

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155228	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 05/02/2012
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NAME OF PROVIDER OR SUPPLIER HERITAGE HOUSE OF RICHMOND	STREET ADDRESS, CITY, STATE, ZIP CODE 2070 CHESTER BLVD RICHMOND, IN 47374
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K0000	<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: 05/02/12</p> <p>Facility Number: 000133 Provider Number: 155228 AIM Number: 100266080</p> <p>Surveyor: Mark Bugni, Safety Code Specialist</p> <p>At this Life Safety Code survey, Heritage House of Richmond 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 sprinklered. The facility has a fire alarm system with smoke detection in the corridors and spaces open to the corridors. There were no smoke detectors in resident sleeping rooms.</p>	K0000	<p>Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The Plan of Correction is prepared and/or executed solely because it is required by the provisions of Federal and State law.</p> <p>Please accept this plan of Correction as Credible allegations of Compliance.</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 has a capacity of 87 and had a census of 50 at the time of this visit.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 05/04/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K0050 SS=C	<p>NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2</p> <p>Based on record review and interview, the facility failed to ensure 3 of 4 first shift fire drills and 3 of 4 second shift fire drills were held at varying times over the past year to protect 50 of 50 residents. This deficient practice could affect all resident in the facility.</p> <p>Findings include:</p> <p>Based on a review of the "Fire Drill Reports" with the maintenance supervisor and administrator on 05/02/12 at 9:00 a.m., the "Fire Drill Reports" for the first and second shifts were held at the following similar times over the past year; first shift drills on 04/01/11 at 1:35 p.m., 07/01/11 at 1:00 p.m., and 12/29/11 at 1:45 p.m.; second shift drills on 05/01/11 at 2:20 p.m., 08/01/11 at 2:00 p.m., and 11/01/11 at 2:15 p.m.. Based on an interview with the administrator at the time of record review, first shift time runs</p>	K0050	<p>K 050 NFPA 101 LIFE SAFETY CODE STANDARD It is the practice of this facility to hold fire drills at unexpected times under varying conditions, at least quarterly on each shift. All residents have the potential to be effected; however, there was no actual harm to none. Maintenance man will be in-serviced (attachment 1a,1b & 1c) on frequency of and varying times of fire drills. Times of fire drills will be monitored (attachment 2) by Administrator or designee and taken to QA monthly for 6 months.</p>	06/01/2012			

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	<p>from 6:00 a.m. to 2:00 p.m. and second shift time runs from 2:00 p.m. to 10:00 p.m. The similar timed fire drill records were acknowledged by the maintenance supervisor and administrator at the time of record review.</p> <p>3.1-19(b)</p>				

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K0052 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4</p> <p>Based on observation and interview, the facility failed to ensure 1 of 43 smoke detectors in the facility was not installed where air flow would adversely affect its operation. Section 9.6.1.4 requires fire alarm systems comply with NFPA 72, National Fire Alarm Code. NFPA 72, 2-3.5.1 requires, in spaces served by air handling systems, detectors shall not be located where air flow prevents operation of the detectors. This deficient practice could affect 22 residents who reside on the Southwest Hall.</p> <p>Findings include:</p> <p>Based on an observation with the maintenance supervisor and administrator on 05/02/12 at 11:55 a.m., the Southwest Hall smoke detector by resident room 35 was located one foot from a supply air duct. This was verified by the maintenance supervisor and administrator at the time of observation.</p> <p>3.1-9(b)</p>	K0052	K 052 NFPA 101 LIFE SAFETY CODE It is the practice of the facility to maintain a fire alarm system that is installed, tested and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. Of the 22 residents that could have been affected no harm came to any. Safe Care moved the smoke detector in question on May 16, 2012 (attachment 3).	05/16/2012			

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K0069 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96</p> <p>Based on observation, record review and interview; the facility failed to ensure 1 of 1 electrically powered cooking stoves was provided with an automatic electrical shut off switch connected to the kitchen fire extinguishing system. NFPA 96 at 7-4.1 requires upon activation of any fire extinguishing system for a cooking operation, all sources of fuel and electric power that produce heat to all equipment requiring protection by that system shall automatically shut off. This deficient practice could affect any residents who use the main dining room located adjacent to the kitchen.</p> <p>Findings include:</p> <p>Based on review of the Range Hood Suppression System Inspection Reports dated 10/11/11 and 04/31/12 on 05/02/12 at 9:12 a.m. with the maintenance supervisor and administrator, both reports had no verification the electric stove fire extinguishing system switch was tested during the two inspections. Based on observation on 05/02/12 at 10:15 a.m. with the maintenance supervisor and administrator, the range hood suppression system stainless steel enclosure in the kitchen had no visible electrical</p>	K0069	K 069 NFPA 101 LIFE SAFETY CODE It is the practice of the facility to ensure that cooking facilities are protected in accordance with NFPA 96. No residents were affected by this. Safe Care will have the automatic shut off switch installed by June 1, 2012, currently waiting for equipment to arrive (see attachment 4)	06/01/2012			

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	<p>connection to the electric stove. This was verified by the maintenance supervisor and administrator at the time of observation.</p> <p>3.1-19(b)</p>			

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K0144 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.</p> <p>Based on record review and interview, the facility failed to ensure the load testing for the past 12 months was conducted under operating conditions or not less than 30 percent of the nameplate rating for the emergency generator set to protect 95 of 95 residents. Chapter 3-4.4.1.1 of NFPA 99 requires monthly testing of the generator serving the emergency electrical system to be in accordance with NFPA 110, the Standard for Emergency and Standby Powers Systems, chapter 6-4.2. Chapter 6-4.2 of NFPA 110 requires generator sets in Level 1 and Level 2 service to be exercised under operating conditions or not less than 30 percent of the EPS nameplate rating at least monthly, for a minimum of 30 minutes. Chapter 3-5.4.2 of NFPA 99 requires a written record of inspection, performance, exercising period, and repairs for the generator to be regularly maintained and available for inspection by the authority having jurisdiction. This deficient practice affect all residents in the facility.</p> <p>Findings include: Based on a review of the Load Test Data Log</p>	K0144	<p>K 144 NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>It is the practice of the facility that generators are inspected weekly and exercised under load for 30 minutes once a month.</p> <p>No actual harm came to any resident.</p> <p>Maintenance man will be in-serviced (attachment 1a,1b & 1c), on weekly inspection and monthly load test of generator (attachment 5)</p> <p>This will be monitored (attachment 6) weekly by</p>	06/01/2012

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	<p>Book on 05/02/12 at 9:25 a.m. with the maintenance supervisor and administrator, the Load Test Data Log Book documented monthly load tests for each of the past twelve months for thirty minutes but did not indicate a thirty percent rated test was conducted during each load test or if the emergency generator ran under operating conditions. The Load Test Data Log Book only listed the voltage and amperage output of each test and the time duration of the test. This was verified by the maintenance supervisor and administrator at the time of record review.</p> <p>3.1-19(b)</p>		Administrator or designee and taken to QA monthly for 6 months.				