

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 07/10/2012
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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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K0000	<p>A Quality Assurance Walk-thru Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 07/10/12</p> <p>Facility Number: 000368 Provider Number: 15E187 AIM Number: 100275220</p> <p>Surveyor: W. Chris Greeney, Life Safety Code Specialist</p> <p>At this Quality Assurance Walk-thru survey, Simmons Loving Care Health Facility was found 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.</p> <p>This one story facility was determined to be of Type II (111) construction and did not have a sprinkler system. The facility has a fire alarm system with smoke detection in the corridors and spaces open to the corridors with battery operated smoke detectors in all resident rooms.</p>	K0000	<p>K 000</p> <ol style="list-style-type: none"> No residents were affected No residents have the potential of being harmed. The facility has been trying to secure funding for the costly automatic sprinkler system to be installed throughout the building. We have been securing bids on the systems which have ranged from \$80,000.00-&150,000.00 recently we have found a company who is willing to take payment installments and has explained the details of the process of 	

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>The facility has a capacity of 46 and had a census of 20 at the time of this survey.</p> <p>The facility was found not in compliance with state law in regard to sprinkler coverage, however, it was in compliance with state law in regard to smoke detector coverage.</p> <p>All areas where the residents have customary access were not sprinklered and all areas providing facility services were not sprinklered.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 07/11/12.</p>		<p>installing the automatic sprinkler system:</p> <p>a. A blue print will be drawn of the building with the automatic sprinkler system.</p> <p>b. The blue print will be submitted to the State Board of Health for approval.</p> <p>c. Once the State Board of Health approves the submitted plan from C & E Fire Protection then he can start the project.</p> <p>d. The timeline for blue print development is 2 weeks.</p> <p>e. Approval from the State Board of Health –unknown</p> <p>f. Start and completion of automatic sprinkler system</p>				

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			<p>September 2012.</p> <p>4. C & E Fire Protection will in-service the maintenance staff on proper maintenance and monitoring of the system.</p> <p>5. September 2012</p>		

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K9999	<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:</p> <p>(1) Have an automatic sprinkler system installed throughout the facility before July 1, 2012.</p> <p>(2) If an automatic sprinkler system is not installed throughout the health care facility before July 1, 2010, submit before July 1, 2010 a plan to the department for completing the installation of the automatic sprinkler system before July 1, 2012.</p> <p>(3) Have a battery operated or hard-wired smoke detector in each resident's room before July 1, 2012.</p> <p>This State Rule has not been met as evidenced by:</p> <p>Based on observation and interview, the facility failed to install a sprinkler system throughout the building where services are provided and residents have customary access, including resident rooms, before July 1, 2012. This deficient practice could affect 20 residents in the facility.</p> <p>Findings include:</p> <p>Based on observation during the tour of the facility with the administrative assistant on</p>	K9999	<p>K 9999 1. No resident was affected. 2. No resident has the potential of being affected. The facility has never had an automatic fire sprinkler system but has maintained and practiced an ongoing fire prevention and evacuation program since 1970. 3. Recently a company called C & E Fire Protection was recommended to the facility. This company is familiar with the state of Indiana regulation on automatic fire system. Other companies in the past were from the suburbs of Illinois and Chicago. The previous companies had never mentioned the process of having blue print development and submission of the blue prints to the state. The company is also willing to take payment installments. In order to go forward we must review the past. The facility has always worked very hard to stay in compliance with all regulatory requirements and want you to understand that the facility did not willfully try to become non-compliant. The administrator believed the proposal had to be made by the supplier and she was to have all of the money before the installation of the automatic fire sprinkler system. When she called the supplier on Saturday he agreed the following: a. A blue print will be drawn of the building with the automatic sprinkler</p>	09/30/2012	

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	07/10/12 from 12:30 pm until 12:55 pm, no sprinkler heads were observed in any part of the building including resident rooms as well as the attached canopy over the entrance driveway. Based on interview with the administrative assistant at the time of observation, the administrator, whom she had just spoke to on the phone, indicated the facility had been unable to obtain financing to install a sprinkler system. 3.1-19(ff)		system. b. The blue print will be submitted to the State Board of Health for approval. c. Once the State Board of Health approves the submitted plan from C & E Fire Protection then he can start the project. d. The timeline for blue print development is 2 weeks. e. Approval from the State Board of Health –unknown f. Start and completion of automatic sprinkler system September 2012. a. 2012. 4. C & E Fire Protection will in-service the maintenance staff on proper maintenance and monitoring of the system. The facility is still attempting to secure bank loans at the current time, along with completing application for a 501c3 and applicable government grants. 5. September 2012 ADDENDUEM Deposit has been given to C&E fire protection and they currently have the blue prints to the facility. A copy of your letter was also given to them so that they could provide us with a timeline. The can not give us the proposed schedule until the weekend, therefore we are asking for an extention to the 5 days so that we can include the proper information on the timeframe. #yiv1359375646 p {margin:0;} E-MAIL SENT FRIDAY 8/17/12 I just got back, the traffic is unbearable. It will take sometime to compose a proposed schedule, we will send it this weekend. Take Care, Cornelius Bailey C & E FIRE PROTECTION direct ph		

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			<p>708.524.0611 fx 708.524.5090 cell 708.743.3049 Oak Park, IL. 60304-1715 ADDENDUEM</p> <p>9/5/12 The following e-mail is from Cornelius Bailey from C & E Fire Protection which gives the timetable for installation of the fire sprinkler system. Hey Dennis, The following is our anticipated schedule for the installation of the sprinkler system at the Simmons facility. We are currently making arrangements for a flow test to be conducted. There is not a recent test availble. I have contacted Indiana American Water Company (Cheri Reis) and Mark Madlock (Construction Coordinator) to arrange the flow test. Keep in mind, the following schedule may change due to the time it will take to receive approvals. We will be happy to keep you informed. <u>Date Activity</u> Sept. 11, 2012 Submit plans to AHJ Sept. 25, 2012 Recieve approved shop drawings October 2, 2012 Mobilize to Simmons to begin installation October 23, 2012 Complete rough-in October 30, 2012 Complete installation with signed test papers Enclosed on the upload is the other bids obtained for this project. Completion Date: 10/30/2012 tentative</p>		