

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 03/17/2015
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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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K 000 Bldg. 01	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 03/16/16</p> <p>Facility Number: 000271 Provider Number: 155402 AIM Number: 100291260</p> <p>Surveyor: Bridget Brown, Life Safety Code Specialist</p> <p>At this Life Safety Code 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 one story facility consists of the original building of Type II (000) construction and 1989 addition of a north wing and extension to an east wing of Type V(111) construction. Since the buildings were all constructed prior to</p>	K 000		
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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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K 062 SS=D Bldg. 01	<p>March 1, 2003 they were surveyed as one building of Type V(111). The facility is sprinklered. The facility has a fire alarm system with hard wired smoke detection in corridors and spaces open to the corridors. Resident rooms are equipped with battery powered smoke detectors. The facility has the capacity for 127 and had a census of 75 at the time of this survey.</p> <p>All areas where residents have customary access are sprinklered. Equipment storage pods located in the back parking lot are not sprinklered.</p> <p>Quality Review by Dennis Austill, Life Safety Code Specialist on 03/20/15.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p>			

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	<p>Based on observation and interview, the facility failed to ensure 1 of 1 storage room sprinkler heads was free of obstructions to spray patterns. NFPA 25, 2-2.1.2 requires unacceptable obstructions to spray patterns shall be corrected. Further NFPA 13, Standard for the Installation of Sprinkler Systems, in 5-5.6 requires the clearance between sprinkler deflectors and the top of storage should be 18 inches or more. This deficient practice could affect 2 or more occupants in the adjacent office space.</p> <p>Findings include:</p> <p>Based on observation with the maintenance director on 03/17/15 at 1:00 p.m., the sprinkler head protecting the "dungeon" storage room was blocked by an HVAC duct which ran across the room at ceiling height. The Maintenance Director said at the time of observation, the duct had been recently repositioned. He acknowledged the sprinkler head located four inches from, and behind the duct, was less than the minimum distance allowed between a sprinkler head and obstruction.</p> <p>3.1-19(b)</p>	K 062	<p>K062 NFPA 101 Life Safety Code Standard</p> <p>1. Corrective action taken for the residents affected by the alleged deficient practice: No residents were affected by the incorrect placement of the sprinkler head due to the sprinkler being in a storage room. The sprinkler was relocated by a contractor on 3-24-15 in order to meet Life safety requirements.</p> <p>2. Corrective action taken for those residents having the potential to be affected: All other sprinkler heads in the facility will be checked again to ensure compliance with Life Safety regulations prior to compliance date of 4/16/15.</p> <p>3. Measures/Systemic changes put in place to assure the alleged deficient practice does not reoccur: Maintenance Director to check all sprinklers upon any new work completion completed in the facility to ensure no sprinklers have been compromised and do not meet life safety regulations.</p> <p>4. Corrective actions will be monitored to ensure the alleged deficient practice does not reoccur by: Maintenance Director will complete "TELS" monitoring tool weekly x 4 weeks, then bi-weekly x 4 weeks, then monthly until 95% compliance is achieved. The TELS program is a check of mandatory systems in the physical plant which includes</p>	04/16/2015	

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			placement and cleanliness of sprinkler heads. Any negative patterns will be presented to PI monthly for review and recommendations. Compliance Date 4/16/15		