

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/08/2025

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155159		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING _____		X3) DATE SURVEY COMPLETED 12/12/2024	
NAME OF PROVIDER OR SUPPLIER SUMMIT CITY NURSING AND REHABILITATION				STREET ADDRESS, CITY, STATE, ZIP COD 2940 N CLINTON ST FORT WAYNE, IN 46805			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
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: 12/12/24</p> <p>Facility Number: 000079 Provider Number: 155159 AIM Number: 100266160</p> <p>At this Emergency Preparedness survey, Summit City Nursing and Rehabilitation was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73. The facility has a capacity of 93 and had a census of 48 at the time of this survey.</p> <p>Quality Review completed on 12/12/24</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: 12/12/24</p> <p>Facility Number: 000079 Provider Number: 155159 AIM Number: 100266160</p> <p>At this Life Safety Code survey, Summit City Nursing and Rehabilitation was found in substantial compliance with Requirements for</p>			K 0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Jae Gerardot

Executive Director

01/07/2025

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 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 0712 SS=C Bldg. 01	<p>Participation in Medicare/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 two-story facility with a basement 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 corridor, areas open to the corridor and battery-operated smoke detectors in the resident rooms. The facility has a vent unit on the second floor rooms 229 to 238 and is fully protected by Type I EES 350 kW diesel powered generator. The facility has a capacity of 93 and had a census of 48 at the time of this survey.</p> <p>All areas where the residents have customary access are sprinklered. The facility does have a shed providing facility services that was not sprinklered.</p> <p>Quality Review completed on 12/12/24</p> <p>NFPA 101 Fire Drills</p> <p>Based on record review and interview, the facility failed to conduct quarterly fire drills at unexpected times under varying conditions on all shifts for 4 of 4 quarters. This deficient practice could affect all residents, staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on records review with the Maintenance Director on 12/12/24 at 9:31 a.m., the following shifts did not have fire drills at unexpected times:</p>			K 0712	<p>K-0712 SS is C Facility is requesting paper compliance</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.</p>		12/24/2024

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	<p>a. All first shift (6:00 a.m. to 2:00 p.m.) fire drills took place between 9:00 a.m. and 10 a.m.</p> <p>b. All second shift (2:00 p.m. to 10:00 p.m.) fire drills took place between 3:00 p.m. and 4 p.m.</p> <p>c. All third shift (10:00 p.m. to 6:00 a.m.) fire drills took place at 2:00 a.m.</p> <p>Based on an interview at the time of record review, the Maintenance Director agreed fire drills for all three shifts were not held at unexpected times.</p> <p>The findings were reviewed with the Administrator and The Maintenance Director during the exit conference.</p> <p>3.1-19(b) 3.1-51(c)</p>				<p>Facility will ensure that fire drills occur at different times during the shift greater than 2 hours apart</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken.</p> <p>All staff and residents have the potential to be affected, Maint director will start completing fire drills monthly that are more than 2 hours difference then prior month</p> <p>What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur.</p> <p>Education to Maint Director completed and TELS system updated moving fwd. with appropriate times spaced between fire drills</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and by what date the systemic changes for each deficiency will be completed</p> <p>ED will ensure that the maintenance director checks times to ensure they are spread out for the monthly fire drills on shifts with a time difference greater than 2 hours before or after</p>		

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					the month prior. This will be audited x1 monthly for 12 months to ensure compliance. Date of Compliance 12-24-2024		