

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151322	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 08/08/2013
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NAME OF PROVIDER OR SUPPLIER PERRY COUNTY MEMORIAL HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE ONE HOSPITAL RD TELL CITY, IN 47586
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K010000	<p>A Post Survey Revisit (PSR) to the Life Safety Code Validation Survey conducted on 10/16/12 was conducted by the Indiana State Department of Health in accordance with 42 CFR 485.623(d).</p> <p>Survey Date: 08/08/13</p> <p>Facility Number: 005064 Provider Number: 151322 AIM Number: 100269990A</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist</p> <p>At this PSR survey, Perry County 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 original hospital building was constructed in 1949 and is a two story structure with a split level basement. A two story structure with a split level basement was added to the south end of the original building in 1952 and a</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.

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	<p>second two story structure with a basement was added to the east side of the original building in 1974. A one story addition with a basement was built in 1994. The original building and the 1952 and 1974 additions were determined to be of Type II (000) construction and partially sprinklered. The basement and the second floor of the original building and the 1952 and 1974 additions are fully sprinklered and the only portions of the first floor which are sprinklered are Medical Records, Radiology and the Gift Shop. The 1994 addition is separated from the other portions of the facility by a two hour rated fire wall and was determined to be of Type I (332) construction and fully sprinklered. The entire facility has smoke detection in all corridors. The facility has a capacity of 25 and had a census of 13 at the time of this survey.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 08/14/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K010012	<p>NFPA 101 LIFE SAFETY CODE STANDARD Building construction type and height meets one of the following. 19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.1</p> <p>Based on record review, observation and interview; the facility failed to ensure the building construction type of the original building and the 1952 and 1974 additions was a permitted type as listed in Table 19.1.6.2. Table 19.1.6.2 requires a two story building of Type II (000) construction to be fully sprinklered in accordance with 19.3.5.1. Exception: In Type I and Type II construction, where approved by the authority having jurisdiction, alternative protection measures shall be permitted to be substituted for sprinkler protection in specified areas where the authority having jurisdiction has prohibited sprinklers without causing a building to be classified as nonsprinklered. This deficient practice could affect all patients, staff and visitors in the original building and the 1952 and 1974 additions.</p>	K010012	This item has been scored out on the FSES dated December 27, 2012, submitted to ISDH and approved by CMS on July 26, 2013.	08/08/2013

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	<p>Findings include:</p> <p>Based on review of RTM Consultants, Inc., Fire Safety Evaluation System (FSES) "Executive Summary" documentation dated 12/27/12 with the Director of Plant Operations during record review from 12:45 p.m. to 2:00 p.m. on 08/08/13, the construction type of the original building and the 1952 and 1974 additions was Type II (000) and the minimum permitted classification for this building is Type II (222). Based on observations with the Director of Plant Operations and the Maintenance Supervisor during a tour of the facility from 11:10 a.m. to 11:25 a.m. on 08/08/13, the first floor of the original building and the 1952 and 1974 additions was not sprinklered except for the medical records storage room, radiology and the gift shop. Based on interview at the time of record review and of the observations, the Director of Plant Operations acknowledged the original building and the 1952 and 1974 additions were not sprinklered except for the medical records storage room, radiology and the gift shop.</p> <p>This deficiency was cited on 10/16/12. The facility failed to implement a systemic plan of correction to prevent recurrence.</p>				

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K010020	<p>NFPA 101 LIFE SAFETY CODE STANDARD Stairways, elevator shafts, light and ventilation shafts, chutes, and other vertical openings between floors are enclosed with construction having a fire resistance rating of at least one hour. An atrium may be used in accordance with 8.2.5.6. 19.3.1.1.</p> <p>1. Based on observation and interview, the facility failed to ensure 8 of 16 vertical stairwell openings were enclosed with construction having at least a one hour fire resistance. LSC 19.3.1.1 requires any vertical opening to be enclosed or protected in accordance with LSC 8.2.5. LSC 8.2.5.2 states the vertical opening shall be enclosed as appropriate for the fire resistance rating of the barrier. LSC 8.2.3.2.1 requires a one hour rated door in a one hour vertical opening. This deficient practice could affect all patients, staff and visitors in the facility.</p> <p>Findings include:</p>	K010020	This item has been scored out on the FSES dated December 27, 2012, submitted to ISDH and approved by CMS on July 26, 2013.	08/08/2013

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	<p>Based on observations with the Director of Plant Operations and the Maintenance Supervisor during a tour of the facility from 11:10 a.m. to 11:25 a.m. on 08/08/13, the following stairwell doors had no fire rating label affixed to each stairwell entry door:</p> <p>a. the Courtyard stairwell in the basement, the stairwell by the storage room in the basement and stairwell by the maintenance room near the boiler room in the basement.</p> <p>b. the Courtyard stairwell on the first floor, the stairwell by Radiology on the first floor and the stairwell by Medical Records on the first floor.</p> <p>c. the Obstetrics area stairwell door by Room 218 on the second floor and the stairwell by the entrance to Obstetrics.</p> <p>Based on interview at the time of the observations, the Director of Plant Operations acknowledged the aforementioned stairwell entry doors are not rated at least one hour fire resistance.</p> <p>This deficiency was cited on 10/16/12. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>2. Based on record review, observation and interview; the facility failed to ensure 1 of 1 dumbwaiters were provided with</p>			

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	<p>fire doors with a fire protection rating of one hour. This deficient practice could affect any staff or visitor in the vicinity of the dumbwaiter by the Pharmacy in the 1974 building addition.</p> <p>Findings include:</p> <p>Based on review of RTM Consultants, Inc., Fire Safety Evaluation System (FSES) "Executive Summary" documentation dated 12/27/12 with the Director of Plant Operations during record review from 12:45 p.m. to 2:00 p.m. on 08/08/13, the dumbwaiter in the 1974 building addition "is equipped with standard steel doors that do not bear a label indicating the fire resistance rating." Based on observations with the Director of Plant Operations and the Maintenance Supervisor during a tour of the facility from 11:10 a.m. to 11:25 a.m. on 08/08/13, the dumbwaiter doors by the Pharmacy in the 1974 addition were not provided with a fire resistance rating on the doors. Based on interview at the time of record review and of the observation, the Director of Plant Operations acknowledged the dumbwaiter doors were not provided with a fire resistance rating for the doors.</p> <p>This deficiency was cited on 10/16/12. The facility failed to implement a</p>			

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K010056	<p>systemic plan of correction to prevent recurrence.</p> <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 a sprinkler head was installed in 1 of 3 elevator rooms to provide coverage for all portions of the building. NFPA 13 at 5-13.6.2 states automatic sprinklers in elevator machine rooms shall be of ordinary or intermediate temperature rating.</p> <p>ASME/ANSI A17.1 permits sprinklers in elevator machine rooms when there is a means for disconnecting the main power supply to the affected elevator</p>	K010056	Maintenance Staff will install sprinkler lines by September 6, 2013, in second floor penthouse elevator. Sprinkler heads will then be installed by Maintenance Staff and shunt trip will be installed by Zeller Elevator Company in elevator machine room in second floor penthouse within 30 days from the receipt of signed contract. The contract was signed by the CEO on August 26, 2013. See Attachment A.	09/26/2013

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K010160	<p>automatically upon or prior to the application of water from the sprinkler located in the elevator machine room. This deficient practice could affect two staff and visitors in the vicinity of the second floor penthouse elevator machine room.</p> <p>Findings include:</p> <p>Based on observation with the Director of Plant Operations and the Maintenance Supervisor during a tour of the facility from 11:10 a.m. to 11:25 a.m. on 08/08/13, the Elevator Machine Room in the second floor penthouse was not sprinklered. Based on interview at the time of observation, the Director of Plant Operations acknowledged the Elevator Machine Room in the second floor penthouse was not sprinklered.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD All existing elevators, having a travel distance of 25 ft. or more above or below the</p>				

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	<p>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 the elevator equipment in 2 of 3 elevator equipment rooms was provided with a shunt trip. ASME/ANSI A17.1 permits sprinklers in elevator machine rooms when there is a means for disconnecting the main 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 ten patients, staff and visitors.</p> <p>Findings include:</p> <p>Based on observations with the Director of Plant Operations and the Maintenance Supervisor during a tour of the facility from 11:10 a.m. to 11:25 a.m. on 08/08/13, the following was noted:</p> <p>a. the Elevator Machine Room near the Diabetes Education Room was provided with sprinkler protection but no evidence of shunt trip installation was found.</p> <p>b. the Elevator Machine Room in the second floor penthouse was not sprinklered and no evidence of shunt trip installation was found.</p>	K010160	A & B). Estimate obtained on August 23, 2013 from Zeller Elevator Company for quotes on installation of shunt trip breakers on 3 elevators. Estimated date of completion on installation is 30 days from receipt of signed contract and contract signed by CEO on August 26, 2013.	08/26/2013

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	Based on interview at the time of the observations, the Director of Plant Operations stated the facility has sought shunt trip installation quotes but acknowledged a shunt trip device for each of the aforementioned elevator equipment rooms has not been installed.				