

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 154011	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 03/14/2012
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NAME OF PROVIDER OR SUPPLIER COMMUNITY MENTAL HEALTH CENTER INC	STREET ADDRESS, CITY, STATE, ZIP CODE 285 BIELBY RD LAWRENCEBURG, IN 47025
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K0000	<p>A Life Safety Code Federally Budgeted Recertification Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 482.41(b).</p> <p>Survey Date: 03/14/12</p> <p>Facility Number: 005176 Provider Number: 154011 AIM Number: 200147890A</p> <p>Surveyor: Mark Bugni, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Community Mental Health Center 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), Chapter 19, Existing Health Care Occupancies.</p> <p>The facility was located on the nonsprinklered first floor, East Wing, of a three story, partially sprinklered hospital of Type I (332) construction with a basement. There is a 2 hour fire separation wall between the hospital and the Community Mental Health Center.</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>The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors, and all patient sleeping rooms. The facility has a capacity of 16 and had a census of 12 at the time of this survey.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 03/22/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K0048	<p>NFPA 101 LIFE SAFETY CODE STANDARD There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. 19.7.1.1</p> <p>Based on record review and interview, the facility failed to include staff response to alarms, the evacuation of the immediate area, and the evacuation of the smoke compartment in the written plan for the protection of 12 of 12 patients and for their evacuation from the building in the event of an emergency. LSC 19.2.2.2 requires a written health care occupancy fire safety plan shall provide for the following:</p> <ol style="list-style-type: none"> (1) Use of alarms (2) Transmission of alarm to the fire department (3) Response to alarms (4) Isolation of fire (5) Evacuation of immediate area (6) Evacuation of smoke compartment (7) Preparation of floors and building for evacuation (8) Extinguishment of fire <p>This deficient practice affects all patients in the facility.</p> <p>Based on a review of the facility's written Fire Safety Plan on 03/14/12 at 10:30 a.m. with the environmental coordinator, the fire safety plan dated 10/20/11 did not address the evacuation of the immediate area, the evacuation of the smoke</p>	K0048	<p>Responsible Person: Director of Inpatient Services The surveyor did not review the Inpatient procedure for Fire Plans as it was not provided to him at the time of survey. The procedure is as follows. Additions were made to meet the standard. References are also made to the Environment of Care Manual for Evacuation and Fire Safety. Those documents follow as well. Monitoring will occur via Fire Drill report forms which are reviewed by the Director of Inpatient Services and in monthly Risk Management committee meetings. See Attached documents. IPU Procedure - Fire Plan Environment of Care - Evacuation Environment of Care - Fire Safety</p>	04/11/2012			

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	compartment, or the preparation of the floor and building for evacuation. This was verified by the environmental coordinator at the time of record review and confirmed by the administrator at the exit conference on 03/14/12 at 5:00 p.m.			

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K0147	<p>NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p> <p>Based on observation and interview, the facility failed to ensure 6 of 6 wet location patient care areas were provided with ground fault circuit interrupter (GFCI) protection against electric shock. NFPA 70, Article 517, Health Care Facilities, defines wet locations as patient care areas that are subject to wet conditions while patients are present. These include standing fluids on the floor or drenching of the work area, either of which condition is intimate to the patient or staff. NFPA 70, 517-20 Wet Locations, requires all receptacles and fixed equipment within the area of the wet location to have ground-fault circuit interrupter (GFCI) protection. Note: Moisture can reduce the contact resistance of the body, and electrical insulation is more subject to failure. This deficient practice could affect all patients in the facility.</p> <p>Findings include:</p> <p>Based on observations with the environmental coordinator during a tour of the facility from 10:50 a.m. to 4:40 p.m. on 03/14/12, room G123, room G217, room G133, room G137, room</p>	K0147	<p>Responsible persons: Environmental Services Coordinator and Maintenance Coordinator Ground Fault Interrupters (GFI) installed in 5 rooms identified. In the staff restroom (G107) the receptacle was not being used and taken out of the circuit. It has been disabled.</p>	03/20/2012			

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	G117, and room G107 each had an electric receptacle within one foot of the handwashing sinks in each room which was not provided with a ground fault circuit interrupter. Furthermore, all electrical panels were checked during the time of observations and there were no ground fault circuit interrupter breakers in the electrical panels. This was verified by the environmental coordinator at the time of observations and confirmed by the administrator at the 5:00 p.m. exit conference on 03/14/12.			

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K0155	<p>NFPA 101 LIFE SAFETY CODE STANDARD Where a required fire alarm system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction is notified, and the building is evacuated or an approved fire watch is provided for all parties left unprotected by the shutdown until the fire alarm system has been returned to service. 9.6.1.8</p> <p>Based on record review and interview, the facility failed to provide a complete written policy for the protection of 12 of 12 patients indicating procedures to be followed in the event the fire alarm system has to be placed out of service for four hours or more in a 24 hour period in accordance with LSC, Section 9.6.1.8. LSC, 19.7.1.1 requires every health care occupancy to have in effect and available to all supervisory personnel a plan for the protection of all persons. All employees shall periodically be instructed and kept informed with respect to their duties under the plan. The provisions of 19.7.1.2 through 19.7.2.3 shall apply. 19.7.2.2 requires all fire safety plans to provide for the use of alarms, the transmission of the alarm to the fire department and response to alarms. 19.7.2.3 requires health care personnel to be instructed in the use of a code phrase to assure transmission of the alarm during a malfunction of the building fire alarm system. This deficient practice affects all occupants in the facility including patients, staff, and visitors. Findings include: Based on a review of the facility's Fire Safety Plan on 03/14/12 at 10:30 a.m. with the environmental coordinator, there was no written fire watch policy in the event the fire alarm system is out of service for 4 hours or more in a 24 hour period. This was verified by the environmental coordinator at the time of record review and confirmed by the administrator at the exit conference on 03/14/12 at 5:00 p.m.</p>	K0155	<p>Responsible Person: Director of Inpatient Services The Inpatient Procedure has been updated to include instruction of how and when to conduct a fire watch. This will be monitored through the Fire Drill report process which is reviewed by the Director of Inpatient Services and in monthly Risk Management meetings. Staff will be trained by the above due date.See Attached documents.IPU Procedure - Fire Plan</p>	04/11/2012			