

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151304	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 10/24/2012
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NAME OF PROVIDER OR SUPPLIER RUSH MEMORIAL HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 1300 N MAIN ST RUSHVILLE, IN 46173
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K0000	<p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification Survey conducted on 07/25/12 was conducted by the Indiana State Department of Health in accordance with 42 CFR 485.623(d).</p> <p>Survey Date: 10/24/12</p> <p>Facility Number: 005082 Provider Number: 151304 AIM Number: 100269820A</p> <p>Surveyor: Mark Bugni, Life Safety Code Specialist</p> <p>At this PSR survey, Rush Memorial Hospital was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 485.623(d), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies.</p> <p>The facility was constructed at three different times. The original building built in 1949 is a three story, nonsprinklered building with a basement with a renovation to the first floor, second floor and small basement addition in 1972 of Type I (332) construction and</p>	K0000		

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

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>nonsprinklered. In 1996, a two story addition to the north of the original building was constructed and is a two story, sprinklered addition with a basement of Type I (332) construction. Because the original building and the addition are the same type of construction, the facility was surveyed as one building. Both buildings have a fire alarm system with smoke detection in the corridors, spaces open to the corridors, and hard wired smoke detection in all patient sleeping rooms. The facility has a capacity of 25 and had a census of 11 at the time of this survey.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 10/26/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K0025	<p>NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4</p> <p>Based on observation and interview, the facility failed to ensure 1 of 4 basement smoke barrier walls above the smoke barrier doors was constructed to provide at least a one half hour fire resistance rating. This deficient practice affects any patients using the cafeteria located near the new addition.</p> <p>Findings include:</p> <p>Based on observation with the maintenance supervisor on 10/24/12 at 1:00 p.m., the basement corridor smoke barrier above the set of smoke barrier doors where the 1997 addition was constructed onto the 1949 original building did not have drywall along the entire length of the smoke barrier wall two feet above the smoke barrier doors to the concrete deck above. Based on an interview with the maintenance supervisor on 10/24/12 at 1:15 p.m., a fire</p>	K0025	<p>Tag # K 025 NFPA 101 Life Safety Code Standard The facility failed to ensure 1 of 4 basement smoke barrier walls above the smoke barrier doors was constructed to provide at least a one half hour fire resistance rating. 1. <i>How are you, the provider, going to correct the deficiency? If already corrected, include the steps taken and the date of correction.</i> On September 20 th 2012 a firestop specialist (Tyo Olds of Olds Firestop and Protection, Inc.) conducted an inspection of the area in question. After further investigation, he concluded that a firewall was not required since the building was attached to an "existing wall". Based on this information, it was assumed that no further actions were required to resolve this deficiency. However, this was later found out to be untrue. Actions to be taken to resolve the problem: 1. A firestop specialist will be</p>	02/25/2013			

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	<p>stopping company was hired to repair the 1997 to 1949 smoke barrier wall and after reviewing the original blue prints, the fire stopping company determined this was not a smoke barrier wall. Based on a review of the original blue print drawings with the maintenance supervisor on 10/24/12 at 1:30 p.m., the blue prints indicated this was a two hour fire barrier. This was verified by the maintenance supervisor at the time of observation and confirmed at the exit conference on 10/24/12 at 1:45 p.m.</p> <p>This deficiency was cited on 07/25/12. The facility failed to implement a systematic plan of correction to prevent recurrence.</p>		<p>contracted to re-evaluate the missing firewall and propose a plan of correction. (This was done on November 8 th 2012) 2. A drywall specialist will construct a fire wall to meet or exceed the required fire rating. 3. Fire rated materials will be purchased to seal areas around the piping and wires. 4. A firestop specialist (or maintenance staff) will install the required fire rated materials around existing piping and wires. 2. <i>How are you, the provider, going to prevent the finding and/or deficiency from recurring in the future?</i> During the month of January 2013 the Director of Facilities, along with the maintenance staff, will evaluate all existing smoke barriers and correct any deficiencies. Routine checks on randomly selected smoke barriers will be performed to assure all barriers meet the life safety codes. Additionally, any new construction requiring a smoke barrier will be constructed to satisfy all life safety requirements. 3. <i>Who is going to be responsible for numbers 1 and 2 above?</i> The Facility and Environmental Services Director will be responsible for numbers 1 and 2 above. 4. <i>By what date are you, the provider, going to have the finding and/or deficiency corrected?</i> The deficiency mentioned above is not anticipated to be corrected by February 25 th 2013. Plan of action: 30 day period #4</p>		

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			(October 26 th 2012 through November 25 th 2012): Contract a firestop specialist to re-evaluate the missing firewall and propose a plan of correction. 30 day period #5 (November 26 th 2012 through December 25 th 2012): Contract a drywall specialist to install fire rated walls to meet or exceed the required fire rating. 30 day period #6 (December 26 th 2012 through January 25 th 2013): Purchase fire rated materials for piping and wires. 30 day period #7 (January 26 th 2013 through February 25 th 2013): Install fire rated materials around the piping and wires to finalize the project. This project will be done no later that February 25 th 2013.		