. The exit discharge will be changed to a concrete sidewalk that leads to the public way. 2. This sidewalk will be added to our snow removal plan and routine inspections of grounds. 3. Director of Environmental Services 	10/11/2013			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150045	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 07/11/2013
NAME OF PROVIDER OR SUPPLIER DEKALB HEALTH			STREET ADDRESS, CITY, STATE, ZIP CODE 1316 E SEVENTH ST AUBURN, IN 46706		
(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	
	Environmental Services on 07/10/13 at 11:30 a.m., the west exit sidewalk was connected to the parking lot sidewalk by a limestone path. The limestone pieces were placed several inches apart and had grass growing between the pieces providing an uneven surface. The path measures three feet wide and 45 feet long. Measurements were provided by the Director of Environmental Services at the time of observation.				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150045	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 07/11/2013
--	---	--	---

NAME OF PROVIDER OR SUPPLIER DEKALB HEALTH	STREET ADDRESS, CITY, STATE, ZIP CODE 1316 E SEVENTH ST AUBURN, IN 46706
---	--

(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
--------------------	--	---------------	---	----------------------

K010052	<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 1 of 2 fire alarm panels located in an area that were not continuously occupied was provided with automatic smoke detection to ensure notification of a fire at that location before it is incapacitated by fire. NFPA 72 at 1-5.6 requires an automatic smoke detector be provided at the location of each fire alarm control unit which is not located in an area continuously occupied to provide notification of a fire in that location. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on observation with the Director of Environmental Services on 07/10/13 at 10:40 a.m., the main fire alarm panel located at the main entrance was not electrically supervised by a smoke detector or in an area continuously occupied. This was acknowledged by the Director of Environmental Services at the time of observation.</p>	K010052	<p>Fire Alarm System Smoke Detectors 1. A smoke detector shall be installed at the main entrance in front of the fire alarm panel. 2. This smoke detector will be added into the fire alarm system testing and fire system documents. 3. Director of Environmental Services</p>	08/11/2013
---------	--	---------	---	------------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150045	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 07/11/2013
NAME OF PROVIDER OR SUPPLIER DEKALB HEALTH			STREET ADDRESS, CITY, STATE, ZIP CODE 1316 E SEVENTH ST AUBURN, IN 46706		
(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	
K010056	<p>NFPA 101 LIFE SAFETY CODE STANDARD If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5</p> <p>Based on observation and interview, the facility failed to ensure complete automatic sprinkler system was provided for 1 of 1 phone rooms and 1 of 1 previous Radiology department electrical room in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. This deficient practice could affect patients near the main entrance in the event of an emergency.</p> <p>Findings include:</p> <p>Based on an observation and interview with the Director of Environmental Services on 07/10/13 from 10:50 a.m. to 11:15 a.m., it was acknowledged the phone room near the main entrance</p>	K010056	Elevator Equipment Room Sprinklers 1. Sprinkler heads will be installed in both elevator equipment rooms. 2. Inspection of sprinkler heads is part of the preventative maintenance schedule. These two rooms will be added to the inspection. 3. Director of Environmental Services	08/11/2013	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150045	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 07/11/2013
--	---	--	---

NAME OF PROVIDER OR SUPPLIER DEKALB HEALTH	STREET ADDRESS, CITY, STATE, ZIP CODE 1316 E SEVENTH ST AUBURN, IN 46706
---	--

(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
	lacked sprinkler coverage as well as the electrical room in the old Radiology department which is no longer in use.			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150045		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 07/11/2013	
NAME OF PROVIDER OR SUPPLIER DEKALB HEALTH				STREET ADDRESS, CITY, STATE, ZIP CODE 1316 E SEVENTH ST AUBURN, IN 46706			
(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			
K010062	<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> <p>Based on observation and interview, the facility failed to ensure 7 of 7 private fire hydrants were continuously maintained in reliable operating condition, and inspected and tested periodically. NFPA 25, 1998 Edition, the Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems at Section 4-2.2.4 requires dry barrel hydrants to be inspected annually and after each operation. Hydrants shall be inspected and the necessary corrective action shall be taken. This deficient practice could affect all staff, visitors and residents.</p> <p>Findings include:</p> <p>Based on observation and interview with the Director of Environmental Services on 07/11/13 at 11:00 a.m., there were seven private fire hydrant on the facility's property. After placing a call to the local fire department, the Director of Environmental Services stated the seven private fire hydrants had not received an annual inspection.</p>	K010062	<p>Fire Hydrants 1. Hospital owned fire hydrants will be inspected per NFPA 25 4.2.2.4. Auburn Fire Department will train hospital staff on this procedure and will lend equipment needed to complete this task. 2. This annual requirement will be entered into the computerized maintenance management software (CMMS) and set up to generate a work request during the month of August. 3. The Director or Environmental Services will be responsible to assure this task is completed.</p>	08/11/2013			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150045		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 07/11/2013	
NAME OF PROVIDER OR SUPPLIER DEKALB HEALTH				STREET ADDRESS, CITY, STATE, ZIP CODE 1316 E SEVENTH ST AUBURN, IN 46706			
(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			
K010067	<p>NFPA 101 LIFE SAFETY CODE STANDARD Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2</p> <p>Based on interview and record review, the facility failed to ensure 12 of 77 dampers were inspected and provided necessary maintenance at least every four years in accordance with NFPA 90A. LSC 9.2.1 requires air conditioning, heating, ventilating ductwork and related equipment shall be in accordance with NFPA 90A, Standard for the Installation of Air-Conditioning and Ventilating Systems. NFPA 90A, 1999 Edition, 3.4.7, Maintenance, requires at least every 6 years, fusible links shall be removed; all dampers shall be operated to verify they fully close; the latch, if provided, shall be checked, and moving parts shall be lubricated as necessary. This deficient practice affects all occupants.</p> <p>Findings include:</p> <p>Based on record review with the Director of Environmental Services on 07/10/13 at 10:30 a.m., the fire damper inspection completed in 10/2008 by facility staff noted the following discrepancies:</p> <p>a) two dampers missing b) six dampers need access panels</p>	K010067	<p>Fire Dampers 1. In follow-up with the technician that is responsible for inspecting the fire dampers. His notes indicated two missing dampers, six access panels missing and four dampers needing parts. These notes were from pre acceptance inspections for the 2008 surgical addition. These repairs were identified and corrected on the punch list of the project. Corrections were not noted on the fire damper inspection forms. These forms will be revised to include the date the repairs were made. Inaccessible dampers will be evaluated to see if they are required by code. Those that are not required by code will be removed or made inoperable. All remaining dampers will be modified to meet guidelines. 2. Fire dampers are part of our CMMS preventative maintenance they are inspected at acceptance and every 6 years after. 3. Director of Environmental Services</p>	09/11/2013			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150045	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 07/11/2013
NAME OF PROVIDER OR SUPPLIER DEKALB HEALTH			STREET ADDRESS, CITY, STATE, ZIP CODE 1316 E SEVENTH ST AUBURN, IN 46706		
(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	
	c) four dampers need parts Based on an interview with the Maintenance Supervisor at the time of record review, these discrepancies have not been addressed.				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150045	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 07/11/2013
--	---	--	---

NAME OF PROVIDER OR SUPPLIER DEKALB HEALTH	STREET ADDRESS, CITY, STATE, ZIP CODE 1316 E SEVENTH ST AUBURN, IN 46706
---	--

(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
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.</p> <p>Based on observation and interview, the facility failed to ensure 3 of 3 emergency generators were equipped with a remote manual stop. LSC 7.9.2.3 requires emergency generators providing power to emergency lighting systems shall be installed, tested and maintained in accordance with NFPA 110, Standard for Emergency and Standby Power Systems. NFPA 110, 1999 edition, 3-5.5.6 requires Level I installations shall have a remote manual stop station of a type similar to a break-glass station located outside the room housing the prime mover. NFPA 37, Standard for the Installation and Use of Stationary Combustion Engines and Gas Turbines, 1998 Edition, at 8-2.2(c) requires engines of 100 horsepower or more have provision for shutting down the engine at the engine and from a remote location. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on observation with the Director of Environmental Services on 07/10/13 from 10:30 a.m. to 2:00 p.m., the facilities did not have a remote manual stop for the</p>	K010144	Generator Emergency Stops 1. Remote stops will be added to the three generator sets on the exterior of the building directly next to the generator sets. Stops will be labeled (Generator Emergency Stop). 2. Inspection and testing of the emergency stops will be added to the inspection form. 3. The Director of Environmental Service will be responsible for completion of this task.	08/11/2013

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150045	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 07/11/2013
NAME OF PROVIDER OR SUPPLIER DEKALB HEALTH			STREET ADDRESS, CITY, STATE, ZIP CODE 1316 E SEVENTH ST AUBURN, IN 46706		
(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	
	three emergency generators. Based on an interview with the Director of Environmental Services at 12:20 p.m., generator A was 200 KW, generator B was 400 KW and generator C was 750 KW therefore all engines were over 100 horsepower.				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150045		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 07/11/2013	
NAME OF PROVIDER OR SUPPLIER DEKALB HEALTH				STREET ADDRESS, CITY, STATE, ZIP CODE 1316 E SEVENTH ST AUBURN, IN 46706			
(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			
K010160	<p>NFPA 101 LIFE SAFETY CODE STANDARD All existing elevators, having a travel distance of 25 ft. or more above or below the level that best serves the needs of emergency personnel for fire fighting purposes, conform with Firefighter's Service Requirements of ASME/ANSI A17.3, Safety Code for Existing Elevators and Escalators. 19.5.3, 9.4.3.2</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 sprinklered elevator equipment rooms was provided with an automatic means for disconnecting the main line power supply. NFPA 13, 5-13.6.2 states automatic sprinklers in elevator machine rooms shall be ordinary or intermediate temperature rating. ASME/ANSI A17.1, Safety Code for Elevators and Escalators, permits sprinklers in elevator machine rooms when there is a means for disconnecting the power to the elevator upon or prior to the application of water in elevator machine rooms or hoistways. This shutdown can be accomplished by a detection system with sufficient sensitivity that operates prior to the activation of the sprinklers. As an alternative, the system can be arranged using devices or sprinklers capable of effecting power shutdown immediately upon sprinkler activation, such as a waterflow switch without a time delay. This deficient practice could affect any number of patients and visitors in the</p>	K010160	Smoke detector elevator equipment room 1. A smoke detector will be added to mechanical room #1 elevator equipment area and tied into the shunt trip. 2. The smoke detector will be added to the fire system inspection list and tested according to NFPA standards. 3. Director of Environmental Services	10/11/2013			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150045	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 07/11/2013
NAME OF PROVIDER OR SUPPLIER DEKALB HEALTH			STREET ADDRESS, CITY, STATE, ZIP CODE 1316 E SEVENTH ST AUBURN, IN 46706		
(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>event of an emergency.</p> <p>Findings include:</p> <p>Based on observation of the elevator equipment room in the mechanical room located on the roof with the Director of Environmental Services on 07/10/13 at 1:00 p.m., the elevator equipment room was provided with sprinkler coverage but lacked a smoke/heat detector. Based on an interview with the Director of Environmental Services at the time of observation, the elevator equipment was provided with a shunt trip but the mechanical room lacked a smoke/heat detector needed to activate the shunt trip in the event of an emergency.</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150045		X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____		X3) DATE SURVEY COMPLETED 07/11/2013	
NAME OF PROVIDER OR SUPPLIER DEKALB HEALTH				STREET ADDRESS, CITY, STATE, ZIP CODE 1316 E SEVENTH ST AUBURN, IN 46706			
(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
K020000	<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: 07/09/13 through 07/11/13</p> <p>Facility Number: 005041 Provider Number: 150045 AIM Number: 100269460A</p> <p>Surveyors: Amy Kelley, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Dekalb Health was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 482.41(b), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC).</p> <p>Dekalb Health is comprised of the main hospital in Auburn, IN (Building 01), a Surgical addition (Building 02), a Rehabilitation and Obstetrics addition (Building 03), an Extension to the Emergency Room and a Radiology addition (Building 04), Butler Clinic in Butler, IN (Building 05), and Garrett Clinic in Garrett, IN (Building 06).</p>			K020000			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150045	X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____	X3) DATE SURVEY COMPLETED 07/11/2013
--	---	--	---

NAME OF PROVIDER OR SUPPLIER DEKALB HEALTH	STREET ADDRESS, CITY, STATE, ZIP CODE 1316 E SEVENTH ST AUBURN, IN 46706
---	--

(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>The 2008 Surgical addition, Building 02, is a three story fully sprinklered building of Type I (332) construction with a fire alarm system with smoke detection in the corridors and spaces open to the corridors was surveyed with Chapter 18, New Health Care Occupancies.</p> <p>Quality Review by Lex Brashear, Life Safety Code Specialist-Medical Surveyor on 07/15/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150045	X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____		X3) DATE SURVEY COMPLETED 07/11/2013
NAME OF PROVIDER OR SUPPLIER DEKALB HEALTH			STREET ADDRESS, CITY, STATE, ZIP CODE 1316 E SEVENTH ST AUBURN, IN 46706		
(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	
K020047	<p>NFPA 101 LIFE SAFETY CODE STANDARD Exit and directional signs are displayed with continuous illumination also served by the emergency lighting system in accordance with section 7.10. 18.2.10.1.</p> <p>Based on observation and interview, the facility failed to ensure a continuously illuminated exit sign, where the exit or way to reach the exit was not apparent, was immediately visible for 2 of 2 ways to the exit from the Radiology waiting room. LSC 7.10.1.4 requires access to exits shall be marked by approved, readily visible signs in all cases where the exit or way to reach the exit is not apparent to the occupants. This deficient practice could affect any patient or visitor in the Radiology waiting room in the event of an emergency.</p> <p>Findings include:</p> <p>Based on an observation with the Director of Environmental Services on 07/11/13 at 11:27 a.m., there were no illuminated exit signs from the Radiology waiting room. After the Director of Environmental Services walked the path of egress from the Radiology waiting room he acknowledged the area lacked exit signs.</p>	K020047	<p>Exit signs waiting room 1. Three exit signs will be added to the lobby area, one at the stairs, one at the middle of the lobby, and one at the west end of the lobby. 2. Inspection of exit signs is on a preventative maintenance schedule these three will be added to this PM. 3. Director of Environmental Services</p>	08/11/2013	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150045		X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____		X3) DATE SURVEY COMPLETED 07/11/2013	
NAME OF PROVIDER OR SUPPLIER DEKALB HEALTH				STREET ADDRESS, CITY, STATE, ZIP CODE 1316 E SEVENTH ST AUBURN, IN 46706			
(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			
K020056	<p>NFPA 101 LIFE SAFETY CODE STANDARD There is an automatic sprinkler system, installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, with approved components, devices, and equipment, to provide complete coverage of all portions of the facility. The system is maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. There is a reliable, adequate water supply for the system. The system is equipped with waterflow and tamper switches which are connected to the fire alarm system. 18.3.5.</p> <p>Based on observation and interview, the facility failed to ensure a complete automatic sprinkler system was provided for 2 of 2 elevator equipment rooms in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems to provide complete coverage for all portions of the building. NFPA 13, 5-13.6.2 states automatic sprinklers in elevator machine rooms shall be ordinary or intermediate temperature rating. Exception: Sprinklers shall not be required where all of the following conditions are met: (a) The room is dedicated to electrical equipment only. (b) Only dry-type electrical equipment is used. (c) Equipment is installed in a 2-hour fire-rated enclosure including protection for penetrations. (d) No combustible storage is permitted to be</p>	K020056	Elevator Equipment Room Sprinklers 1. Sprinkler heads will be installed in both elevator equipment rooms. 2. Inspection of sprinkler heads is part of the preventative maintenance schedule. These two rooms will be added to the inspection. 3. Director of Environmental Services	08/11/2013			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150045	X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____		X3) DATE SURVEY COMPLETED 07/11/2013
NAME OF PROVIDER OR SUPPLIER DEKALB HEALTH			STREET ADDRESS, CITY, STATE, ZIP CODE 1316 E SEVENTH ST AUBURN, IN 46706		
(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>stored in the room. This deficient practice could affect patients near the elevator equipment rooms.</p> <p>Findings include:</p> <p>Based on an observation and interview with the Director of Environmental Services on 07/10/13 at 2:10 p.m., it was acknowledged both elevator equipment rooms lacked sprinkler coverage.</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150045		X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____		X3) DATE SURVEY COMPLETED 07/11/2013	
NAME OF PROVIDER OR SUPPLIER DEKALB HEALTH				STREET ADDRESS, CITY, STATE, ZIP CODE 1316 E SEVENTH ST AUBURN, IN 46706			
(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			
K020062	<p>NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 18.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>Based on observation and interview, the facility failed to ensure 7 of 7 private fire hydrants were continuously maintained in reliable operating condition, and inspected and tested periodically. NFPA 25, 1998 Edition, the Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems at Section 4-2.2.4 requires dry barrel hydrants to be inspected annually and after each operation. Hydrants shall be inspected and the necessary corrective action shall be taken. This deficient practice could affect all staff, visitors and residents.</p> <p>Findings include:</p> <p>Based on observation and interview with the Director of Environmental Services on 07/11/13 at 11:00 a.m., there were seven private fire hydrant on the facility's property. After placing a call to the local fire department, the Director of Environmental Services stated the seven private fire hydrants had not received an annual inspection.</p>	K020062	<p>Fire Hydrants 1. Hospital owned fire hydrants will be inspected per NFPA 25 4.2.2.4. Auburn Fire Department will train hospital staff on this procedure and will lend equipment needed to complete this task. 2. This annual requirement will be entered into the computerized maintenance management software (CMMS) and set up to generate a work request during the month of August. 3. The Director or Environmental Services will be responsible to assure this task is completed.</p>	08/11/2013			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150045	X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____		X3) DATE SURVEY COMPLETED 07/11/2013
NAME OF PROVIDER OR SUPPLIER DEKALB HEALTH			STREET ADDRESS, CITY, STATE, ZIP CODE 1316 E SEVENTH ST AUBURN, IN 46706		
(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	
K020144	<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.</p> <p>Based on observation and interview, the facility failed to ensure 3 of 3 emergency generators were equipped with a remote manual stop. LSC 7.9.2.3 requires emergency generators providing power to emergency lighting systems shall be installed, tested and maintained in accordance with NFPA 110, Standard for Emergency and Standby Power Systems. NFPA 110, 1999 edition, 3-5.5.6 requires Level I installations shall have a remote manual stop station of a type similar to a break-glass station located outside the room housing the prime mover. NFPA 37, Standard for the Installation and Use of Stationary Combustion Engines and Gas Turbines, 1998 Edition, at 8-2.2(c) requires engines of 100 horsepower or more have provision for shutting down the engine at the engine and from a remote location. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on observation with the Director of Environmental Services on 07/10/13 from 10:30 a.m. to 2:00 p.m., the facilities did not have a remote manual stop for the</p>	K020144	Generator Emergency Stops 1. Remote stops will be added to the three generator sets on the exterior of the building directly next to the generator sets. Stops will be labeled (Generator Emergency Stop). 2. Inspection and testing of the emergency stops will be added to the inspection form. 3. The Director of Environmental Service will be responsible for completion of this task.	08/11/2013	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150045	X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____		X3) DATE SURVEY COMPLETED 07/11/2013
NAME OF PROVIDER OR SUPPLIER DEKALB HEALTH			STREET ADDRESS, CITY, STATE, ZIP CODE 1316 E SEVENTH ST AUBURN, IN 46706		
(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	
	three emergency generators. Based on an interview with the Director of Environmental Services at 12:20 p.m., generator A was 200 KW, generator B was 400 KW and generator C was 750 KW therefore all engines were over 100 horsepower.				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150045		X2) MULTIPLE CONSTRUCTION A. BUILDING 03 B. WING _____		X3) DATE SURVEY COMPLETED 07/11/2013	
NAME OF PROVIDER OR SUPPLIER DEKALB HEALTH				STREET ADDRESS, CITY, STATE, ZIP CODE 1316 E SEVENTH ST AUBURN, IN 46706			
(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
K030000	<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: 07/09/13 through 07/11/13</p> <p>Facility Number: 005041 Provider Number: 150045 AIM Number: 100269460A</p> <p>Surveyors: Amy Kelley, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Dekalb Health was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 482.41(b), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC).</p> <p>Dekalb Health is comprised of the main hospital in Auburn, IN (Building 01), a Surgical addition (Building 02), a Rehabilitation and Obstetrics addition (Building 03), an Extension to the Emergency Room and a Radiology addition (Building 04), Butler Clinic in Butler, IN (Building 05), and Garrett Clinic in Garrett, IN (Building 06).</p>			K030000			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150045	X2) MULTIPLE CONSTRUCTION A. BUILDING 03 B. WING _____		X3) DATE SURVEY COMPLETED 07/11/2013
NAME OF PROVIDER OR SUPPLIER DEKALB HEALTH			STREET ADDRESS, CITY, STATE, ZIP CODE 1316 E SEVENTH ST AUBURN, IN 46706		
(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>The 2001 Rehabilitation and Obstetrics addition, Building 03, is a three story fully sprinklered building of Type I (332) construction with a fire alarm system with smoke detection in the corridors and spaces open to the corridors was surveyed with Chapter 19, Existing Health Care Occupancies.</p> <p>Quality Review by Lex Brashear, Life Safety Code Specialist-Medical Surveyor on 07/15/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150045	X2) MULTIPLE CONSTRUCTION A. BUILDING 03 B. WING _____	X3) DATE SURVEY COMPLETED 07/11/2013
--	---	--	---

NAME OF PROVIDER OR SUPPLIER DEKALB HEALTH	STREET ADDRESS, CITY, STATE, ZIP CODE 1316 E SEVENTH ST AUBURN, IN 46706
---	--

(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
--------------------	--	---------------	---	----------------------

K030052	<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 1 of 2 fire alarm panels located in an area that were not continuously occupied was provided with automatic smoke detection to ensure notification of a fire at that location before it is incapacitated by fire. NFPA 72 at 1-5.6 requires an automatic smoke detector be provided at the location of each fire alarm control unit which is not located in an area continuously occupied to provide notification of a fire in that location. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on observation with the Director of Environmental Services on 07/10/13 at 10:40 a.m., the main fire alarm panel located at the main entrance was not electrically supervised by a smoke detector or in an area continuously occupied. This was acknowledged by the Director of Environmental Services at the time of observation.</p>	K030052	<p>Fire Alarm System Smoke Detectors 1. A smoke detector shall be installed at the main entrance in front of the fire alarm panel. 2. This smoke detector will be added into the fire alarm system testing and fire system documents. 3. Director of Environmental Services</p>	08/11/2013
---------	--	---------	---	------------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150045		X2) MULTIPLE CONSTRUCTION A. BUILDING 03 B. WING _____		X3) DATE SURVEY COMPLETED 07/11/2013	
NAME OF PROVIDER OR SUPPLIER DEKALB HEALTH				STREET ADDRESS, CITY, STATE, ZIP CODE 1316 E SEVENTH ST AUBURN, IN 46706			
(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			
K030062	<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> <p>Based on observation and interview, the facility failed to ensure 7 of 7 private fire hydrants were continuously maintained in reliable operating condition, and inspected and tested periodically. NFPA 25, 1998 Edition, the Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems at Section 4-2.2.4 requires dry barrel hydrants to be inspected annually and after each operation. Hydrants shall be inspected and the necessary corrective action shall be taken. This deficient practice could affect all staff, visitors and residents.</p> <p>Findings include:</p> <p>Based on observation and interview with the Director of Environmental Services on 07/11/13 at 11:00 a.m., there were seven private fire hydrant on the facility's property. After placing a call to the local fire department, the Director of Environmental Services stated the seven private fire hydrants had not received an annual inspection.</p>	K030062	<p>Fire Hydrants 1. Hospital owned fire hydrants will be inspected per NFPA 25 4.2.2.4. Auburn Fire Department will train hospital staff on this procedure and will lend equipment needed to complete this task. 2. This annual requirement will be entered into the computerized maintenance management software (CMMS) and set up to generate a work request during the month of August. 3. The Director or Environmental Services will be responsible to assure this task is completed.</p>	08/11/2013			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150045		X2) MULTIPLE CONSTRUCTION A. BUILDING 03 B. WING _____		X3) DATE SURVEY COMPLETED 07/11/2013	
NAME OF PROVIDER OR SUPPLIER DEKALB HEALTH				STREET ADDRESS, CITY, STATE, ZIP CODE 1316 E SEVENTH ST AUBURN, IN 46706			
(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			
K030067	<p>NFPA 101 LIFE SAFETY CODE STANDARD Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2</p> <p>Based on interview and record review, the facility failed to ensure 39 of 61 dampers were inspected and provided necessary maintenance at least every four years in accordance with NFPA 90A. LSC 9.2.1 requires air conditioning, heating, ventilating ductwork and related equipment shall be in accordance with NFPA 90A, Standard for the Installation of Air-Conditioning and Ventilating Systems. NFPA 90A, 1999 Edition, 3.4.7, Maintenance, requires at least every 6 years, fusible links shall be removed; all dampers shall be operated to verify they fully close; the latch, if provided, shall be checked, and moving parts shall be lubricated as necessary. This deficient practice affects all occupants.</p> <p>Findings include:</p> <p>Based on record review with the Director of Environmental Services on 07/10/13 at 10:30 a.m., the fire damper inspection completed in 10/2008 by facility staff noted 35 dampers received could not be reached and received only a visual inspection and four dampers were not</p>	K030067	<p>Fire Dampers 1. In follow-up with the technician that is responsible for inspecting the fire dampers. His notes indicated two missing dampers, six access panels missing and four dampers needing parts. These notes were from pre acceptance inspections for the 2008 surgical addition. These repairs were identified and corrected on the punch list of the project. Corrections were not noted on the fire damper inspection forms. These forms will be revised to include the date the repairs were made. Inaccessible dampers will be evaluated to see if they are required by code. Those that are not required by code will be removed or made inoperable. All remaining dampers will be modified to meet guidelines. 2. Fire dampers are part of our CMMS preventative maintenance they are inspected at acceptance and every 6 years after. 3. Director of Environmental Services</p>	09/11/2013			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150045	X2) MULTIPLE CONSTRUCTION A. BUILDING 03 B. WING _____	X3) DATE SURVEY COMPLETED 07/11/2013
---	--	--	--

NAME OF PROVIDER OR SUPPLIER DEKALB HEALTH	STREET ADDRESS, CITY, STATE, ZIP CODE 1316 E SEVENTH ST AUBURN, IN 46706
---	--

(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
	accessible. Based on an interview with the Maintenance Supervisor at the time of record review, these discrepancies have not been addressed.			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150045	X2) MULTIPLE CONSTRUCTION A. BUILDING 03 B. WING _____		X3) DATE SURVEY COMPLETED 07/11/2013
NAME OF PROVIDER OR SUPPLIER DEKALB HEALTH			STREET ADDRESS, CITY, STATE, ZIP CODE 1316 E SEVENTH ST AUBURN, IN 46706		
(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	
K030144	<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.</p> <p>Based on observation and interview, the facility failed to ensure 3 of 3 emergency generators were equipped with a remote manual stop. LSC 7.9.2.3 requires emergency generators providing power to emergency lighting systems shall be installed, tested and maintained in accordance with NFPA 110, Standard for Emergency and Standby Power Systems. NFPA 110, 1999 edition, 3-5.5.6 requires Level I installations shall have a remote manual stop station of a type similar to a break-glass station located outside the room housing the prime mover. NFPA 37, Standard for the Installation and Use of Stationary Combustion Engines and Gas Turbines, 1998 Edition, at 8-2.2(c) requires engines of 100 horsepower or more have provision for shutting down the engine at the engine and from a remote location. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on observation with the Director of Environmental Services on 07/10/13 from 10:30 a.m. to 2:00 p.m., the facilities did not have a remote manual stop for the</p>	K030144	Generator Emergency Stops 1. Remote stops will be added to the three generator sets on the exterior of the building directly next to the generator sets. Stops will be labeled (Generator Emergency Stop). 2. Inspection and testing of the emergency stops will be added to the inspection form. 3. The Director of Environmental Service will be responsible for completion of this task.	08/11/2013	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150045	X2) MULTIPLE CONSTRUCTION A. BUILDING 03 B. WING _____		X3) DATE SURVEY COMPLETED 07/11/2013
NAME OF PROVIDER OR SUPPLIER DEKALB HEALTH			STREET ADDRESS, CITY, STATE, ZIP CODE 1316 E SEVENTH ST AUBURN, IN 46706		
(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	
	three emergency generators. Based on an interview with the Director of Environmental Services at 12:20 p.m., generator A was 200 KW, generator B was 400 KW and generator C was 750 KW therefore all engines were over 100 horsepower.				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150045		X2) MULTIPLE CONSTRUCTION A. BUILDING 04 B. WING _____		X3) DATE SURVEY COMPLETED 07/11/2013	
NAME OF PROVIDER OR SUPPLIER DEKALB HEALTH				STREET ADDRESS, CITY, STATE, ZIP CODE 1316 E SEVENTH ST AUBURN, IN 46706			
(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		
K040000	<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: 07/09/13 through 07/11/13</p> <p>Facility Number: 005041 Provider Number: 150045 AIM Number: 100269460A</p> <p>Surveyors: Amy Kelley, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Dekalb Health was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 482.41(b), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC).</p> <p>Dekalb Health is comprised of the main hospital in Auburn, IN (Building 01), a Surgical addition (Building 02), a Rehabilitation and Obstetrics addition (Building 03), an Extension to the Emergency Room and a Radiology addition (Building 04), Butler Clinic in Butler, IN (Building 05), and Garrett Clinic in Garrett, IN (Building 06).</p>	K040000					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150045	X2) MULTIPLE CONSTRUCTION A. BUILDING 04 B. WING _____	X3) DATE SURVEY COMPLETED 07/11/2013
--	---	--	---

NAME OF PROVIDER OR SUPPLIER DEKALB HEALTH	STREET ADDRESS, CITY, STATE, ZIP CODE 1316 E SEVENTH ST AUBURN, IN 46706
---	--

(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>The 2011 Emergency Room and Radiology extension, Building 04, is a two story fully sprinklered building of Type I (332) construction with a fire alarm system with smoke detection in the corridors and spaces open to the corridors was surveyed with Chapter 18, New Health Care Occupancies.</p> <p>Quality Review by Lex Brashear, Life Safety Code Specialist-Medical Surveyor on 07/15/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150045		X2) MULTIPLE CONSTRUCTION A. BUILDING 04 B. WING _____		X3) DATE SURVEY COMPLETED 07/11/2013	
NAME OF PROVIDER OR SUPPLIER DEKALB HEALTH				STREET ADDRESS, CITY, STATE, ZIP CODE 1316 E SEVENTH ST AUBURN, IN 46706			
(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			
K040062	<p>NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 18.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>Based on observation and interview, the facility failed to ensure 7 of 7 private fire hydrants were continuously maintained in reliable operating condition, and inspected and tested periodically. NFPA 25, 1998 Edition, the Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems at Section 4-2.2.4 requires dry barrel hydrants to be inspected annually and after each operation. Hydrants shall be inspected and the necessary corrective action shall be taken. This deficient practice could affect all staff, visitors and residents.</p> <p>Findings include:</p> <p>Based on observation and interview with the Director of Environmental Services on 07/11/13 at 11:00 a.m., there were seven private fire hydrant on the facility's property. After placing a call to the local fire department, the Director of Environmental Services stated the seven private fire hydrants had not received an annual inspection.</p>	K040062	<p>Fire Hydrants 1. Hospital owned fire hydrants will be inspected per NFPA 25 4.2.2.4. Auburn Fire Department will train hospital staff on this procedure and will lend equipment needed to complete this task. 2. This annual requirement will be entered into the computerized maintenance management software (CMMS) and set up to generate a work request during the month of August. 3. The Director or Environmental Services will be responsible to assure this task is completed.</p>	08/11/2013			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150045		X2) MULTIPLE CONSTRUCTION A. BUILDING 04 B. WING _____		X3) DATE SURVEY COMPLETED 07/11/2013	
NAME OF PROVIDER OR SUPPLIER DEKALB HEALTH				STREET ADDRESS, CITY, STATE, ZIP CODE 1316 E SEVENTH ST AUBURN, IN 46706			
(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			
K040144	<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.</p> <p>Based on observation and interview, the facility failed to ensure 3 of 3 emergency generators were equipped with a remote manual stop. LSC 7.9.2.3 requires emergency generators providing power to emergency lighting systems shall be installed, tested and maintained in accordance with NFPA 110, Standard for Emergency and Standby Power Systems. NFPA 110, 1999 edition, 3-5.5.6 requires Level I installations shall have a remote manual stop station of a type similar to a break-glass station located outside the room housing the prime mover. NFPA 37, Standard for the Installation and Use of Stationary Combustion Engines and Gas Turbines, 1998 Edition, at 8-2.2(c) requires engines of 100 horsepower or more have provision for shutting down the engine at the engine and from a remote location. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on observation with the Director of Environmental Services on 07/10/13 from 10:30 a.m. to 2:00 p.m., the facilities did not have a remote manual stop for the</p>	K040144	Generator Emergency Stops 1. Remote stops will be added to the three generator sets on the exterior of the building directly next to the generator sets. Stops will be labeled (Generator Emergency Stop). 2. Inspection and testing of the emergency stops will be added to the inspection form. 3. The Director of Environmental Service will be responsible for completion of this task.	08/11/2013			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150045	X2) MULTIPLE CONSTRUCTION A. BUILDING 04 B. WING _____		X3) DATE SURVEY COMPLETED 07/11/2013
NAME OF PROVIDER OR SUPPLIER DEKALB HEALTH			STREET ADDRESS, CITY, STATE, ZIP CODE 1316 E SEVENTH ST AUBURN, IN 46706		
(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	
	three emergency generators. Based on an interview with the Director of Environmental Services at 12:20 p.m., generator A was 200 KW, generator B was 400 KW and generator C was 750 KW therefore all engines were over 100 horsepower.				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150045		X2) MULTIPLE CONSTRUCTION A. BUILDING 05 B. WING _____		X3) DATE SURVEY COMPLETED 07/11/2013	
NAME OF PROVIDER OR SUPPLIER DEKALB HEALTH				STREET ADDRESS, CITY, STATE, ZIP CODE 1316 E SEVENTH ST AUBURN, IN 46706			
(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			
K050000	<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: 07/09/13 through 07/11/13</p> <p>Facility Number: 005041 Provider Number: 150045 AIM Number: 100269460A</p> <p>Surveyors: Amy Kelley, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Dekalb Health was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 482.41(b), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC).</p> <p>Dekalb Health is comprised of the main hospital in Auburn, IN (Building 01), a Surgical addition (Building 02), a Rehabilitation and Obstetrics addition (Building 03), an Extension to the Emergency Room and a Radiology addition (Building 04), Butler Clinic in Butler, IN (Building 05), and Garrett Clinic in Garrett, IN (Building 06).</p>	K050000					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150045	X2) MULTIPLE CONSTRUCTION A. BUILDING 05 B. WING _____		X3) DATE SURVEY COMPLETED 07/11/2013
NAME OF PROVIDER OR SUPPLIER DEKALB HEALTH			STREET ADDRESS, CITY, STATE, ZIP CODE 1316 E SEVENTH ST AUBURN, IN 46706		
(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>Butler Clinic, Building 05, is a one story nonsprinklered building of Type V (000) construction with a fire alarm system with smoke detection in the corridors was surveyed with Chapter 39, Existing Business Occupancies. Building 05 provides a health clinic during regular business hours.</p> <p>Quality Review by Lex Brashear, Life Safety Code Specialist-Medical Surveyor on 07/15/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150045		X2) MULTIPLE CONSTRUCTION A. BUILDING 05 B. WING _____		X3) DATE SURVEY COMPLETED 07/11/2013	
NAME OF PROVIDER OR SUPPLIER DEKALB HEALTH				STREET ADDRESS, CITY, STATE, ZIP CODE 1316 E SEVENTH ST AUBURN, IN 46706			
(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			
K050130	<p>NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786</p> <p>1. Based on observation and interview, the facility failed to ensure 1 of 1 waiting room exit signs connected to, or provided with, a battery operated emergency back up power source were tested and would function. LSC 38.2.10 requires means of egress shall have signs in accordance with Section 7.10. LSC 4.5.7 states whenever any device, equipment, system, condition, arrangement, level of protection or any other feature is required for compliance, such device, equipment, system, condition, arrangement, level of protection or other feature shall thereafter be maintained. This deficient practice could affect all occupants in the Butler Clinic including staff, visitors and patients if the facility were required to evacuate in an emergency during a loss of normal power.</p> <p>Findings include:</p> <p>Based on observation with the Director of Environmental Services on 07/11/13 at 1:20 p.m., the waiting room exit sign with battery backup failed to illuminate when the battery was tested. At the time of observation, the Director of Environmental Services confirmed the waiting room exit sign did not illuminate</p>	K050130	<p>NFPA Miscellaneous 1. Item #1 The exit sign replacement battery has been ordered. Item #2 Extension cord plugged into power strip that was plugged into heat tape will be replaced with permanent wiring. #3 Extension cord plugged into decorative lighting will be replaced with permanent wiring. 2. #1 This is on a monthly and annual inspection through our CMMS. This was caught during the June inspection and batteries were ordered at that time. #2 By making this permanent wiring it will eliminate further deficiencies. #3 Notified the office manager of the deficiency and that extension cords are not to be used. This will be added to the monthly preventative maintenance schedule to check for extension cords at outbuilding clinics. 3. Director of Environmental Services</p>	08/11/2013			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150045	X2) MULTIPLE CONSTRUCTION A. BUILDING 05 B. WING _____		X3) DATE SURVEY COMPLETED 07/11/2013
NAME OF PROVIDER OR SUPPLIER DEKALB HEALTH			STREET ADDRESS, CITY, STATE, ZIP CODE 1316 E SEVENTH ST AUBURN, IN 46706		
(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>when tested.</p> <p>2. Based on observation and interview, the facility failed to ensure extension cords were not used as a substitute for fixed wiring. LSC 38.5.1 refers to LSC 9.1. LSC 9.1.1 requires electrical wiring and equipment to comply with NFPA 70, National Electrical Code, 1999 Edition. NFPA 70, Article 400-8 requires, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice could affect any staff or patient.</p> <p>Findings include:</p> <p>Based on observation and interview with the Director of Environmental Services on 07/11/13 at 1:25 p.m., it was acknowledged a power strip was in use and supplying power to an extension cord which was supplying power to heat tape in the mechanical room.</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150045		X2) MULTIPLE CONSTRUCTION A. BUILDING 06 B. WING _____		X3) DATE SURVEY COMPLETED 07/11/2013	
NAME OF PROVIDER OR SUPPLIER DEKALB HEALTH				STREET ADDRESS, CITY, STATE, ZIP CODE 1316 E SEVENTH ST AUBURN, IN 46706			
(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
K060000	<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: 07/09/13 through 07/11/13</p> <p>Facility Number: 005041 Provider Number: 150045 AIM Number: 100269460A</p> <p>Surveyors: Amy Kelley, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Dekalb Health was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 482.41(b), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC).</p> <p>Dekalb Health is comprised of the main hospital in Auburn, IN (Building 01), a Surgical addition (Building 02), a Rehabilitation and Obstetrics addition (Building 03), an Extension to the Emergency Room and a Radiology addition (Building 04), Butler Clinic in Butler, IN (Building 05), and Garrett Clinic in Garrett, IN (Building 06).</p>			K060000			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150045		X2) MULTIPLE CONSTRUCTION A. BUILDING 06 B. WING _____		X3) DATE SURVEY COMPLETED 07/11/2013	
NAME OF PROVIDER OR SUPPLIER DEKALB HEALTH				STREET ADDRESS, CITY, STATE, ZIP CODE 1316 E SEVENTH ST AUBURN, IN 46706			
(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>Garrett Clinic, Building 06, is a one story nonsprinklered building of Type V (000) construction with a fire alarm system with smoke detection in the corridors was surveyed with Chapter 39, Existing Business Occupancies. Building 06 provides a health clinic during regular business hours.</p> <p>Quality Review by Lex Brashear, Life Safety Code Specialist-Medical Surveyor on 07/15/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150045	X2) MULTIPLE CONSTRUCTION A. BUILDING 06 B. WING _____		X3) DATE SURVEY COMPLETED 07/11/2013
NAME OF PROVIDER OR SUPPLIER DEKALB HEALTH			STREET ADDRESS, CITY, STATE, ZIP CODE 1316 E SEVENTH ST AUBURN, IN 46706		
(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	
K060130	<p>NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 Based on observation and interview, the facility failed to ensure extension cords were not used as a substitute for fixed wiring. LSC 38.5.1 refers to LSC 9.1. LSC 9.1.1 requires electrical wiring and equipment to comply with NFPA 70, National Electrical Code, 1999 Edition. NFPA 70, Article 400-8 requires, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice could affect any staff or patient.</p> <p>Findings include:</p> <p>Based on observation and interview with the Director of Environmental Services on 07/11/13 at 2:55 p.m., it was acknowledged an extension cord was in use and supplying power to a set of decorative lights in exam room #6.</p>	K060130	<p>NFPA Miscellaneous 1. Item #1 The exit sign replacement battery has been ordered. Item #2 Extension cord plugged into power strip that was plugged into heat tape will be replaced with permanent wiring. #3 Extension cord plugged into decorative lighting will be replaced with permanent wiring. 2. #1 This is on a monthly and annual inspection through our CMMS. This was caught during the June inspection and batteries were ordered at that time. #2 By making this permanent wiring it will eliminate further deficiencies. #3 Notified the office manager of the deficiency and that extension cords are not to be used. This will be added to the monthly preventative maintenance schedule to check for extension cords at outbuilding clinics. 3. Director of Environmental Services</p>	08/11/2013	