

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 09/20/2012
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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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K0000	<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: 09/20/12</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 (111) construction and was fully sprinklered except for the front overhang and canopy and the Nurse's station exit overhang. The facility has a fire alarm system with smoke detection in the corridors and spaces open to the</p>	K0000	Submission of this plan of correction shall not constitute or be construed as an admission by Summit Convalescent Center that the allegations contained in this 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 requests paper compliance due to the number of tags cited and low scope and severity of the 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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	<p>corridors with battery powered smoke detectors in all resident sleeping rooms. The facility has a capacity of 34 and had a census of 33 at the time of this survey.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 09/26/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K0056 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>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 observations and interview, the facility failed to ensure a complete automatic sprinkler system was provided for 2 of 2 exits with an outside overhang or canopy in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. NFPA 13, 1999 Edition, Section 5-13.8.1 requires sprinklers shall be installed under exterior combustible roofs or canopies exceeding four feet in width. This deficient practice could affect 2 residents observed by the Front exit and 29 residents on Main hall using the Nurses' station exit as a secondary exit as well as visitors or staff.</p> <p>Findings include:</p> <p>Based on observation on 09/20/12 at 1:45</p>	K0056	No residents, staff, or visitors were affected by this alleged deficient practice. Contractor was contacted on 9/20/12 regarding the Life Safety Code survey and the need for the Front Entrance and Nurse's Station Entrance to have sprinkler heads installed. Engineer visited facility on 10/4/12 to develop plan for placement of sprinkler heads for the Front Entrance and Nurse's Station Entrance areas cited in the survey report. Sprinkler heads will be installed at both areas by 10/20/12. The fire protection agency for the facility will inspect the sprinkler system on a quarterly basis. POC DATE: 10/20/12	10/20/2012

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	<p>p.m. with the Maintenance Supervisor, the Front exit had a ten foot overhang constructed of wood with a rubber roof and a vinyl ceiling. Attached to the overhang was a canopy which extended an additional ten feet from the overhang and was constructed of aluminum supports with a cloth covering with an unknown fire rating. Based on observation at 2:05 p.m. on 09/20/12 with the Maintenance Supervisor, the Nurses' station exit on Main hall had an overhang which extended forty nine inches, was constructed of wood with a rubber roof and a vinyl ceiling. Based on interview on 09/20/12 concurrent with the observations with the Maintenance Supervisor, it was acknowledged there were no sprinkler heads present for either of the aforementioned canopies outside the front exit or the Nurses' station exit to provide complete sprinkler coverage for the facility.</p> <p>3.1-19(b)</p>			

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K0064 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10</p> <p>Based on observation and interview, the facility failed to maintain 1 of 2 portable fire extinguishers in the kitchen cooking area in accordance with the requirements of NFPA 10, Standard for Portable Fire Extinguishers, 1998 Edition. NFPA 10, 2- 3.2 requires fire extinguishers provided for the protection of cooking appliances using combustible cooking media (vegetable or animal oils and fats) shall be listed and labeled for Class K fires. NFPA 10, 2-3.2.1 requires a placard shall be conspicuously placed near the extinguisher which states the fire protection system shall be activated prior to using the fire extinguisher. Since the fixed fire extinguishing system will automatically shut off the fuel source to the cooking appliance, the fixed system should be activated before using a portable fire extinguisher. In this instance, the portable fire extinguisher is supplemental protection. This deficient practice could affect 11 residents observed in the dining room adjacent to the kitchen as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observation on 09/20/12 at 1:48</p>	K0064	<p>No residents, staff, or visitors were affected by this alleged deficient practice. A placard which states the fire protection system shall be activated prior to using the fire extinguisher was placed above the K type fire extinguisher on 10/2/12. The Maintenance Supervisor/Designee will observe monthly during preventative maintenance rounds that the placard is still in place above the fire extinguisher. Dietary Staff were in-serviced regarding the placard and that the fire protection system shall be activated prior to using the fire extinguisher. POC Date: 10/20/12</p>	10/20/2012

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	<p>p.m. with the Maintenance Supervisor, there was a K-class extinguisher conspicuously placed next to the entry door to the kitchen, but it lacked a placard. Based on interview on 09/20/12 at 1:50 p.m. with the Maintenance Supervisor, it was acknowledged the K-class portable fire extinguisher was not provided with a placard.</p> <p>3.1-19(b)</p>			