

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155402	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 08/02/2012
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NAME OF PROVIDER OR SUPPLIER HERITAGE HEALTHCARE	STREET ADDRESS, CITY, STATE, ZIP CODE 3401 SOLDIERS HOME RD WEST LAFAYETTE, IN 47906
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K0000	<p>A Quality Assurance Walk-thru Survey was conducted by the Indiana State Department of Health.</p> <p>Survey Date: 08/02/12</p> <p>Facility Number: 000271 Provider Number: 155402 AIM Number: 100291260</p> <p>Surveyor: Bridget Brown, Life Safety Code Specialist</p> <p>At this Quality Assurance Walk-thru Survey, Heritage Healthcare was found not in compliance with 410 IAC 16.2-3.1-19(ff).</p> <p>This one story facility is of Type II (000) construction and is fully sprinklered. The facility has a fire alarm system with hard wired smoke detection in the corridors and spaces open to the corridors. Resident rooms were not provided with smoke detection. The facility has the capacity for 120 and had a census of 72 at the time of this survey.</p>	K0000	<p>This Plan of Correction constitutes the written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law. Heritage Healthcare desires this Plan of Correction to be considered the facility's Allegation of Compliance. Compliance is effective on August 31, 2012.</p>	

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 was found in compliance with state law in regard to sprinkler coverage.</p> <p>The facility was found not in compliance with state law in regard to smoke detector coverage.</p> <p>All areas where the residents have customary access and all areas providing facility services were sprinklered.</p> <p>Quality Review by Lex Brashear, Life Safety Code Specialist–Medical Surveyor on 08/03/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</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 smoke detectors in each resident's room before July 1,</p>	K9999	It is the policy of this facility that a battery or hard wired smoke detector is in each resident's room. Battery operated smoke detectors will be installed in each resident's room by 8/31/12. Smoke detectors will be placed on the facility's Preventative Maintenance (PM) plan which will include routine testing of the battery and battery replacement. The smoke detector PM will also include annual cleaning. The Maintenance Director is responsible for oversight.	08/31/2012	

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	<p>2012. This deficient practice could affect 72 residents in the facility.</p> <p>Findings include:</p> <p>Based on observation with the maintenance director and administrator on 08/02/12 between 2:00 p.m. and 3:00 p.m., no smoke detectors were installed in any resident room. The maintenance director confirmed at the time of observation no smoke detectors had been installed in resident rooms.</p> <p>3.1-19(ff)</p>				