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 10/28/2013
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	A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 07/09/13 through 07/11/13 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 10/28/13 Facility Number: 005941 Provider Number: 150045 AIM Number: 100269460A Surveyors: Amy Kelley, Life Safety Code Specialist 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). 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	K010000		

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

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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 10/28/2013
NAME OF PROVIDER OR SUPPLIER DEKALB HEALTH		STREET ADDRESS, CITY, STATE, ZIP CODE 1316 E SEVENTH ST AUBURN, IN 46706	

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	Butler, IN (Building 05), and Garrett Clinic in Garrett, IN (Building 06). 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 in 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 11 at the time of this survey. The 2008 Surgical addition, Building 02, 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. The 2001 Rehabilitation and Obstetrics addition, Building 03, 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. The 2011 Emergency Room and Radiology extension, Building 04, a two			

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 10/28/2013
NAME OF PROVIDER OR SUPPLIER DEKALB HEALTH		STREET ADDRESS, CITY, STATE, ZIP CODE 1316 E SEVENTH ST AUBURN, IN 46706	

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	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. Butler Clinic, Building 05, 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. Garrett Clinic, Building 06, 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. Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 10/30/13. The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:			

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 10/28/2013
NAME OF PROVIDER OR SUPPLIER DEKALB HEALTH		STREET ADDRESS, CITY, STATE, ZIP CODE 1316 E SEVENTH ST AUBURN, IN 46706	

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K010029	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 Based on observation and interview, the facility failed to ensure 1 of 1 sets of double doors entering the laundry room, a hazardous area, latched into the door frame. This deficient practice was not in a resident care area but could affect any number of staff. Findings include: Based on observation with the Director of Environmental Services on 10/28/13 at 12:15 p.m., the laundry room was equipped with double corridor doors. One door was equipped with a manual latching device that would latch into the door frame and the remaining door was designed to latch into the stationary door.	K010029	1. The stationary door has been equipped with an automatic postive latching device. 2. The latching device is a permanent repair. The operation of the door will be checked during the semi-annual preventative maintenance check of corridor doors. 3. Director of Environmental Services	11/06/2013

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 10/28/2013
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	Each door could not latch automatically, and independent of the other door, into the door frame. This was confirmed by the Director of Environmental Services at the time of observation.			
K020000	A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 07/09/13 through 07/11/13 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 10/28/13 Facility Number: 005941 Provider Number: 150045 AIM Number: 100269460A Surveyors: Amy Kelley, Life Safety Code Specialist At this PSR 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).	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 10/28/2013
NAME OF PROVIDER OR SUPPLIER DEKALB HEALTH		STREET ADDRESS, CITY, STATE, ZIP CODE 1316 E SEVENTH ST AUBURN, IN 46706	

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	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). The 2008 Surgical addition, Building 02, 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. The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:			
K020161	NFPA 101 LIFE SAFETY CODE STANDARD All elevators, escalators, and conveyors comply with ASME/ANSI A17.1, Safety Code for Elevators and Escalators. 9.4, 18.5.3 Based on observation and interview, the facility failed to ensure 2 of 2 sprinklered elevator equipment rooms were provided with an automatic means for	K020161	1. Shunt trip breakers will be provided on the main power lines.2. Shunt trip breakers will be a permanent repair. Annual inspection of the operation will be	01/06/2014

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

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	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 permits sprinklers in elevator machine rooms when there is a means for disconnecting the main line power supply to the affected elevator automatically upon or prior to the application of water from the sprinkler located in the elevator machine room. This deficient practice could affect patients in the 2008 surgical addition near the elevator rooms. Findings include: Based on observations with the Director of Environmental Services on 10/28/13 at 11:15 a.m., both elevator equipment rooms were provided with sprinkler coverage. Based on an interview with the Director of Environmental Services at the time of observations, the elevator equipment in both rooms lacked a shunt trip to automatically disconnect the main line power supply just before, or upon, sprinkler activation. 3.1-19(b)		part of the fire alarm system inspection. 3. Director of Environmental Services	
K030000	A Post Survey Revisit (PSR) to the Life	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 10/28/2013
NAME OF PROVIDER OR SUPPLIER DEKALB HEALTH		STREET ADDRESS, CITY, STATE, ZIP CODE 1316 E SEVENTH ST AUBURN, IN 46706	

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	Safety Code Recertification and State Licensure Survey conducted on 07/09/13 through 07/11/13 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 10/28/13 Facility Number: 005941 Provider Number: 150045 AIM Number: 100269460A Surveyors: Amy Kelley, Life Safety Code Specialist At this PSR 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). 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).			

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 10/28/2013
NAME OF PROVIDER OR SUPPLIER DEKALB HEALTH		STREET ADDRESS, CITY, STATE, ZIP CODE 1316 E SEVENTH ST AUBURN, IN 46706	

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	The 2001 Rehabilitation and Obstetrics addition, Building 03, 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. The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:			
K040000	A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 07/09/13 through 07/11/13 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 10/28/13 Facility Number: 005941 Provider Number: 150045 AIM Number: 100269460A Surveyors: Amy Kelley, Life Safety Code Specialist	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 10/28/2013
NAME OF PROVIDER OR SUPPLIER DEKALB HEALTH		STREET ADDRESS, CITY, STATE, ZIP CODE 1316 E SEVENTH ST AUBURN, IN 46706	

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	At this PSR 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). 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). 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. The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:			
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 10/28/2013
NAME OF PROVIDER OR SUPPLIER DEKALB HEALTH		STREET ADDRESS, CITY, STATE, ZIP CODE 1316 E SEVENTH ST AUBURN, IN 46706	

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	A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 07/09/13 through 07/11/13 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 10/28/13 Facility Number: 005941 Provider Number: 150045 AIM Number: 100269460A Surveyors: Amy Kelley, Life Safety Code Specialist At this PSR 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). 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	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 10/28/2013
NAME OF PROVIDER OR SUPPLIER DEKALB HEALTH		STREET ADDRESS, CITY, STATE, ZIP CODE 1316 E SEVENTH ST AUBURN, IN 46706	

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	Clinic in Garrett, IN (Building 06). Butler Clinic, Building 05, 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. The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:			
K060000	A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 07/09/13 through 07/11/13 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 10/28/13 Facility Number: 005941 Provider Number: 150045 AIM Number: 100269460A	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 10/28/2013
NAME OF PROVIDER OR SUPPLIER DEKALB HEALTH		STREET ADDRESS, CITY, STATE, ZIP CODE 1316 E SEVENTH ST AUBURN, IN 46706	

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	Surveyors: Amy Kelley, Life Safety Code Specialist At this PSR 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). 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). Garrett Clinic, Building 06, 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. The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the			

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 10/28/2013
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	following:			