

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 10/25/2011
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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, IN46407
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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: 10/25/11</p> <p>Facility Number: 000368 Provider Number: 15E187 AIM Number: 1002752200</p> <p>Surveyor: Richard D. Schade, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Simmons Loving Care Health Facility was found in substantial 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>	K0000	<p>November 14, 2011</p> <p>MR. Dennis Austill Life Safety Code Specialist/Supervisor Indiana State Department of Health 2 North Meridian Street Indianapolis, IN 46204</p> <p>Plan of Correction for Life Safety</p> <p>Dear Mr. Austill,,</p> <p>I am submitting the plan of correction for survey event for October 25, 2011. All corrections will be completed by November 24, 2011. We have been working very hard to finalize our automatic fire sprinkler system plan but we do not have a firm commitment from the bank for funds to complete the installment by July 1, 2012.</p> <p>Please contact me if you</p>	

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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K0048 SS=B	<p>This one story facility with a partial basement was determined to be of Type II (111) construction and was not sprinklered. The building was constructed in 1974. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors and resident sleeping rooms. The facility has a capacity of 46 and had a census of 25 at the time of this survey.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 11/01/11.</p> <p>The facility was found in substantial compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. 19.7.1.1 Based on record review and interview, the facility failed to</p>	K0048	<p>have any questions.</p> <p>Sincerely,</p> <p>Mrs. Herberta B. Miller Administrator</p> <p>F Tag 048</p>	11/24/2011

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	<p>provide a written fire plan in a timely manner which included the use of kitchen fire extinguishers for the protection of 46 of 46 residents in the event of an emergency. LSC 19.7.2.2 requires a written health care occupancy fire safety plan that shall provide for the following:</p> <ol style="list-style-type: none"> (1) Use of alarms (2) Transmission of alarm to the fire department (3) Response to alarms (4) Isolation of fire (5) Evacuation of immediate area (6) Evacuation of smoke compartment (7) Preparation of floors and building for evacuation (8) Extinguishment of fire <p>This deficient practice could affect all occupants in and near the kitchen in the event of an emergency when the written fire plan should be immediately available.</p> <p>Findings include:</p> <p>Based on interview and record</p>		<ol style="list-style-type: none"> 1. Maintenance Supervisor was question about the Disaster Preparedness Plan he stated he knows that procedure he stated the inspector asked him about a fire plan. We cleared up the confusion and he is aware of the Disaster Plan. The policy was updated to include the new signs posted on 11/7/11 for the K class fire extinguisher in the kitchen. 2. No one was affected. 3. The Disaster Preparedness Plan will be reviewed during Q.A. on 11/30/11 and semi-annually thereafter. 4. All new codes will be incorporated in the update of the Disaster Preparedness Plan and reviewed with staff semi-annually by Administrator, Q.A. Committee and Staff. 5. 11/24/11 <p>Policy: Fire Procedure: In the event of fire, the following actions will take place immediately.</p> <ol style="list-style-type: none"> 1. Make sure all residents are safe. 2. Pull fire-alarm box and call 911. 3. Remove residents in immediate danger. 4. Use fire extinguisher to fight fire if it is small. 5. Evacuate wing where fire is located. 6. Check to see that all fire/disaster doors have closed. 7. Close all windows. 8. Assist residents as needed. <p>Kitchen K-Class Fire Extinguisher</p>		

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	<p>review with the maintenance supervisor on 10/25/11 from 3:05 p.m. to 3:50 p.m., the policy and procedure for the written fire plan was found within the Emergency Policy Procedure manual. The maintenance supervisor had no idea when the policy and procedure was last reviewed or revised. The manual did not address the use of the K class fire extinguisher in relationship with the use of the kitchen hood suppression system. The maintenance supervisor stated he was unaware of the requirement for the policy and procedure.</p> <p>3.1-19(b)</p>		<p>Installed by Fire Science Technology and the following instructions should be followed in the event of a fire over the stove area:</p> <p>Pull pin and turn handle on K-class fire extinguisher system which is located in the corner by the exit door which controls the hood area. On the hood the sign states "Warning This Extinguisher Hood Contains A Fire Suppression System Upon Activation Leave This Area Immediately".</p> <p>Leave from the hood area and go to the silver fire extinguisher by the exit door and the sign reads "Precaution In Case Of Appliance Fire Use This Extinguisher After Fixed Suppression System Has Been Activated."</p> <p>After Fire Department has given the ok for re-entry to the area notify Fire Science Technology 708-597-5824 that the system has been used and the need of a service repair.</p> <p>Precautions:</p> <ol style="list-style-type: none"> 1. Touch the door before entering a room. IF IT IS HOT, DO NOT OPEN IT! 2. Begin evacuation in the area of the fire first, then move to areas not in immediate danger. <p>Approval date 11/30/11 Review date Review date</p>		

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K9999	<p>Findings include:</p> <p>Based on observation with the maintenance supervisor and facility administrator on 10/25/11 at 3:10 p.m., a placard was not placed near the K class fire extinguisher in the kitchen. The administrator stated she was not aware of the requirement.</p> <p>3.1-19(b)</p> <p>State Findings;</p> <p>3.1-19 ENVIRONMENT AND PHYSICAL STANDARDS</p> <p>3.1-19(ff) A health facility licensed under 16-28 and this rule must do the following: (1) Have an automatic fire sprinkler system installed throughout the facility before July 1, 2012. (2) If an automatic fire sprinkler system is not installed throughout the health facility before July 1, 2010, submit before July 1, 2010, a</p>	K9999	<p>if they are any new regulations since they maintain the system in the kitchen. We are unsure why they did not inform us about the signs when they installed the new system. 4. Maintenance Supervisor will make rounds with the Fire Science Technology quarterly visits and Northern Fire semi-annually vendors to ensure compliance during their . The administrator will review all service reports and recommendations as they occur and correspond with Chuck Pupkiewicz from Fire Science Technology. 5. 11/24/11</p> <p>F Tag K 9999</p> <p>The facility was built 1968-1969 and opened January 1, 1970. We are constructed with concrete block walls and bricked throughout the whole exterior. Currently we are unable to install an automatic fire sprinkler system. Our plan is as follows: 1. We started trying to secure additional funds for Simmons Loving Care at the end of 2008. We submitted financial information to secure a loan to</p>	07/01/2012	

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	<p>plan to the department for completing the installation of the automatic fire sprinkler system before July 1, 2012.</p> <p>This State Rule has not been met as evidenced by:</p> <p>Based on interview and record review, the facility failed to ensure a plan was submitted for the complete installation of a sprinkler system to protect 23 of 23 residents. This deficient practice affects all occupants within the facility.</p> <p>Findings include:</p> <p>Based on interview on 10/25/11 at 4:00 p.m. with the facility administrator and the maintenance supervisor during record review, a plan was not available for review which would address the installation of a sprinkler system for the facility. The administrator stated at the time of the interview she was working on obtaining the financing for the installation, however, she did not produce evidence of quotes, correspondence with banks or an updated plan for completion of a sprinkler system before July 1, 2012.</p> <p>3.1-19(ff)</p>		<p>US Bank in Chicago, Illinois. The loan officer felt positive but before the loan could be finalized in 2009. The loan was denied and the bank later closed later in the year of 2009.</p> <p>2. We submitted information trying to secure a loan in 2010 to Peoples Bank, Fifth Third Bank and Chase Bank but during this period the banks were in financial distress and no one wanted to take a chance and loan money to a healthcare institution.</p> <p>3. We submitted information trying to secure a loan in September, 2011 and had to get new bids on the sprinkler systems for the bank. We submitted all the materials and are still awaiting a response from Chase Bank. We are preparing to get loan information from the following financial institutions: Peoples Bank, HUD, Minority Business Loan, Fifth Third Bank, PNC Bank, and other surrounding areas. Banks hesitate about providing loans in Gary, Indiana.</p> <p>4. We are in correspondence with our attorney to discuss the possibility of becoming a 501C3 corporation.</p> <p>5. Simmons Loving Care is currently a Medicaid only facility but we will apply for Medicare in 2012 to hopefully increase the census and funds.</p> <p>6. The employees health insurance benefit will be terminated effective December 31, 2011 this will cut a \$5,000.00</p>		

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			<p>monthly expense that can be saved toward the installment of the fire sprinkler.</p> <p>7. We have cut staff hours and positions to eliminate cost since we have used up all reserved capital.</p> <p>8. We will look for government grants to help with off setting cost once we become a 501C3.</p> <p>9. Installing the fire sprinkler cost are as follows:McDaniel Fire Systems cost \$132,500.00, Ryan Fire Protection, Inc cost \$81,829.00, United States Fire Protection, INC. cost \$82,000.00. A nursing home administrator group has been started and hopefully at our next meeting after the first of the year we can compare cost and vendors of installment to ensure it is a reputable company that will provide maintenance to the system.</p> <p>10. Once the funds are secured the company will be selected and the work can begin. The water company must be increase the water supply to the building and electrical updates must also be completed.</p> <p>11. The selected fire sprinkler company will provide in-service and maintenance provisions to train our staff.</p>		