

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

PRINTED: 07/25/2024  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155344		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING		X3) DATE SURVEY COMPLETED 07/11/2024	
NAME OF PROVIDER OR SUPPLIER  LIFE CARE CENTER OF MICHIGAN CITY				STREET ADDRESS, CITY, STATE, ZIP COD 802 US HIGHWAY 20 EAST MICHIGAN CITY, IN 46360			
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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: 07/11/24</p> <p>Facility Number: 000236 Provider Number: 155344 AIM Number: 100287700</p> <p>At this Emergency Preparedness survey, Life Care Center of Michigan City 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 120 certified beds. At the time of the survey, the census was 88.</p> <p>Quality Review completed on 07/15/24</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: 07/11/24</p> <p>Facility Number: 000236 Provider Number: 155344 AIM Number: 100287700</p> <p>At this Life Safety Code survey, Life Care Center of Michigan City was found not in compliance</p>			K 0000	<p>This plan of correction is prepared and executed because the provisions of state and federal law require it and not because Life Care Center of Michigan City agrees with the allegations and citations listed. Life Care Center of Michigan City maintains that the alleged deficiencies do not jeopardize the health and safety of the residents nor is it of such character to limit our capabilities to render adequate care. Please</p>		

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

TITLE

(X6) DATE

terri phillips

executive director

07/24/2024

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 disclosed 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 0100 SS=E Bldg. 01	<p>with Requirements for 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 one story facility was determined to be of Type V (111) construction in the 300, 400 and 500 wings and Type IV (2HH) construction in the 100 and 200 wings and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors and battery powered smoke detectors in the resident rooms. The building is partially protected by a 200 kW diesel powered generator. The facility has a capacity of 120 beds dually certified for Medicare and Medicaid and had a census of 88 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered. The facility had one detached garage and two sheds used for facility storage which were not sprinklered.</p> <p>Quality Review completed on 07/15/24</p> <p>NFPA 101 General Requirements - Other General Requirements - Other List in the REMARKS section any LSC Section 18.1 and 19.1 General Requirements that are not addressed by the provided K-tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567.</p> <p>Based on observation and interview, the facility failed to maintain latching hardware on 1 of 4 smoke barrier doors. LSC 4.6.12.3 requires existing</p>			K 0100	<p>accept this plan of correction as our credible allegation of compliance that the alleged deficiencies have or will be correct by the date indicated to remain in compliance with state and federal regulations, the facility has taken or will take the actions set forth in this plan of correction. We respectfully request a desk review.</p> <p>This plan of correction is prepared and executed because the provisions of state and federal law</p>		08/09/2024

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	<p>life safety features obvious to the public if not required by the Code, shall be either maintained or removed. This deficient practice could affect approximately 40 residents and staff</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Director on 07/11/24 between 11:02 a.m. and 12:21 p.m., the set of smoke barrier doors next to the dining room near the main entrance had latching hardware, however when closed, one of the two doors did not latch into the frame after testing three times. Based on interview at the time of observation, the Maintenance Director confirmed that the doors did not latch and further stated that the doors and hardware would have to be adjusted.</p> <p>The finding was reviewed with the Administrator and Maintenance Director during the exit conference.</p> <p>3.1-19(b)</p>				<p>require it and not because Life Care Center of Michigan City agrees with the allegations and citations listed. Life Care Center of Michigan City maintains that the alleged deficiencies do not jeopardize the health and safety of the residents nor is it of such character to limit our capabilities to render adequate care. Please accept this plan of correction as our credible allegation of compliance that the alleged deficiencies have or will be correct by the date indicated to remain in compliance with state and federal regulations, the facility has taken or will take the actions set forth in this plan of correction. We respectfully request a desk review.</p> <p><b><u>K100 NFPA101</u></b></p> <p><b><i>What Corrective Action will be accomplished for those residents found to have been affected by this deficient practice:</i></b></p> <p>1 Zero residents were found to have a negative outcome by smoke barrier doors not latching correctly.</p> <p><b><i>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken:</i></b></p> <p>1 Maintenance Director will complete a full house audit on all smoke barrier doors to verify latching hardware latches correctly by 7/26/24. Door</p>		

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K 0351 SS=E Bldg. 01	NFPA 101 Sprinkler System - Installation Spinkler System - Installation 2012 EXISTING Nursing homes, and hospitals where required by construction type, are protected		<p>latches will be repaired by 8/9/24.</p> <p><b><i>What measures and what systemic changes will be made to ensure that the deficient practice doesn't recur:</i></b></p> <p>1 ED will educate Maintenance Director on smoke barrier doors latching correctly.</p> <p><b><i>How the corrective action will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put in place:</i></b></p> <p>1 Maintenance Director will audit all smoke barrier doors 2X monthly x 6 months to ensure that doors latch properly. Audits will be presented to QAPI x 6 months and QAPI will determine the need for further audits.</p> <p>2 The results of these reviews will be discussed at the monthly facility Quality Assurance Committee meeting monthly for a total of 3 months and then quarterly thereafter. Frequency and duration of reviews will be increased as needed.</p> <p>Compliance date: 8/9/24. The Administrator at Life Care Center of Michigan City is responsible in ensuring compliance in this Plan of Correction.</p>		

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	<p>throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems.</p> <p>In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers.</p> <p>In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems.</p> <p>19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1)</p> <p>Based on observation and interview, the facility failed to maintain the ceiling construction in 1 of 5 smoke compartments in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. NFPA 13, 2010 edition, Section 6.2.7.1 states plates, escutcheons, or other devices used to cover the annular space around a sprinkler shall be metallic, or shall be listed for use around a sprinkler. This deficient practice could affect approximately 30 residents and staff.</p> <p>Findings include:</p> <p>Based on observation during a tour of the facility with the Maintenance Director on 07/11/24 between 11:02 a.m. and 12:21 p.m., in the closet of resident room 512 had a sprinkler head which was missing its escutcheon plate leaving an approximate half-inch space between the sprinkler head and the ceiling. Based on interview at the time of observation, the Maintenance Director confirmed that there was annular space around</p>			K 0351	<p>This plan of correction is prepared and executed because the provisions of state and federal law require it and not because Life Care Center of Michigan City agrees with the allegations and citations listed. Life Care Center of Michigan City maintains that the alleged deficiencies do not jeopardize the health and safety of the residents nor is it of such character to limit our capabilities to render adequate care. Please accept this plan of correction as our credible allegation of compliance that the alleged deficiencies have or will be correct by the date indicated to remain in compliance with state and federal regulations, the facility has taken or will take the actions set forth in this plan of correction. We</p>		08/09/2024

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	<p>the sprinkler head and further stated he would start the process to get it fixed later.</p> <p>The finding was discussed with the Maintenance Director and Administrator at exit conference.</p> <p>3.1-19(b)</p>		<p>respectfully request a desk review.</p> <p>- <b><u>K351 Sprinkler system</u></b> - <b><i>What Corrective Action will be accomplished for those residents found to have been affected by this deficient practice:</i></b></p> <p>1 Zero residents were found to have a negative outcome by missing escutcheon plate on sprinkler head in closet of room 512..</p> <p><b><i>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken:</i></b></p> <p>1 Maintenance Director will complete a full house audit on all sprinkler heads to verify escutcheon heads are installed properly by 7/26/24..The missing escutcheon was replaced on 7/19/24 by maintenance director.</p> <p><b><i>What measures and what systemic changes will be made to ensure that the deficient practice doesn't recure:</i></b></p> <p>1 ED will educate Maintenance Director on escutcheon plates being placed properly around sprinkler heads.</p> <p><b><i>How the corrective action will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put in place:</i></b></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 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		1 Maintenance Director will audit all sprinkler heads for proper placement of escutcheon plates 2X monthly x 6 months to ensure that doors latch properly. Audits will be presented to QAPI x 6 months and QAPI will determine the need for further audits. 2 The results of these reviews will be discussed at the monthly facility Quality Assurance Committee meeting monthly for a total of 3 months and then quarterly thereafter. Frequency and duration of reviews will be increased as needed. Compliance date: 8/9/24. The Administrator at Life Care Center of Michigan City is responsible in ensuring compliance in this Plan of Correction.		

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	<p>(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>1. Based on observation and interview, the facility failed to ensure 1 of 1 power strips were not used as a substitute for fixed wiring to provide power equipment with a high current draw. NFPA-70/2011, 400.8 state unless specifically permitted in 400.7 flexible cords and cables shall not be used for (1) as a substitute for fixed wiring. This deficient practice could affect approximately 3 staff and an unknown number of residents.</p> <p>Findings include:</p> <p>Based on observations during a tour of the facility with the Maintenance Director on 07/11/24 between 11:02 a.m. and 12:21 p.m., a refrigerator (high power draw equipment) was plugged into and supplied power by a power strip in the "MDS" office next to the 200-Hall nurses station. Based on interview at the time of observation, the Maintenance Director confirmed that the fridge was supplied power by a power strip.</p> <p>The finding was discussed with the Maintenance Director and Administrator at exit conference.</p> <p>3.1-19(b)</p> <p>2. Based on observation and interview, the facility failed to ensure 1 of 1 power cord daisy chains</p>			K 0920	<p>This plan of correction is prepared and executed because the provisions of state and federal law require it and not because Life Care Center of Michigan City agrees with the allegations and citations listed. Life Care Center of Michigan City maintains that the alleged deficiencies do not jeopardize the health and safety of the residents nor is it of such character to limit our capabilities to render adequate care. Please accept this plan of correction as our credible allegation of compliance that the alleged deficiencies have or will be correct by the date indicated to remain in compliance with state and federal regulations, the facility has taken or will take the actions set forth in this plan of correction. We respectfully request a desk review.</p> <p>- <b><u>K920 power cords</u></b> - <b><i>What Corrective Action will be accomplished for those residents found to have been affected by this deficient</i></b></p>		08/09/2024



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	<p>were not used as a substitute for fixed wiring. NFPA-70/2011, 400.8 state unless specifically permitted in 400.7 flexible cords and cables shall not be used for (1) as a substitute for fixed wiring. Article 400.8 (1) prohibits daisy chains, because the first extension cord (or power strip) is now acting as a substitute for the fixed wiring of a structure. This deficient practice could affect approximately 30 residents and staff.</p> <p>Findings include:</p> <p>Based on observation during a tour of the facility with the Maintenance Director on 07/12/24 between 11:02 a.m. and 12:21 p.m., within resident room 514, one power strip was noted behind a dresser which was used to power a television. That power strip was plugged into another power strip which was plugged into the wall. Based on interview at the time of observation, the Maintenance Director confirmed that there were daisy chained power strips in use in the resident room. The Maintenance Director disconnected the power strips from each other at the time of observation.</p> <p>The finding was discussed with the Maintenance Director and Administrator at exit conference.</p> <p>3.1-19(b)</p>				<p><b>practice:</b></p> <p>1 Zero residents were found to have a negative outcome by power strip being used for refrigerator and daisy chain in room 514..</p> <p><b>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken:</b></p> <p>1 Maintenance Director will complete a full house audit on all power outlets in all rooms to verify that there are no high power equipment or daisy chains plugged into outlets by 7/26/24..The maintenance director removed the daisy chain in room 514 and power strip in MDS office on day of survey 7/11/24.</p> <p><b>What measures and what systemic changes will be made to ensure that the deficient practice doesn't recure:</b></p> <p>1 All staff will be inserviced by ED on proper use or power cords and prohibition of daisy chains. ED will notify all families and residents to obtain approval for power strips and not to daisy chain power strips by 8/9/24.</p> <p><b>How the corrective action will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put in place:</b></p> <p>1 Maintenance Director will audit all outlets for</p>		

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			proper use of power strips and no daisy chains 2X monthly x 6 months to ensure that doors latch properly. Audits will be presented to QAPI x 6 months and QAPI will determine the need for further audits.  2 The results of these reviews will be discussed at the monthly facility Quality Assurance Committee meeting monthly for a total of 3 months and then quarterly thereafter. Frequency and duration of reviews will be increased as needed. Compliance date: 8/9/24. The Administrator at Life Care Center of Michigan City is responsible in ensuring compliance in this Plan of Correction.		