

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155104	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  02/11/2014
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NAME OF PROVIDER OR SUPPLIER  HERITAGE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1201 W BUENA VISTA RD EVANSVILLE, IN 47710
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K010000	<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 Dates: 02/11/14</p> <p>Facility Number: 000043 Provider Number: 155104 AIM Number: 100290960</p> <p>Surveyor: Lex Brashear, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Heritage Center was found in substantial 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 was fully sprinklered. The facility has a fire alarm system with hard wired smoke detectors in the corridors, in spaces open to the corridors, and in all resident</p>	K010000	<p>K000 This Plan of Correction is submitted under Federal and State regulations and statutes applicable to long term care providers.</p> <p>This Plan of Correction does not constitute an admission of liability on the part of the facility, and such liability is hereby specifically denied. The Submission of the Plan does not constitute agreement by the facility that the surveyor's findings or conclusions are accurate, that the findings constitute a deficiency, or that the scope and severity regarding any of the deficiencies cited are correctly applied. Furthermore, we request this 2567 (Plan of Correction) serve as our credible allegation of compliance. We respectfully</p>	
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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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K010046 SS=C	<p>sleeping rooms. The facility has a capacity of 152 and had a census of 146 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. All areas providing facility services were sprinklered, except two detached wood sheds used for facility storage.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 02/13/14.</p> <p>The facility was found in substantial compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9.19.2.9.1.</p> <p>Based on record review, observation and interview; the facility failed to ensure documentation for 3 of 3 battery powered light sets was complete when tested monthly for 30 seconds. LSC 101, Section 7.9.3 requires a functional test shall be conducted on every required emergency lighting system at 30 day intervals for not less than 30 seconds.</p>	K010046	request paper compliance on the Plan of Correction.	02/17/2014			

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	<p>Equipment shall be fully operational for the duration of the test. Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction. NFPA 110, Section 5-3.1 requires Emergency Power Supply (EPS) equipment locations shall be provided with battery powered emergency lighting. This deficient practice could affect all residents, as well as staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on review of the battery lights information in the Life Safety Reports Binder on 02/11/14 at 1:30 p.m. with the Facilities Director present, there was no documentation to show the three battery back up light sets which were located over the three generators were tested monthly for at least thirty seconds during the past twelve months. This was confirmed by Facilities Director at the time of record review. Based on observation between 8:45 a.m. and 12:30 p.m. on 02/11/14 during a tour of the facility with the Facilities Director, all three battery back up light sets worked properly.</p> <p>3-1.19(b)</p>		<p>Immediate</p> <p>Action – The 30 second light check was added to the weekly generator inspection</p> <p>from on 02/14/14.</p> <p>Review</p>				

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			<p>of Residents – There are three generator checklist for the entire facility and</p> <p>the forms were changed for all three on 02/11/2014</p> <p>Corrective</p> <p>Action – The master checklist forms have been modified to include the 30 second</p> <p>light check</p>	

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			<p>Monitoring</p> <p>- The Facilities Director will make monthly inspection of the weekly checklist</p> <p>to insure it is complete.</p>	

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K010062 SS=C	<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>Based on observation and interview, the facility failed to ensure 1 of 1 sprinkler system's gauges were replaced or recalibrated within the past 5 years. NFPA 101 Section 9.7.5 refers to NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 2-3.2 requires gauges to be replaced every 5 years or tested every 5 years by comparison with a calibrated gauge. Gauges not accurate to within 3 percent of the full scale shall be recalibrated or replaced. This deficient practice could affect all residents, as well as staff and visitors while in sprinklered areas of the facility.</p> <p>Findings include:  Based on observation on 02/11/14 at</p>	K010062	<p>Immediate Action - New Gauges were ordered by the Sprinkler Contractor on 02/11/2014.</p> <p>Review  of Residents - There are two sprinkler systems for the entire facility and new gauges were ordered for all of them</p> <p>Corrective  Action – The sprinkler contractor was notified to put this facility on a not to</p>	02/15/2014			

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	<p>9:45 a.m. during a tour of the facility with the Facilities Director, the pressure gauges on the sprinkler system riser had dates of 2008. During an interview at the time of observation, the Facilities Director acknowledged the dates on the sprinkler system riser gauges as 2008. Based on review of sprinkler system inspection reports at 1:15 p.m. with the Facilities Director present, it was confirmed the sprinkler system gauges were installed 11/14/08.</p> <p>3.1-19(b)</p>		<p>exceed 5 year cycle to replace all gauges associated with the facilities</p> <p>sprinkler system</p> <p>Monitoring</p> <p>- An electronic reminder has been placed on the Facility Director's calendar</p> <p>when the time is due for inspection. The Facility Director will call for</p> <p>replacement of such gauges before the end of the 5 year cycle.</p>				
K010069 SS=B	<p>NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96 Based on record review, observation and interview; the facility failed to ensure 1 of 1 kitchen exhaust systems was inspected semiannually. NFPA 96, 1998 Edition, Standard for Ventilation Control and Fire Protection of</p>	K010069		02/17/2014			

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	<p>Commercial Cooking Operations, 8-3.1 requires the entire exhaust system shall be inspected by a properly trained, qualified, and certified company or person(s) in accordance with Table 8-3.1. Table 8-3.1, Exhaust System Inspection Schedule, requires systems serving moderate volume cooking operations shall be inspected semiannually. NFPA 96, 8-3.1.1 says, upon inspection, if found to be contaminated with deposits from grease laden vapors, the entire exhaust system shall be cleaned in accordance with Section 8-3. NFPA 8-3.1 requires hoods, grease removal devices, fans, ducts, and other appurtenances shall be cleaned to bare metal at frequent intervals prior to surfaces becoming heavily contaminated with grease or oily sludge. After the exhaust system is cleaned to bare metal, it shall not be coated with powder or other substance. This deficient practice could affect mostly kitchen staff.</p> <p>Findings include:</p> <p>Based on review of the kitchen range inspection reports in the Life Safety Code Reports Binder on 02/11/14 at 1:45 p.m. with the Facilities Director present, there was no documentation to show the kitchen range hood had been</p>		<p>Immediate Action - The kitchen exhaust hood system was cleaned by Pure Air Inc. on 01/16/2014</p> <p>Review</p> <p>of Residents - This is the only kitchen exhaust hood in the facility</p>				

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	<p>inspected twice within the past twelve months. The only kitchen rang hood inspection report was dated 01/16/14. This was acknowledged by the Facilities Director at the time of record review. Based on observation at 10:45 a.m. during a tour of the facility with the Facilities Director, there was only one date, 01/16/14, on the sticker on the kitchen range hood to indicated the range hood had been inspected. This was confirmed by the Facilities Director at the time of observation.</p> <p>3.1-19(b)</p>		<p>Corrective</p> <p>Action – Pure Air Inc. was instructed to place our facility on a</p> <p>semi-annual cleaning program</p> <p>Monitoring</p> <p>- A reminder has been placed on the Facility Director's electronic calendar.</p>		

