

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155210	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  06/20/2016
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NAME OF PROVIDER OR SUPPLIER  HERITAGE HOUSE OF GREENSBURG	STREET ADDRESS, CITY, STATE, ZIP CODE 410 PARK RD GREENSBURG, IN 47240
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K 0000  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: 06/20/16</p> <p>Facility Number: 000117 Provider Number: 155210 AIM Number: 100266460</p> <p>At this Life Safety Code survey, Heritage House of Greensburg 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 was determined to be of Type V (000) construction and fully sprinkled. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors and battery operated smoke detectors in all resident sleeping rooms.</p> <p>The facility has a capacity of 100 and had a census of 60 at the time of this visit.</p>	K 0000	Heritage House of Greensburg is dedicated to provide a safe environment for all residents, staff, and visitors. Our facility respectfully requests acceptance of this require Plan of Correction submitted as an allegation of compliance. The completion of the following corrective measures by this facility ensures compliance.	
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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 0025 SS=E Bldg. 01	<p>All areas where residents have customary access were sprinkled and all areas providing facility services were sprinkled.</p> <p>Quality Review completed on 06/29/16 - DA</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers shall be constructed to provide at least a one half hour fire resistance rating and constructed in accordance with 8.3. Smoke barriers shall be permitted to terminate at an atrium wall. Windows shall be protected by fire-rated glazing or by wired glass panels and steel frames. 8.3, 19.3.7.3, 19.3.7.5</p> <p>Based on observations and interview, the facility failed to ensure the smoke barriers in 3 of 8 attic smoke barrier walls were constructed to provide at least a one half hour fire resistance rating. LSC Section 8.3.6.1 requires the passage of building service materials such as pipe, cable wire to be protected so the space between the penetrating item and the smoke barrier shall be filled with a material capable of maintaining the smoke resistance of the smoke barrier or be protected by an approved device designed for the specific purpose. This deficient practice affects 20 residents who reside on the Long Station 4 Hall,</p>	K 0025	<p>K-0025 It is the intent of this facility to provide a safe environment for residents, staff and visitors at all times. No one was affected by this deficient practice. The corrective actions will address those with the potential to have been affected. For both station 4 and ambulance halls the corrective measures to the smoke barrier walls include filling all gaps with an expandable fire resistant sealant to ensure all areas are fire stopped with "Fire Barrier Sealant" (see attached product description including tested in accordance to ASTM E 814 (UL 1479). The long station 4 hall with 2 sections of drywall down has since been repaired by replacing the drywall around both</p>	07/14/2016

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	<p>and 10 residents who reside on the Ambulance Hall 4.</p> <p>Findings include:</p> <p>Based on observation of the attic smoke barrier walls with the administrator on 06/20/16 from 9:50 a.m. to 10:20 a.m., the following attic smoke barrier walls had penetrations not fire stopped or missing drywall;</p> <p>a. The Ambulance Hall 4 attic smoke barrier wall had one, two inch gap around a water pipe penetrations and a three inch open electrical conduit not fire stopped.</p> <p>b. The Station 4 attic smoke barrier wall had three, one inch gaps around sprinkler and electric conduit penetrations not fire stopped.</p> <p>c. The Long Station 4 Hall attic smoke barrier wall had a two foot by four foot square area of drywall missing on both sides of the smoke barrier wall.</p> <p>The Ambulance Hall 4 and Station 4 attic smoke barrier wall penetrations not fire stopped and the Long Station 4 Hall attic smoke barrier wall missing drywall was verified by the administrator at the time of observation and acknowledged by the administrator at the exit conference on 06/20/16 at 12:05 p.m.</p> <p>3.1-19(b)</p>		<p>sides of the smoke barrier walls. The remainder of the smoke barrier walls were also inspected to assure there are no other gaps. Maintenance is responsible to routinely monitor weekly to assure all smoke barrier walls are properly maintained as required.</p>	

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K 0062 SS=E Bldg. 01	<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> <p>1. Based on observation and interview, the facility failed to replace 1 of over 12 kitchen sprinklers covered in corrosion. LSC 9.7.5 requires all automatic sprinkler systems shall be inspected, tested and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 1998 edition, 2-2.1.1 requires any sprinkler shall be replaced which is painted, corroded, damaged, loaded, or in the improper orientation. This deficient practice could affect 33 residents who use the main dining room, located adjacent to the kitchen.</p> <p>Findings include:</p> <p>Based on observations on 06/20/16 at 10:20 a.m. with the administrator, the kitchen sprinkler located above the automatic dishwashing machine was completely covered in green corrosion. This was verified by the administrator at the time of observation and acknowledged by the administrator at the exit conference on 06/20/16 at 12:05 p.m.</p>	K 0062	<p>K 0062 It is the intent of this facility to provide a safe environment for residents, staff, and visitors at all times. No one was affected by this deficient practice. The corrective actions will address those with the potential to have been affected. The one corroded sprinkler head in the kitchen above the dishwasher is scheduled to be replaced and any other sprinkler heads with appearance of slight corrosion will also be replaced. The 8 of over 300 sprinkler heads listed as sprinkler escutcheons not being flush to the ceiling to prevent gaps into the above attic space have since been maintained again to ensure each one is reliable and in operating condition. The remainder of the sprinkler heads were also inspected to assure all others are functional. Maintenance is responsible ongoing and will continue to monitor sprinkler heads daily then implement modification as needed or replacement by our service provider when necessary to support fire prevention and safety.</p>	07/15/2016

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	<p>3.1-19(b)</p> <p>2. Based on observation and interview, the facility failed to ensure 8 of over 300 sprinkler heads in the facility were maintained. This deficient practice could affects any number of residents who use the Administration Hall, 3 residents at a time who use the beauty shop, 20 residents who reside on the Long Station 4 Hall, and 4 residents who reside in rooms 65 and 58.</p> <p>Findings include:</p> <p>Based on observations on 06/20/16 during a tour of the facility with the administrator from 8:33 a.m. to 12:05 p.m., the following sprinklers were not tight fitting to the ceiling;</p> <p>a. The two sprinklers in the corridor next to the main entrance foyer had one inch gaps where the escutcheons were not tight fitting to the ceiling.</p> <p>b. The one sprinkler in the corridor next to the receptionist office had a one inch gap where the escutcheon was not tight fitting to the ceiling.</p> <p>c. The copy room sprinkler had a one inch gap where the escutcheon was not tight fitting to the ceiling.</p> <p>d. The sunny side cafe room sprinkler had a one inch gap where the escutcheon</p>			

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K 0067 SS=F Bldg. 01	<p>was not tight fitting to the ceiling.</p> <p>e. The beauty shop sprinkler had a one inch gap where the escutcheon was not tight fitting to the ceiling.</p> <p>f. The Station 4 Hall nourishment pantry sprinkler had a one inch gap where the escutcheon was not tight fitting to the ceiling.</p> <p>g. Resident room 65, bed 1 sprinkler had a one inch gap where the escutcheon was not tight fitting to the ceiling.</p> <p>h. Resident room 58, bed 1 sprinkler had a one inch gap where the escutcheon was not tight fitting to the ceiling.</p> <p>The above listed sprinkler escutcheons not tight fitting to the ceiling was verified by the administrator at the time of observations and acknowledged by the administrator at the exit conference on 06/20/16 at 12:05 p.m.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2</p> <p>Based on observation and interview, the facility failed to ensure 8 of 8 egress corridors were not being used as a portion of a return air system/plenum for heating, ventilating, or air conditioning</p>	K 0067	K0067 Smoke and duct detectors were installed which upon activation of the fire alarm system will shut down all of the air handling units. Smoke dampers have also been installed in the ducts which will close upon	07/20/2016

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	<p>(HVAC) ductwork serving adjoining areas. NFPA 90A, Standard for the Installation of Air Conditioning and Ventilation Systems at 2-3.11.1 requires egress corridors shall not be used as a portion of a supply return or exhaust air system serving adjoining areas. This deficient practice affects all resident in the facility.</p> <p>Findings include:</p> <p>Based on observations on 06/20/16 during a tour of the facility from 8:33 a.m. to 12:05 p.m. with the administrator, all rooms in the facility used the egress corridors as a return air system for the air conditioning system in the facility. This was acknowledged by the administrator at the exit conference on 06/20/16 at 12:05 p.m.</p> <p>3.1-19(b)</p>		<p>activation of the fire alarm systems thus preventing the transfer of smoke from one smoke/fire zone to another. The units under 2000 CFM capacity have been tied to the central fire alarm system panel enabling the units to shut down upon the activation of the fire alarm system. Therefore, we are requesting that a waiver be granted with regard to this finding (See 2016 LSC Waiver Request Form and Attachment A).</p>				