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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15E187 | X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____ | X3) DATE SURVEY COMPLETED 05/18/2015 |
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| NAME OF PROVIDER OR SUPPLIER SIMMONS LOVING CARE HEALTH FACILITY | STREET ADDRESS, CITY, STATE, ZIP CODE 700 E 21ST AVE GARY, IN 46407 |
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| K 0000 Bldg. 01 | <p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 05/18/15</p> <p>Facility Number: 000368 Provider Number: 15E187 AIM Number: 1002752200</p> <p>At this Life Safety Code survey, Simmons Loving Care Health Facility was found not in compliance with Requirements for Participation in Medicaid, 42 CFR Subpart 483.70(a), 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 and 410 IAC 16.2.</p> <p>This one story facility with a partial basement was determined to be of Type II (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and spaces open to the corridor. Twenty resident rooms were provided with battery operated smoke detectors. The facility has the capacity for 46 and</p> | K 0000 | <p>We are asking for a paper compliance survey after reviewing the enclosed responses. K 021</p> <p>We would ask that this deficiency be removed from our record due to the following reasons:</p> <p>1. According to Koorsen Fire & Security the functionality of the magnetic door holders located within the facility areas of the dining room and east hallway operate as they should when the triggering alarm is silenced from the main fire alarm control panel (FACP). The doors automatically close upon activation of: the manual fire alarm system; when smoke detectors detect smoke and automatic sprinkler system.</p> | |
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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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| K 0021 SS=F Bldg. 01 | <p>had a census of 20 at the time of this survey.</p> <p>All areas accessible to residents and areas providing facility services were sprinklered.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Any door in an exit passageway, stairway enclosure, horizontal exit, smoke barrier or hazardous area enclosure is held open only by devices arranged to automatically close all such doors by zone or throughout the facility upon activation of:</p> <p>a) the required manual fire alarm system;</p> <p>b) local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and</p> <p>c) the automatic sprinkler system, if installed. 19.2.2.2.6, 7.2.1.8.2</p> <p>Based on observation, the facility failed to ensure smoke barrier door sets would remain self closing until the fire alarm system is returned to normal operations to separate 2 of 3 smoke compartments. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> | K 0021 | <p>2.I have enclosed aletter from Koorsen because they would like to discuss this area for moreclarity and to remedy any issues that remain.</p> <p>K 021 1. Thefire alarm panel will be reprogramed by Koorsen Fire & Security. The monitoring and quarterly maintenanceof the fire system will be done by Koorsen who will be in communication with the Life Safety Staff of the Department of Health</p> | 06/30/2015 |

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| | <p>Based on observation with the maintenance man on 05/18/15 at 2:30 p.m. the smoke barrier door sets separating the east and west sleeping room hall released initially with the activation of the fire alarm system. When the system was placed in silence mode using the remote annunciator by the front door and the doors were opened and the magnetic hold devices engaged causing the smoke/fire doors to remain open instead of self closing as required when the fire alarm system was activated, prior to resetting.</p> <p>3.1-19(b)</p> | | <p>to ensure proper functioning of the magnet door locks on 2 doors in the facility when the system is tested via main fire panel or remote annunciator.</p> <p>2. No other area was affected.</p> <p>3. State Board of Health has communicated with the staff of Koorsen to ensure the fire alarm system is programmed adequately to meet the standards of the regulation.</p> <p>4. Koorsen is responsible for programming the fire alarm system and will monitor the proper functioning of the magnet door locks proper closure quarterly. The maintenance staff will monitor the functioning of the magnet door locks during monthly fire drills and if magnet lock remains demagnetized until fire alarm system is reset. Administration will be notified and Koorsen will be informed so repairs can be made. Proper functioning of magnet doors of East Wing Hall and Dining Room will be added to the quarterly log sheet will be monitored by administrator quarterly.</p> <p>5. June 30, 2015 Please forgive the miscommunication between Koorsen and Life Safety Department of</p> | | |

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| K 0025 SS=D Bldg. 01 | <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 wall and ceiling smoke barrier penetrations and unsealed openings were sealed in a manner which maintains the one half hour fire resistance rating. LSC Section 8.3.6.1 requires the passage of building service materials such as pipe, cable or wire to be protected so the space between the penetrating item and the smoke barrier shall be filled with a material capable of maintaining the smoke resistance of the smoke barrier or be protected by an approved device designed for the specific purpose. LSC Section 8.3.2 requires smoke barriers to be continuous from</p> | K 0025 | <p>Health. Koorsenrepresentative was under the understanding that you would meet with their service person and repair the system upon your return.</p> <p>K 025</p> <p>1. The areas cited were immediately corrected. a. The foam was removed from kitchen cooler and replaced with the approved fire rating caulking. b. The ceiling tile was replaced with a new tile and all ceiling tiles throughout the facility were checked for any cracks. No other damaged ceiling tiles were found. The indicated ceiling tile was from the removal of a smoke detector done in 2012. 2. No other area was affected. 3. In-service held with maintenance and custodial staff instructing them on the importance of monitoring for</p> | 06/17/2015 |

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| | <p>floor to floor and outside wall to outside wall. This deficient could affect visitors, staff and 10 or more residents.</p> <p>Findings include:</p> <ol style="list-style-type: none"> Based on observation with the maintenance man on 05/18/15 at 12:55 p.m., a conduit penetration in the kitchen cooler was sealed with expandable foam for which there was no approved fire rating. The maintenance man acknowledged at the time of observation, the use of the unapproved expandable foam in the kitchen cooler. Based on observation with the maintenance man on 05/18/15 at 2:05 p.m., a four inch square and a two inch round hole were unsealed in the lay in ceiling tile in the exit corridor on the resident room side of the east smoke barrier. The maintenance man said at the time of observation, contractors left the holes when they moved a smoke detector. <p>3.1-19(b)</p> | | <p>cracks and holes in ceiling tiles though out dining room and hallways. The only caulking that can be used in the facility must be one half hour fire resistantrating from floor to floor and outside wall to outside wall. and all other wall and ceiling smoke barrier penetrations and unsealed openings were sealed in a manner which maintains the one half hour fire resistance rating.</p> <p>4. Only proper caulking will be available to the staff and areas in need of caulking will be listed on a caulking log form to be reviewed by administrator upon completion of caulking and quarterly thereafter. Ceiling tiles will be assessed for cracks quarterly and tiles will be replaced. Replacement tile log sheet will be monitored by administrator quarterly.</p> <p>5. June 17, 2015</p> | | |

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| K 0046 SS=D Bldg. 01 | <p>NFPA 101 LIFE SAFETY CODE STANDARD Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9.19.2.9.1.</p> <p>Based on observation and interview, the facility failed to ensure battery powered emergency lighting fixtures would operate in 2 of 5 service areas. LSC 7.9.2.5 requires battery operated emergency lights shall be capable of repeated automatic operation. This deficient practice affects 3 or more staff and visitors in the kitchen service corridor and basement areas inaccessible to residents.</p> <p>Findings include:</p> <p>Based on observation with the maintenance man on 05/15/15 between 12:00 p.m. and 3:00 p.m., the battery powered emergency lighting failed to illuminate when tested twice in the service corridor at the exit egress and in the basement boiler room. The maintenance man acknowledged at the time of observations the lights were not working.</p> <p>3.1-19 (b)</p> | K 0046 | <p>K 046</p> <p>1. Koorsen was immediately called and they visited the facility on May 19, 2015 and it was a loose wire for the battery powered emergency lighting fixture at the back door of the kitchen service corridor. The basement emergency light in the mechanical room was replaced.</p> <p>2. No other areas were affected We will continue to monitor the exit emergency lighting monthly and indicate proper functioning and repairs on the log sheet.</p> <p>3. The administrator monitors the log sheets quarterly.</p> <p>4. June 17, 2015</p> | 06/17/2015 |

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| K 0147 SS=D Bldg. 01 | <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>1. Based on observation and interview, the facility failed to ensure 1 of 1 flexible cords were not used as a substitute for fixed wiring. NFPA 70 National Electrical Code, 1999 Edition, Article 400-8 requires that, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice could affect 3 or more staff and visitors in the basement boiler room which is inaccessible to residents.</p> <p>Findings include:</p> <p>Based on observation with the maintenance man on 05/18/15 at 3:00 p.m., an extension cord was used to supply power to a fan running continuously in the basement boiler room. The maintenance man said at the time of observation, the fan did not have a cord long enough to reach the nearest outlet.</p> <p>3.1-19(b)</p> | K 0147 | <p>K 147</p> <p>1. 1.Flexible extension cord was immediately removed and in-service held with maintenance and custodial staff. Facility thought the extension cords referred to resident areas only.</p> <p>2.Plate was screwed back onto the 2 junction boxes. One junction box in the basement screw just came out and plate was to the side of the box and the other junction box plate was replaced.</p> <p>1.No other areas affected</p> <p>2.In-service held with maintenance staff and policy reviewed on inspecting for loose wires and nonuse of household electric extension cords. We will continue to use our monitoring log for loose wires which will be completed by the maintenance department. Administrative designee will review repairs.</p> <p>3.Administrator will monitor wiring logs quarterly.</p> <p>4.June 17, 2015</p> | 06/17/2015 |

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| | <p>2. Based on observation and interview, the facility failed to ensure 2 of 2 electrical wiring connections were maintained in a safe operating condition which included junction boxes. NFPA 70, 1999 Edition, Article 370-28(c) requires all junction boxes shall be provided with covers compatible with the box. This deficient practice could affect visitors, staff in the basement and any occupant of the East wing where 13 residents reside.</p> <p>Findings include:</p> <p>Based on observation with the maintenance man on 05/18/15 between 12:00 p.m. and 3:40 p.m., a junction box was uncovered in the east wing exit corridor sealing near the smoke barrier above the lay in ceiling. A second uncovered junction box was uncovered on the air conditioning unit in the basement. The maintenance man acknowledged at the time of observation the wires were exposed.</p> <p>3.1-19(b)</p> | | | |

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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