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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155104 | X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____ | X3) DATE SURVEY COMPLETED 01/27/2016 |
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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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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|------------------------|---|---------------|---|----------------------|
| 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 Dates: 01/27/16</p> <p>Facility Number: 000043 Provider Number: 155104 AIM Number: 100290960</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, spaces open to the corridors, and all resident sleeping rooms. The facility has a capacity of 172 and had a census of 150 at the time of this survey.</p> | K 0000 | | |

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 0144 SS=C Bldg. 01 | <p>All areas where residents have customary access were sprinklered, and all areas providing facility services were sprinklered, except two detached wood sheds used for facility storage and one garage used for maintenance storage.</p> <p>Quality Review on 01/28/16 - DA</p> <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 3 of 3 emergency generators were allowed a 5 minute cool down period after each load test, furthermore, the facility failed to provide documentation that the transfer time for the generators was being recorded. LSC 19.2.9.1 refers to LSC 7.9 which refers to LSC 7.9.2.3 which requires generators to be installed, tested and maintained in accordance with NFPA 110, Standard for Emergency and Standby Power Systems, 1999 Edition. NFPA 110, 4-2.4.8 Time Delay on Engine Shutdown requires that a minimum time delay of 5 minutes shall be provided for unloaded running of the Emergency Power Supply (EPS) prior to shut down. This delay provides additional</p> | K 0144 | <p>1. What corrective action(s) will be accomplished for those residents found to have been affected by deficient practice? --Two columns have been added to the monthly Generator checklist to reflect the amount of Time of Transfer and the Cool Down period.</p> <p>2. How are other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken? --There are three monthly generator checklist for the facility and the forms were changed for all three on 02/02/2016</p> <p>3. What measure will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur? -- The master checklist form has</p> | 02/02/2016 |

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| | <p>engine cool down. This time delay shall not be required on small (15 kW or less) air-cooled prime movers. 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 facility's Emergency Generator Monthly Test Log on 01/27/16 at 12:45 p.m. with the Maintenance Supervisor present, the generator log form documented the generator was tested weekly for 30 minutes under load, however, there was no documentation on the form that showed the generator had a cool down time following its load test, furthermore, there was no documentation that showed the generator transfer time being recorded. During an interview at the time of record review, the Maintenance Supervisor confirmed the monthly generator log did not include documentation of a cool down time being recorded or the generator transfer time being recorded.</p> <p>3.1-19(b)</p> | | <p>been modified to include the two new documentation columns.</p> <p>4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e, what quality assurance program will be put into place? --The Facilities Director will make monthly inspections of the checklist to insure it is complete.</p> <p>5. By what date will the systemic changes be completed? -- All changes were complete on 02/02/2016</p> | | |