

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155344	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	X3) DATE SURVEY COMPLETED 10/27/2015
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NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF MICHIGAN CITY	STREET ADDRESS, CITY, STATE, ZIP CODE 802 US HWY 20 E MICHIGAN CITY, IN 46360
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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: 10/27/15</p> <p>Facility Number: 000236 Provider Number: 155344 AIM Number: 100287700</p> <p>At this Life Safety Code survey, Life Care Center of Michigan City was found not in compliance with Requirements for Participation in Medicare/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 V (111) construction in the 300, 400 and 500 wings and Type IV (2HH) construction in the 100 and 200 wings and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors and battery powered smoke detectors in the resident rooms.</p>	K 0000	The facility requests that this plan of correction be considered its credible allegations of compliance. Submission of this response and Plan of Correction is not a legal admission that a deficiency exists or that this statement of deficiency was correctly cited, and it also not to not to be construed as of an admission of interest against the facility, the Administrator or any employee or agents, or any other individuals who draft or may be discussed in the Plan of Correction. In addition preparation and submission of the Plan of Correction does not constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the corrections of a conclusion set forth in this allegation by the survey agency. Accordingly, the facility has prepared and submitted this Plan of Correction prior to the resolution of Appeal of this matter solely because of the requirement under State and federal law that mandates submission of the Plan of Correction a condition to participate in the Title 18 and Title 19 programs. The submission of this plan of correction within this timeframe should in no way be of non-compliance or admission by the facility. This provider is respectfully requesting paper	

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 0015 SS=E Bldg. 01	<p>The facility has a capacity of 120 and had a census of 69 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered. The facility had one detached garage and two sheds used for facility storage which were not sprinklered.</p> <p>Quality Review completed 10/29/15 - DA</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Interior finish for rooms and spaces not used for corridors or exitways, including exposed interior surfaces of buildings such as fixed or movable walls, partitions, columns, and ceilings, has a flame spread rating of Class A or Class B. (In fully sprinklered buildings, flame spread rating of Class A, Class B, or Class C may be continued in use within rooms separated in accordance with 19.3.6 from the access corridors.) 19.3.3.1, 19.3.3.2</p> <p>Based on observation and interview, the facility failed to ensure materials used as an interior finish on the ceiling in 26 of 60 rooms had a flame spread rating of Class A or Class B. LSC 101 10.2.3.2 states products required to be tested in accordance with NFPA 255, Standard Method of Test of Surface Burning Characteristics of Building Materials, shall be grouped in the following classes in accordance with their flame spread and smoke development.</p>	K 0015	<p>compliance. If accepted, all documentation will be faxed or mailed as requested.</p> <p>The ceiling finish class rating documentation was found and 24/26 ceilings have a class A rating on the ceiling finish. The DON office and room 210 have original wood ceilings that will be painted with intumescent fire retardant varnish with flame control #166 by 11/25/15. A full house audit was completed on 11/2/15 by the maintenance director on all ceiling finishes in the building to insure that they meet class ratings. No further issues were found.</p>	11/25/2015

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	<p>(a) Class A Interior Wall and Ceiling Finish. Flame spread 0-25; smoke development 0-450. Includes any material classified at 25 or less on the flame spread test scale and 450 or less on the smoke test scale. Any element thereof, when so tested, shall not continue to propagate fire.</p> <p>(b) Class B Interior Wall and Ceiling Finish. Flame spread 26-75; smoke development 0-450. Includes any material classified at more than 25 but not more than 75 on the flame spread test scale and 450 or less on the smoke test scale.</p> <p>(c) Class C Interior Wall and Ceiling Finish. Flame spread 76-200; smoke development 0-450. Includes any material classified at more than 75 but not more than 200 on the flame spread test scale and 450 or less on the smoke test scale. This deficient practice could affect staff, visitors, and at least 18 residents plus all the residents in the 300, 400, and 500 Hall who use the Dining Room in the 200 Hall.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Director on 10/27/15 at 12:58 p.m., the 100 Hall and 200 Hall rooms had bare wood or painted wood on the ceilings used as an interior finish.</p>		<p>The ED inserviced the Maintenance Director on 11/5/15 on ceiling class ratings. All future finishes will be reviewed by the ED and Maintenance Director to verify appropriate finishes prior to application.</p> <p>The maintenance director will audit all rooms monthly for six months to verify that appropriate finishes are in place. Audits will be reviewed by the PI committee until 100% compliance has been reached for 6 months.</p>	

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K 0062 SS=D Bldg. 01	<p>Based on interview at the time of observation, the Maintenance Director was unable to provide documentation for a flame spread classification of Class A or B.</p> <p>3.1-19(b)</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 and interview, the facility failed to ensure 1 of 3 sprinkler heads in resident room 307 was maintained. This deficient practice could affect 2 residents.</p> <p>Findings include:</p> <p>Based on observations the Maintenance Director on 10/27/15 at 12:06 p.m., resident room 307 was missing one escutcheon in the resident room and one escutcheon in the resident room bathroom. Based on interview at the time of observation, the Maintenance Director acknowledged each missing escutcheon at the time of each observation.</p> <p>3.1-19(b)</p>	K 0062	<p>The unattached escutcheon in room 307 was reattached to the sprinkler head on 10/27/15. A full house audit was completed on 11/5/15 by the maintenance director and no further unattached escutcheons were found. The ED inserviced the Director of Maintenance on verifying escutcheon attachment to sprinkler heads on 11/5/15. The director of maintenance will audit escutcheon attachment weekly for one month and monthly thereafter for five months. Audits will be reviewed by the PI committee for 6 months until 100% compliance is reached.</p>	11/25/2015
K 0147	NFPA 101			

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SS=E Bldg. 01	<p>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 11 of 11 flexible cords were not used as a substitute for fixed wiring to provide power equipment with a high current draw. 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 affects staff and up to 20 residents.</p> <p>Findings include:</p> <p>Based on observation with Maintenance Director on 10/27/15 between 11:34 a.m. to 12:52 p.m. the following was discovered:</p> <ul style="list-style-type: none"> a) an extension cord powering a cell phone charger in resident room 113 b) a battery backup surge protector powering three other surge protectors powering computer components at the Front Desk c) a surge protector powering another surge protector in the Business office powering computer components d) an extension cord powering a television in resident room 405 	K 0147	The extension cord in room 113 was removed on 10/27/15 by the maintenance director. The Business office surge protector powering another one was removed on 11/2/15 by the maintenance director. The extension cord powering the television in room 305 was removed on 11/2/15 by the maintenance director. In room 410 the extension cord was removed on 11/4/15 by the maintenance director. The extension cord powering the refrigerator in room 401 was removed on 11/4/15 by the maintenance director. The extension cord in resident room 512 was removed 11/4/15 by the maintenance director. The extension cord powering three separate drills in the maintenance office was removed on 11/4/15 by the maintenance director. The surge protector that was spliced into a mechanical timer, both the timer and surge protector were removed from service on 11/4/15 by the maintenance director. A battery backup surge protector powering the computers at the front desk was removed and the surge protector was plugged into wall outlets on 10/27/15 by the maintenance director. A full house audit was conducted on 11/5/15 by the maintenance	11/25/2015

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	<p>e) an extension cord powering a digital photo frame and a cell phone charger in resident room 410</p> <p>f) an extension cord powering a refrigerator in resident room 401</p> <p>g) an extension cord powering a phone in resident room 512</p> <p>h) an extension cord powering three separate drill batteries in the Maintenance Office</p> <p>Based on interview at the time of observation, the Maintenance Director acknowledged each aforementioned condition.</p> <p>3.1-19(b)</p> <p>2. Based on observation and interview, the facility failed to ensure 1 of 1 surge protector observed was maintained in a safe operating condition. LSC 19.5.1 requires utilities comply with Section 9.1. LSC 9.1.2 requires electrical wiring and equipment to comply with NFPA 70, National Electrical Code, 1999 Edition. NFPA 70, 1999 Edition, Article 400-9 requires flexible cords shall be used only in continuous lengths without splice or tap. Furthermore, Article 110.14 Electrical Connections requires all splices and joints and the free ends of conductors shall be covered with an insulation equivalent to that of the conductors or with an insulating device identified for</p>		<p>director to insure surge protectors and extensions cords are utilized appropriately. No further issues were found. The ED inserviced the Director of Maintenance on appropriate extension cord and power strip usage on 11/5/15. The director of maintenance will audit all rooms to insure no extension cords are utilized and power cords are utilized appropriately, weekly for one month and monthly thereafter for five months. Audits will be reviewed by the PI committee for 6 months until 100% compliance is reached.</p>	

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	<p>the purpose. This deficient practice affects staff and up to 20 residents.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Director on 10/27/15 at 11:17 a.m., the flexible cord of a surge protector was spliced and rewired inside a metal box being powered by a mechanical timer in Housekeeping Storage. Based on interview at the time of observation, the Maintenance Director acknowledged the aforementioned condition.</p> <p>3.1-19(b)</p>			