

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155692	X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____	X3) DATE SURVEY COMPLETED  08/15/2013
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NAME OF PROVIDER OR SUPPLIER  HERITAGE OF HUNTINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 1180 W 500 N HUNTINGTON, IN 46750
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K020000	<p>A Life Safety Code and Environmental Preoccupancy Survey for the addition of 18 beds in rooms 151, 152, 201 to 216 and relocation of 1 bed from room 159 to 153 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 08/15/13</p> <p>Facility Number: 002910 Provider Number: 155692 AIM Number: 200345390</p> <p>Surveyor: Amy Kelley, Life Safety Code Specialist</p> <p>At this Life Safety Code and Environmental Preoccupancy survey, Heritage of Huntington was found not in compliance with Requirements for Participation in Medicare/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 18, New Health Care Occupancies and with 410 IAC 16.2-3.1-19, Environment and Physical Standards of the Indiana Health Facilities Rules for Comprehensive care facilities.</p>	K020000		
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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>This one story facility with a basement was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, in areas open to the corridor and hard wired smoke detectors in the resident rooms. The facility has a capacity of 78 and had a census of 52 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered. The facility had a detached garage providing facility services including storage for the bus, lawn equipment, a golf cart and maintenance supplies which was not sprinklered.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 08/21/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K020014 SS=B	<p>NFPA 101 LIFE SAFETY CODE STANDARD Interior finish for corridors and exitways, including exposed interior surfaces of buildings such as fixed or movable walls, partitions, columns, and ceilings, has a flame spread rating of Class A or Class B. Lower portions of corridor walls can be Class C. 18.3.3.1, 18.3.3.2</p> <p>Based on observation and interview, the facility failed to provide documentation for the flame spread rating of interior finish materials installed within exit access for 2 of 5 corridors throughout the facility. This deficient practice was in the new Rehabilitation unit addition dining room and the dayroom in the Memory unit which will each have a capacity of at least 5 occupants.</p> <p>Findings include:</p> <p>Based on observations with the Director of Maintenance on 08/15/13 from 1:15 p.m. to 3:08 p.m., oak wood boards were used for a decorative design across the ceiling of the Rehabilitation unit dining room and the dayroom in the Memory unit which were each open to the corridor. Based on an interview with the Administrator and the Director of Maintenance at 3:08 p.m., documentation was not available to demonstrate the oak wood boards provided a flame spread rating of Class A or Class B.</p>	K020014	<p>The interior finish for corridors and exit ways, including exposed interior surfaces such as ceilings and wood trim must have a flame spread rating of Class A or B. This deficiency has the potential to effect all residents equally. The entire interior finishes for corridors and exit ways with exposed wood trim have been finished with flame spread rate : Class A. These changes were completed on August 15, 2013. This will be monitored by providing an ACE paint Technical Data Sheet.</p>	08/15/2013			

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	3.1-19(b)				

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K020018 SS=B	<p>NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings are constructed to resist the passage of smoke. Doors are provided with positive latching hardware. Dutch doors meeting 18.3.6.3.6 are permitted. Roller latches are prohibited. 18.3.6.3</p> <p>Based on observation and interview, the facility failed to ensure 2 of 2 pairs of mechanical room corridor doors and 1 of 1 pairs of Therapy room corridor doors would close and automatically latch into the door frame. This deficient practice was in the new Rehabilitation unit addition with a capacity of 18 residents and the Memory Lane addition with a capacity of at least 5 residents.</p> <p>Findings include:</p> <p>Based on observation with the Administrator and the Director of Maintenance on 08/15/13 from 2:00 p.m. to 2:35 p.m., the mechanical room and the Therapy room in the Rehabilitation unit and the mechanical room in the Memory Lane addition had double corridor doors. One door was equipped with a manual latching device that would latch into the door frame and the remaining door was designed to latch into the stationary door. Each door could not latch into the door frame automatically and independent of the other door. This was acknowledged</p>	K020018	The three sets of doors not meeting the standard will have all hardware changed to meet standard. This deficiency has the potential to effect all residents equally. The roller latch was replaced with a self-latching mechanism. The panic bars were installed on all three sets of doors in question. This corrective action will be monitored by the Life Saftey Inspector upon revisit.	09/03/2013			

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	by the Director of Maintenance at the time of observations.  3.1-19(b)				

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K020040 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Exit access doors and exit doors used by health care occupants are of the swinging type with openings of at least 41.5 inches wide. Doors in exit stairway enclosures are no less than 32 inches in clear width. In ICFs/MR, doors are at least 32 inches wide. 18.2.3.5</p> <p>Based on observation and interview, the facility failed to ensure 1 of 3 exit doors from Memory Lane had a clear width no less than 41.5 inches wide. LSC 18.2.3.5 requires the clear width of doors in the means of egress from nursing homes shall be no less than 41.5 inches. This deficient practice was in the new memory addition with a capacity of 5 residents.</p> <p>Findings include:</p> <p>Based on observation with the Administrator and Director of Maintenance 08/15/13 at 2:37 p.m., the exit door located in the Memory Lane dayroom was a thirty six inch wide door. The Director of Maintenance confirmed the Memory Lane dayroom exit door measured thirty six inches.</p> <p>3.1-19(b)</p>	K020040	The exit door identified by the Life Saftey Inspector was incorrectly labeled by the Heritage of Huntington as an "exit door". This deficiency has the potential to effect all residents equally. The "exit sign" was removed on 8/23/13. An additional sign, stating, "This is not an Exit" was installed. The corrective action will be monitored by the Life Saftey Inspector upon revisit.	08/23/2013			

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K020064 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1, NFPA 10. 18.3.5.6</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 Memory Lane pantry K-Class fire extinguishers was provided maintenance when the gauge on the fire extinguisher indicated it needed recharging. NFPA 10, Standard for Portable Fire Extinguishers, in Section 4-4.1 requires fire extinguishers to be subjected to maintenance no more than one year apart or when specifically indicated by inspection. This deficient practice will affect staff in the new memory addition pantry.</p> <p>Findings include:</p> <p>Based on an observation with the Administrator and the Director of Maintenance on 08/15/13 at 2:41 p.m., the gauge on the portable K-Class fire extinguisher located in the Memory Lane pantry indicated the extinguisher needed to be recharged. This was confirmed by the Director of Maintenance at the time of observation.</p> <p>3.1-19(b)</p>	K020064	The K-Class fire extinguisher in the Memory Lane pantry will be replaced with a fully charged K-Class fire extinguisher. This deficiency has the potential to effect all residents equally. The deficient K-Class fire extinguisher was replaced by a new, fully charged K-Class fire extinguisher. The corrective action will be monitored by the Life Safety Inspector upon revisit.	08/27/2013	