

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15E209	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 09/30/2014
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NAME OF PROVIDER OR SUPPLIER SUMMIT CONVALESCENT CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 701 S MAIN ST SUMMITVILLE, IN 46070
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(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) COMPLETION DATE
K010000	<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: 09/30/14</p> <p>Facility Number: 000373 Provider Number: 15E209 AIM Number: 100288730</p> <p>Surveyor: Phillip Komsiski, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Summit Convalescent Center 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 was determined to be of Type II (000) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and spaces open to the corridors with battery powered smoke detectors in all resident sleeping rooms. The facility</p>	K010000	Submission of this plan of correction shall not constitute or be construed as an admission by Summit Convalescent Center that the allegations contained in the survey report are accurate or reflect accurately the provision of care and service to the residents at Summit Convalescent Center. The facility requests the following plan of correction be considered its allegation of compliance the facility also respectfully requests paper compliance due to the low scope and severity and number of tags written	

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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K010062 SS=F	<p>has a capacity of 34 and had a census of 29 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. All areas providing facility services were sprinklered.</p> <p>Quality Review by Dennis Austill, Life Safety Code Specialist on 10/03/14.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>Based on observation, record review and interview, the facility failed to ensure 1 of 1 private fire hydrants was continuously maintained in reliable operating condition and inspected and tested periodically. NFPA 25, 1998 Edition, the Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems at</p>	K010062	<p>The fire hydrant located at the northwest corner of the facility by the sprinkler pit was inspected by Elwood Fire on 10/10/14</p> <p>The fire hydrant will be placed on an annual inspection schedule to be completed by Elwood fire. POC Date 10/10/14</p>	10/10/2014

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K010147 SS=E	<p>Section 4-2.2.4 requires dry barrel hydrants to be inspected annually and after each operation. Hydrants shall be inspected, and the necessary corrective action shall be taken. This deficient practice affects all occupants in the facility including staff, visitors and residents.</p> <p>Findings include:</p> <p>Based on observation on 09/30/14 at 3:09 p.m. with the Maintenance Supervisor, there was one fire hydrant located at the northwest part of the facility. Based on review of Fire Systems report on 09/30/14 at 3:21 p.m. with the Maintenance Supervisor, the facility lacked documentation of annual inspection for the private fire hydrant. Based on interview concurrent with record review with the Maintenance Supervisor, it was confirmed documentation of an annual fire hydrant inspection was not available for review and the facility was unaware the fire hydrant needed to be serviced annually.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National</p>			

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	<p>Electrical Code. 9.1.2</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 extension cords observed was not used as a substitute for fixed wiring. NFPA 70, National Electrical Code, 1999 Edition. NFPA 70, Article 400-8 requires, unless specifically permitted, flexible cords shall not be used as a substitute for fixed wiring of a structure. This deficient practice could affect 20 residents as well as visitors.</p> <p>Findings include:</p> <p>Based on observation on 09/30/14 at 1:11 p.m., with the Maintenance Supervisor, an extension cord was plugged into a power source which then extended to power a small outdoor water fountain adjacent to the Front entrance. Based on interview on 09/30/14 at 1:12 p.m. it was acknowledged by the Maintenance Supervisor, an extension cord was used to provide power to the aforementioned outdoor appliance and it was mentioned extension cords were not allowed to be used in the facility.</p> <p>3.1-19(b)</p>	K010147	<p>The fountain and extension cord were removed from the front of the facility</p> <p>A new policy and procedure was developed to address the use of extension cords and power strips</p> <p>As a part of the Maintenance Supervisors monthly preventative maintenance rounds he will check both inside and outside of the facility to ensure extension cords are not in use</p> <p>Staff will be in serviced by 10/30/14 regarding the extension cord/power strip policy</p> <p>POC Date:10/30/14</p>	10/30/2014