

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155845	X2) MULTIPLE CONSTRUCTION A. BUILDING -- _____ B. WING _____	X3) DATE SURVEY COMPLETED 12/06/2021
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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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E 0000 Bldg. --	<p>An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73.</p> <p>Survey Date: 12/06/21</p> <p>Facility Number: 000368 Provider Number: 155845 AIM Number: 100275220</p> <p>At this Emergency Preparedness survey, Simmons Loving Care Health Facility was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73</p> <p>The facility has 46 certified beds. At the time of the survey, the census was 18.</p> <p>Quality Review completed on 12/08/21</p>	E 0000		
K 0000 Bldg. 01	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a).</p> <p>Survey Date: 12/06/21</p> <p>Facility Number: 000368 Provider Number: 155845 AIM Number: 100275220</p> <p>At this Life Safety Code survey, Simmons</p>	K 0000		

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 0511 SS=E Bldg. 01	<p>Loving Care Health Facility was found not in compliance with Requirements for Participation in Medicare and Medicaid, 42 CFR Subpart 483.90(a), Life Safety from Fire and the 2012 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, built in 1967, 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. The facility has no emergency power protection. Twenty resident rooms were provided with battery operated smoke detectors. The facility has the capacity for 46 and had a census of 18 at the time of this survey.</p> <p>All areas accessible to residents and areas providing facility services were sprinklered.</p> <p>Quality Review completed on 12/08/21</p> <p>NFPA 101 Utilities - Gas and Electric Utilities - Gas and Electric Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life. 18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2 Based on observation and interview, the facility failed to ensure 1 of 1 main entry door set 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</p>	K 0511	<p>WE are asking for a paper compliance review. K511 Based on observation and interview, the facility failed to</p>	12/07/2021

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	<p>equipment to comply with NFPA 70, National Electrical Code, 2011 Edition. NFPA 70, 2011 Edition, Article 314.28(c) requires all junction boxes shall be provided with covers compatible with the box. This deficient practice could affect as many as 2 residents, 4 employees, and 1 visitor in the main lobby.</p> <p>Findings include:</p> <p>Based on observation with the Director of Nursing (DON) and the Custodial / Maintenance Man during the tour of the facility on 12/06/21 from 12:20 a.m. to 2: p.m., the following was noted:</p> <p>a) there was conduit that housed wiring used to operate the main entry door automatically. This function of the door was disabled for the pandemic to limit access to the facility. There was exposed wiring coming from the conduit that was not protected.</p> <p>b) there was a conduit that led to an outlet box mounted above the main entry doors to the facility. The bottom of the outlet box had an opening that had an exposed wire that extended from the box was present.</p> <p>Both above mentioned items were acknowledged by the DON and the Custodial / Maintenance Man at the time they were observed on the tour of the facility. The DON added that she would have the Custodial / Maintenance Man take care of the exposed wires as soon as he was able to attend to them. During the exit conference with the DON at 2:15 p.m., no additional information or evidence could be provided contrary to this deficient finding.</p> <p>3.1-19(b)</p>		<p>ensure 1 of 1 main entry door set 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, 2011 Edition. NFPA 70, 2011 Edition, Article 314.28(c) requires all junction boxes shall be provided with covers compatible with the box. This deficient practice could affect as many as 2 residents, 4 employees, and 1 visitor in the main lobby.</p> <p>1. What corrective action will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>The low voltage electrical wire was immediately taped with electrical tape on 12/6/21. All areas in the front entrances and office area were immediately checked for loose wires.</p> <p>2. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken.</p> <p>No resident affected and no other loose wires found.</p> <p>3. What measures will be put into place or what systemic changes will be made to ensure that the</p>				

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K 0920 SS=E Bldg. 01	NFPA 101 Electrical Equipment - Power Cords and Extens Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are		<p>deficient practice does not recur.</p> <p>D.O.N. in-serviced all maintenance staff on continuing monitoring for loose wiring in facility.</p> <p>D.O.N. in-serviced all maintenance staff on Monthly Monitor for Loose Wiring.</p> <p>Maintenance Staff monitor entire facility on 12/7/21 for loose wiring and completed log sheets. No other areas noted.</p> <p>D.O.N. will review log sheets monthly to ensure compliance.</p> <p>4. Describe who will be the person(s) responsible for implementing and monitoring the plan for future compliance with the regulations.</p> <p>D.O.N. will submit log sheets to Administrator and Q.A. Committee for review monthly to ensure compliance.</p> <p>5. Completion Date: 12/7/2021</p>	

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	<p>only used for components of movable patient-care-related electrical equipment (PCREE) assemblies that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4. 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5</p> <p>Based on observation and interview, the facility failed to ensure in 1 of 1 main entry foyer flexible cords were not used as a substitute for fixed wiring. LSC 9.1.2 requires electrical wiring and equipment shall be in accordance with NFPA 70, National Electrical Code. NFPA 70, 2011 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 as many as 2 residents, 4 employees, and 1 visitor in the main entry / foyer area.</p> <p>Findings include:</p> <p>Based on observation with the Director of Nursing (DON) and the Custodial / Maintenance</p>	K 0920	<p>We are asking for a paper compliance review.</p> <p>K920</p> <p>Based on observation with the Director of Nursing (DON) and the Custodial / Maintenance Man during the tour of the facility on 12/06/21 at 1:50 p.m., an extension cord was plugged into a wall mounted electrical socket. This extension cord then had a vaporizer and a toy soldier Christmas decoration plugged into it. Based on interview at the time of the observation the DON stated that they were using the vaporizer to spread sanitizer in the area as</p>	12/07/2021

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	<p>Man during the tour of the facility on 12/06/21 at 1:50 p.m., an extension cord was plugged into a wall mounted electrical socket. This extension cord then had a vaporizer and a toy soldier Christmas decoration plugged into it. Based on interview at the time of the observation the DON stated that they were using the vaporizer to spread sanitizer in the area as they had recently done COVID-19 testing and they wanted to keep the area clean. The DON then immediately unplugged the extension cord and removed it from the area. During the exit conference with the DON at 2:15 p.m., no additional information or evidence could be provided contrary to this deficient finding.</p> <p>3.1-19(b)</p>		<p>they had recently done COVID-19 testing and they wanted to keep the area clean. The DON then immediately unplugged the extension cord and removed it from the area. During the exit conference with the DON at 2:15p.m., no additional information or evidence could be provided contrary to this deficient finding.</p> <p>1. What corrective action will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>The extension cord was immediately removed by D.O.N. on 12/6/21. All areas in the front entrances and office area were immediately checked for extension cords.</p> <p>2. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken.</p> <p>No resident affected and no other extension cords were found.</p> <p>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur.</p> <p>D.O.N. in-serviced all maintenance staff on continuing monitoring for extension cords in</p>	

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			<p>facility.</p> <p>D.O.N. in-serviced all maintenance staff on Monthly Monitor for Loose Wiring & Extension Cords.</p> <p>Maintenance Staff monitor entire facility on 12/7/21 for extension cords and completed log sheets. No other areas noted.</p> <p>D.O.N. will review log sheets monthly to ensure compliance.</p> <p>4. Describe who will be the person(s) responsible for implementing and monitoring the plan for future compliance with the regulations.</p> <p>D.O.N. will submit log sheets to Administrator and Q.A. Committee for review monthly to ensure compliance.</p> <p>5. Completion Date: 12/7/2021</p>	