

Ohio Dept Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 1283LH	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/23/2025
NAME OF PROVIDER OR SUPPLIER INSIGHT FOUNDATION OF TRUMBULL		STREET ADDRESS, CITY, STATE, ZIP CODE 1350 EAST MARKET STREET WARREN, OH 44483		
(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) COMPLETE DATE
S 000	Initial Comments LICENSURE MONITORING INSPECTION COUNTY: Trumbull The following violations are issued as a result of the licensure monitoring inspection completed on 09/24/25.	S 000		
S 130	O.A.C. 3701-22-06 (A) General Provisions O.A.C. 3701-22-06 (A) Each hospital, other than a critical access hospital or a rural emergency hospital, is to provide effective administration responsible for the following areas: (A) Compliance with federal, state, and local laws, in accordance with 42 CFR 482.11, including cooperation with any public health investigation This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure routine maintenance was provided for the fire alarm and sprinkler system, generator, piped oxygen and vacuum systems, boiler system, elevators, radiology equipment, emergency lighting. Findings include: 1. Review of the provided sprinkler inspection documentation revealed the last quarterly inspection was completed on 12/26/24. No quarterly inspections were completed in 2025. During an observation on 09/23/25 of all the inspection tags from the sprinkler contractor on the sprinkler risers verified the last inspection was 12/26/24. The hospital was equipped with two	S 130		

Ohio Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S 130	<p>Continued From page 1</p> <p>electric fire pumps and no documentation could be provided of the required monthly churn tests to ensure proper operation. The hospital could not provide any documentation for the the annual sprinkler and fire pump inspections.</p> <p>During an interview on 09/23/25 at 2:00 PM, Facility Director (FD) #1 stated there were no current inspection records for the system. FD #1 stated the inspections were scheduled but could not provide a date of when the inspections were going to be completed. provide a date.</p> <p>2. The hospital could not provide any fire alarm inspection documentation. During an observation on 09/23/25 of the fire alarm contractor inspection tags at the main panel revealed the last annual inspection was completed on 03/08/24. The main fire alarm panel showed there were 11 active troubles on the system.</p> <p>During an interview on 09/23/25 at 2:00 PM, FD #1 stated there was not a current biennial sensitivity, semi-annual or annual inspection completed on the system. FD #1 stated the inspections were scheduled but could not provide a date of when the inspections were going to be completed. provide a date.</p> <p>3. Review of the generator records revealed the last weekly unloaded run of the generators was completed in March 2025. The last internal monthly load run was completed in February 2025. Generator #2 failed to run. There was no documentation provided of the required annual generator inspections by a certified contractor.</p> <p>During an interview on 09/23/25 at 2:00 PM, FD #1 stated that the contractor had just completed the annual inspection and fuel sampling but could</p>	S 130		

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S 130	<p>Continued From page 2</p> <p>not provide any documentation for review.</p> <p>4. The hospital was equipped with piped oxygen and vacuum throughout the building. All observed panels indicated low or zero pressure for these systems. When testing and inspection documentation was requested, none could be provided.</p> <p>5. Review of the boiler inspection certificates revealed an expiration date of 12/31/24. A request was made for the current boiler certificates and none could be provided.</p> <p>During an interview on 09/23/25 at 2:00 PM, FD #1 stated the boilers were recently inspected but could not provide the date the inspection occurred or any documentation related to the inspection.</p> <p>6. During an observation on 09/23/25, one of 11 elevators were out of order.</p> <p>Review of the elevator inspection certificates revealed an expiration date of 06/30/24. A request was made for the current elevator certificates and none could be provided.</p> <p>7. Review of the Radiology Equipment certificates revealed an expiration date of 03/31/25. A request was made for the current certificates and none could be provided.</p> <p>8. The following inspection documentation was requested and the hospital could not provide any current or previous documentation for review: annual fire door inspections; annual receptacle inspections; required fire damper inspections; and weekly and monthly emergency light testing</p>	S 130		

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S 130	Continued From page 3 During an interview on 09/23/25 at 2:00 PM, FD #1 and the Chief Executive Officer verified the hospital could not provide the requested documentation.	S 130		
S 161	O.A.C. 3701-22-07 (K) Hospital Functions O.A.C. 3701-22-07 (K) (3) Each hospital, other than a critical access hospital or a rural emergency hospital, is to provide for the following: (3) Establish and implement an effective water management program to identify hazardous conditions, and take steps to manage the risk of occurrence and transmission of waterborne pathogens, including but not limited to legionella, in building water systems in accordance with guidance from the United States centers for disease control and prevention (available at https://www.cdc.gov/control-legionella/php/toolkit/wmp-toolkit.html) and recommendations of the United States centers for disease control and prevention healthcare infection control practices advisory committee, "Environmental Infection Control Guidelines" (2019) or its successors. (a) Within the first twelve months, two sets of validation testing in the building water system of each building that provides inpatient medical or surgical services, taken no fewer than four months apart and more than eight months apart, is to occur. Each set of water samples will be representative of all hot potable water loops and water sources based upon the risk assessment and conditions identified in the water management program, including but not limited to cooling towers, therapy spas, decorative fountains or water features where exposure to aerosols may occur in order to evaluate the performance of the water management program	S 161		

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S 161	<p>Continued From page 4</p> <p>in controlling legionella risk or other waterborne pathogens. A hospital that has demonstrated detections of less than one cfu/ml of legionella through at least two prior validation test sets collected over a one year period may conduct annual validation testing in lieu of twice-yearly testing. Validation testing includes all of the following: (i) At least one cold water sample obtained from the incoming water mains from the public water system or the water source; (ii) At minimum, representative samples obtained from distal and proximal locations on each hot water loop on the hot water distribution system; and (iii) Measurement of total or free chlorine residual, as appropriate, at the time of sample collection, and the observed sustained maximum temperatures for cold and hot water samples.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to establish and implement an effective water management program and preventative measures to address the potential for Legionella growth.</p> <p>Findings include:</p> <p>During a tour of the hospital on 09/23/25 at 8:15 AM, it was observed that the hospital was supplied by a municipal water source. There were multiple hot water loops and a cooling tower.</p> <p>A copy of the hospital's water management plan and Legionella surveillance was requested. No records were provided during the inspection.</p>	S 161		

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S 161	Continued From page 5 There were no previous water quality tests to review. During an interview on 09/23/25 at 2:00 PM, Facility Director (FD) #1 stated the hospital would be using an outside contractor to manage the water program. FD #1 stated a contractor was scheduled but could not provide a date when the contractor would be visiting the hospital. FD #1 stated the facility has not performed any precautionary measures such as flushing of all hot water distribution systems, adjustments to hot water temperatures or identifying areas of poor water flow to prevent stagnation to prevent Legionella growth.	S 161		