

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 01/19/2012
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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 Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 12/15/11 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 01/19/12</p> <p>Facility Number: 000271 Provider Number: 155402 AIM Number: 100291260</p> <p>Surveyor: Bridget Brown, Life Safety Code Specialist</p> <p>At this PSR survey, Heritage Healthcare 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 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This facility is a one story building</p>	K0000		
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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>of Type II (111) construction. The facility is fully sprinklered. The facility has a fire alarm system and smoke detection in the corridors and spaces open to the corridors. The facility has a capacity of 127 and had a census of 101 at the time of this survey.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 01/25/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by:</p>			
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K0021 SS=E	<p>Any door in an exit passageway, stairway enclosure, horizontal exit, smoke barrier or hazardous area enclosure is held open only by devices arranged to automatically close all such doors by zone or throughout the facility upon activation of:</p> <p>a) the required manual fire alarm system;</p> <p>b) local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and</p> <p>c) the automatic sprinkler system, if installed. 19.2.2.2.6, 7.2.1.8.2</p> <p>Based on observation and interview, the facility failed to ensure smoke barrier doors or hazardous area doors in 1 of 9 smoke compartments were held open only by a device which caused the door to close automatically upon activation of the fire alarm system. This deficient practice affects visitors, staff and 40 or more residents in the dining room smoke compartments.</p> <p>Findings include:</p> <p>a. Based on observation with the administrator on 01/19/12 at 3:45 p.m., the double door kitchen access door set was prevented from self closing. One</p>	K0021	<p>K021</p> <p>It is the policy of this facility that any door in an exit passageway, stairway enclosure, horizontal exit, smoke barrier, of hazardous area enclosure is held open only by devices arranged to automatically close all such doors upon activation of the fire alarm system, smoke detectors, or sprinkler system.</p> <p>A. Closer has been installed (2/1/2012) on the kitchen access double door that will automatically close upon activation of the fire alarm system, smoke detectors, or sprinkler system.</p> <p>B. Closer has been installed (2/1/2012) on the kitchen dish room door that will automatically close upon activation of the fire alarm system, smoke detectors, or sprinkler system.</p>	02/01/2012			

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	<p>door in the double door set was held open by a wedge under the open door. The administrator said at the time of observation staff had been inserviced not to prevent the doors from closing. Installation of a magnetic device to hold the doors open which would release the self closing doors upon activation of the fire alarm was planned. The cook on duty at the time of observation said the door was wedged open when she came on duty. The administrator acknowledged the cook was inserviced about the doors and should have had the doors closed.</p> <p>b. Based on observation with the administrator on 01/19/12 at 3:50 p.m., the self closing access door to the kitchen dish room was equipped with a self closing device which held the door open when pushed open wide. The door stood wide open. The administrator said at the time of observation, a new door closer was ordered and staff had been inserviced not to allow the door to stand open.</p> <p>This deficiency was cited on</p>			
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	12/15/11. The facility failed to implement a systemic plan of correction to prevent recurrence. 3.1-19(b)				