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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155705 | X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____ | X3) DATE SURVEY COMPLETED 07/13/2012 |
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| NAME OF PROVIDER OR SUPPLIER HERITAGE POINTE | STREET ADDRESS, CITY, STATE, ZIP CODE 801 N HUNTINGTON AVE WARREN, IN 46792 |
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| K0000 | <p>A Life Safety Code Recertification, State Licensure and Quality Assurance Walk-thru Survey were conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 07/12/12 and 07/13/12</p> <p>Facility Number: 000542 Provider Number: 155705 AIM Number: 100267380</p> <p>Surveyor: Amy Kelley, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Heritage Pointe 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) and 410 IAC 16.2. The original section consisting of 1A, 1B, 2A, and 2B was surveyed with Chapter 19 Existing Health Care Occupancies.</p> | K0000 | | |

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>This three story facility was determined to be of Type I (332) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and areas open to the corridors. Hard wired smoke detectors were provided in the resident rooms. The facility has a capacity of 186 and had a census of 89 at the time of this survey.</p> <p>The facility was found not in compliance with state law in regard to sprinkler coverage and was found in compliance with state law in regard smoke detector coverage.</p> <p>The egress corridor leading directly to the outside of the building from Anthony and Geedy halls and the 1A entrance/exit air lock area, where residents have customary access, lacked sprinkler coverage.</p> <p>Two detached barns used for the storage of the facility bus, facility cars, trucks, mowers, snow plows and maintenance supplies were</p> | | | | | | |

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| | <p>not sprinklered. A garage used for the storage of the golf cart was not sprinklered.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 07/23/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> | | | |

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| K0020 SS=E | <p>NFPA 101 LIFE SAFETY CODE STANDARD Stairways, elevator shafts, light and ventilation shafts, chutes, and other vertical openings between floors are enclosed with construction having a fire resistance rating of at least one hour. An atrium may be used in accordance with 8.2.5.6. 19.3.1.1.</p> <p>Based on observation and interview, the facility failed to ensure 2 of 2 Chapel stairways were enclosed with one hour construction. LSC 19.3.1.1 requires any vertical opening to be enclosed or protected in accordance with LSC 8.2.5. LSC 8.2.5.2 states the vertical opening shall be enclosed as appropriate for the fire resistance rating of the barrier. LSC 8.2.3.2.1 requires a one hour rated door in a one hour vertical opening. NFPA 80, Standard for Fire Doors and Windows, 2-1.4.1 requires self closing doors shall be equipped with a closing device to cause the door to close and latch each time it is opened. This deficient practice could affect any residents evacuated from the Chapel, the skilled unit and the first floor through both sets of Chapel stairwells in the event of an emergency.</p> | K0020 | <p>All residents were determined to be affected by the lack of latching hardware on the chapel stairwell doors. All vertical openings were inspected to ensure they have latching hardware and latch into the door frame as appropriate for the fire resistance rating of the barrier. Maintenance staff have been in-serviced on fire resistance ratings, fire barriers, and self closing devices that cause the door to close and latch each time it is opened. New doors and frames have been ordered for each of the nine doors in the chapel stairwells. Expected delivery is scheduled for September 12, 2012 and installation is projected to be completed by October 10, 2012. All fire doors will be inspected monthly by maintenance staff to ensure all doors latch into the door frames. Any problems or concerns will be immediately directed to the maintenance supervisor and will be reported to, and reviewed by, the Q.A. Committee for further recommendations.</p> | 08/10/2012 | | | |

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| | <p>Findings include:</p> <p>Based on observation with the Director of Maintenance, Administrator in Training and Quality Assurance # 1 on 07/13/12 from 10:05 a.m. to 10:15 a.m., the north and south Chapel stairwells each had two doors entering the stairwell from the skilled unit on the second floor. The first floor had two doors entering on the north side and only one door on the south side. All nine doors lacked latching hardware and did not latch into the door frame. This was acknowledged by the Director of Maintenance at the time of observations.</p> <p>3.1-19(b)</p> | | | | |

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| K0048 SS=C | <p>NFPA 101 LIFE SAFETY CODE STANDARD There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. 19.7.1.1</p> <p>Based on record review and interview, the facility failed to provide a written plan which included the different types and the use of fire extinguishers provided in the facility and the preparation of floors for evacuation in 1 of 1 written fire plans. LSC 19.7.2.2 requires a written health care occupancy fire safety plan shall provide for the following:</p> <ol style="list-style-type: none"> (1) Use of alarms (2) Transmission of alarm to the fire department (3) Response to alarms (4) Isolation of fire (5) Evacuation of immediate area (6) Evacuation of smoke compartment (7) Preparation of floors and building for evacuation (8) Extinguishment of fire <p>This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on a record review with the</p> | K0048 | <p>The facility does have a Fire and Disaster Plan Policy and Procedure as well as fire extinguishers throughout the facility. A list of the exact location of all of the fire extinguishers, that includes the different types of extinguishers and their use, has been printed and added to the Fire and Disaster Plan Policy. In addition a more in depth preparation of floors for partial or full evacuation was added to the policy.</p> <p>All residents were identified as being affected by the Fire and Disaster Plan and the lack of a list of fire extinguisher locations and the preparation of floors in the plan.</p> <p>All staff will be in-serviced on all locations and types of extinguishers as well as specific preparation of floors for partial or full evacuation.</p> <p>All fire extinguishers are inspected monthly to ensure proper functioning and fire drills are performed monthly throughout the facility per regulation and more often as needed. Fire drills will continue to be performed monthly or more often to ensure staff is trained for</p> | 08/10/2012 |

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| | <p>Director of Maintenance, the Administrator in Training and Quality Assurance # 1 on 07/12/12 at 12:00 p.m., the "Fire Prevention Practice" manual did not address the types of fire extinguishers throughout the facility including the kitchen K-class fire extinguisher in relationship with the use of the kitchen hood extinguishing system and the preparation of floors for evacuation. This was confirmed by the Administrator in Training at the time of record review.</p> <p>3.1-19(b)</p> | | <p>both partial and full evacuations. All concerns and problems with the fire drills and fire equipment will be reported quarterly or more often, to the Q.A. Committee for review and recommendations.</p> | | |

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| K0056 SS=E | <p>NFPA 101 LIFE SAFETY CODE STANDARD If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5</p> <p>Based on observation and interview, the facility failed to ensure a complete automatic sprinkler system was provided for 1 of 1 of the 1A entrance/exit areas in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. This deficient practice could affect any resident evacuated through the 1A exit in the event of an emergency.</p> <p>Findings include:</p> <p>Based on an observation with the Director of Maintenance, Administrator in Training and Quality Assurance # 1 on</p> | K0056 | Please note that the facility does have a fully sprinkled facility and that the 1A lobby is sprinkled as well. The lack of a sprinkler head in the vestibule going outside from the 1A lobby would affect anyone using the 1A lobby exit in the event of an emergency. A sprinkler head will be added to the 1A vestibule and exit area to ensure there is a complete automatic sprinkler system in place that will provide complete coverage for this portion of the building. All evacuation routes of the facility were inspected to ensure complete coverage by the sprinkler system is provided in the event of an emergency. Fire drills are performed monthly or more often and preventative maintenance and testing is done quarterly on the sprinkler system. Any problems or concerns found from these drills and inspections will be reported to the Q.A. | 08/10/2012 | |

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| | 07/12/12 at 3:10 p.m., the 1A entrance/exit air lock area lacked sprinkler coverage. This was acknowledged by the Director of Maintenance at the time of observation. 3.1-19(b) 3.1-19(ff) | | Committee for review and recommendations. K 056 (page 10) The lack of a sprinkler head in the ramp that leads outside to the ambulance bay and delivery area potentially affects any residents being transported through the area as well as any visitors. A sprinkler head will be added to the ramp area leading to the outside of the building in order to ensure a complete automatic sprinkler system is provided for the exit. All evacuation routes of the facility were inspected to ensure complete coverage by the sprinkler system is provided in the event of an emergency. Fire drills will continue to be performed monthly or more often and preventative maintenance and testing is done quarterly on the sprinkler system. Any problems or concerns found during these drills and inspections will be reported to the Q.A. Committee for review and recommendations. | | |

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| K0062 SS=F | <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 record review and interview, the facility failed to document and conduct weekly tests of the fire pump in accordance with LSC Section 9.7.5 and 19.3.5.1 and NFPA 25. NFPA 25, Table 5-1.1 and then 5-2 through 5-3.2.4.4 requires the following weekly inspections: the pump house conditions: heat is at least 40 degrees F, heating ventilating louvers are free to operate, fire pump system conditions with valves fully open, piping free of leaks, suction line pressure gauge reading is normal, suction reservoir is full. Additionally, 5-3.2.1 requires a no flow, ten minute pump test shall be performed weekly. This deficient practice affects all occupants.</p> <p>Finding include:</p> <p>Based on record review with the Director of Maintenance,</p> | K0062 | <p>Weekly fire pump tests and inspections will be completed and documented by the maintenance staff. Please note that this practice was being performed by the facility but was not being properly documented.</p> <p>This practice had the potential to affect anyone living in the facility, visiting within the facility or receiving outpatient services within the building.</p> <p>A log to document all weekly fire pump tests has been developed and placed in the maintenance department.</p> <p>The fire pump log will be inspected by the maintenance supervisor weekly for 4 weeks and then monthly to ensure documentation is being accomplished and that the pump is in working order. Any concerns will be reported immediately to the administrator as well as the Q.A. Committee for review and recommendations.</p> | 08/10/2012 |

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| | <p>Administrator in Training and Quality Assurance # 1 on 07/12/12 at 12:10 p.m., the facility was unable to provide documentation of a weekly inspection of the fire pump. This was acknowledged by the Director of Maintenance at the time of record review.</p> <p>3.1-19(b)</p> | | | |

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| K0000 | <p>A Life Safety Code Recertification, State Licensure and Quality Assurance Walk-thru Survey were conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 07/12/12 and 07/13/12</p> <p>Facility Number: 000542 Provider Number: 155705 AIM Number: 100267380</p> <p>Surveyor: Amy Kelley, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Heritage Pointe 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) and 410 IAC 16.2. The new section consisting of the the Anthony and Geedy Wings was surveyed with Chapter 18 New Health Care Occupancies.</p> | K0000 | | | |

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| | <p>not sprinklered. A garage used for the storage of the golf cart was not sprinklered.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> | | | | |

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| K0048 SS=C | <p>NFPA 101 LIFE SAFETY CODE STANDARD There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. 18.7.1.1</p> <p>Based on record review and interview, the facility failed to provide a written plan which included the different types and the use of fire extinguishers provided in the facility and the preparation of floors for evacuation in 1 of 1 written fire plans. LSC 19.7.2.2 requires a written health care occupancy fire safety plan shall provide for the following:</p> <ol style="list-style-type: none"> (1) Use of alarms (2) Transmission of alarm to the fire department (3) Response to alarms (4) Isolation of fire (5) Evacuation of immediate area (6) Evacuation of smoke compartment (7) Preparation of floors and building for evacuation (8) Extinguishment of fire <p>This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on a record review with the</p> | K0048 | <p>The facility does have a Fire and Disaster Plan Policy and Procedure as well as fire extinguishers throughout the facility. A list of the exact location of all of the fire extinguishers, that includes the different types of extinguishers and their use, has been printed and added to the Fire and Disaster Plan Policy. In addition a more in depth preparation of floors for partial or full evacuation was added to the policy.</p> <p>All residents were identified as being affected by the Fire and Disaster Plan and the lack of a list of fire extinguisher locations and the preparation of floors in the plan.</p> <p>All staff will be in-serviced on all locations and types of extinguishers as well as specific preparation of floors for partial or full evacuation.</p> <p>All fire extinguishers are inspected monthly to ensure proper functioning and fire drills are performed monthly throughout the facility per regulation and more often as needed. Fire drills will continue to be performed monthly or more often to ensure staff is trained for</p> | 08/10/2012 |

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| NAME OF PROVIDER OR SUPPLIER HERITAGE POINTE | | | STREET ADDRESS, CITY, STATE, ZIP CODE 801 N HUNTINGTON AVE WARREN, IN 46792 | | |
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| | <p>Director of Maintenance, the Administrator in Training and Quality Assurance # 1 on 07/12/12 at 12:00 p.m., the "Fire Prevention Practice" manual did not address the types of fire extinguishers throughout the facility including the kitchen K-class fire extinguisher in relationship with the use of the kitchen hood extinguishing system and the preparation of floors for evacuation. This was confirmed by the Administrator in Training at the time of record review.</p> <p>3.1-19(b)</p> | | <p>both partial and full evacuations. All concerns and problems with the fire drills and fire equipment will be reported quarterly or more often, to the Q.A. Committee for review and recommendations.</p> | | |

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| K0056 SS=E | <p>NFPA 101 LIFE SAFETY CODE STANDARD There is an automatic sprinkler system, installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, with approved components, devices, and equipment, to provide complete coverage of all portions of the facility. The system is maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. There is a reliable, adequate water supply for the system. The system is equipped with waterflow and tamper switches which are connected to the fire alarm system. 18.3.5.</p> <p>Based on observation and interview, the facility failed to ensure a complete automatic sprinkler system was provided for 1 of 4 exits from Anthony and Geedy halls in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems to provide complete coverage for all portions of the building. This deficient practice could affect any number of residents on Anthony and Geedy halls.</p> <p>Findings include:</p> <p>Based on an observation made with the Director of Maintenance, Administrator in Training and Quality Assurance # 1 on</p> | K0056 | Please note that the facility does have a fully sprinkled facility and that the 1A lobby is sprinkled as well. The lack of a sprinkler head in the vestibule going outside from the 1A lobby would affect anyone using the 1A lobby exit in the event of an emergency. A sprinkler head will be added to the 1A vestibule and exit area to ensure there is a complete automatic sprinkler system in place that will provide complete coverage for this portion of the building. All evacuation routes of the facility were inspected to ensure complete coverage by the sprinkler system is provided in the event of an emergency. Fire drills are performed monthly or more often and preventative maintenance and testing is done quarterly on the sprinkler system. Any problems or concerns found from these drills and inspections will be reported to the Q.A. | 08/10/2012 | | | |

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| | 07/13/12 at 10:18 a.m., after exiting from Anthony and Geedy hall through the fire doors into another portion of the facility which leads up the ramp to the outside of the building, lacks sprinkler coverage. This was acknowledged by the Director of Maintenance at the time of observation. 3.1-19(b) 3.1-19(ff) | | Committee for review and recommendations. K 056 (page 10) The lack of a sprinkler head in the ramp that leads outside to the ambulance bay and delivery area potentially affects any residents being transported through the area as well as any visitors. A sprinkler head will be added to the ramp area leading to the outside of the building in order to ensure a complete automatic sprinkler system is provided for the exit. All evacuation routes of the facility were inspected to ensure complete coverage by the sprinkler system is provided in the event of an emergency. Fire drills will continue to be performed monthly or more often and preventative maintenance and testing is done quarterly on the sprinkler system. Any problems or concerns found during these drills and inspections will be reported to the Q.A. Committee for review and recommendations. | | |

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| K0062 SS=F | <p>NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 18.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>Based on record review and interview, the facility failed to document and conduct weekly tests of the fire pump in accordance with LSC Section 9.7.5 and 19.3.5.1 and NFPA 25. NFPA 25, Table 5-1.1 and then 5-2 through 5-3.2.4.4 requires the following weekly inspections: the pump house conditions: heat is at least 40 degrees F, heating ventilating louvers are free to operate, fire pump system conditions with valves fully open, piping free of leaks, suction line pressure gauge reading is normal, suction reservoir is full. Additionally, 5-3.2.1 requires a no flow, ten minute pump test shall be performed weekly. This deficient practice affects all occupants.</p> <p>Finding include:</p> <p>Based on record review with the Director of Maintenance,</p> | K0062 | <p>Weekly fire pump tests and inspections will be completed and documented by the maintenance staff. Please note that this practice was being performed by the facility but was not being properly documented.</p> <p>This practice had the potential to affect anyone living in the facility, visiting within the facility or receiving outpatient services within the building.</p> <p>A log to document all weekly fire pump tests has been developed and placed in the maintenance department.</p> <p>The fire pump log will be inspected by the maintenance supervisor weekly for 4 weeks and then monthly to ensure documentation is being accomplished and that the pump is in working order. Any concerns will be reported immediately to the administrator as well as the Q.A. Committee for review and recommendations.</p> | 08/10/2012 | | | |

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| | <p>Administrator in Training and Quality Assurance # 1 on 07/12/12 at 12:10 p.m., the facility was unable to provide documentation of a weekly inspection of the fire pump. This was acknowledged by the Director of Maintenance at the time of record review.</p> <p>3.1-19(b)</p> | | | |