

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155692	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  04/16/2015
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NAME OF PROVIDER OR SUPPLIER  HERITAGE OF HUNTINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 1180 W 500 N HUNTINGTON, IN 46750
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K 000  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: 04/16/15</p> <p>Facility Number: 002910 Provider Number: 155692 AIM Number: 200345390</p> <p>At this Life Safety Code survey, The Heritage of Huntington 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 building consisting of I hall, L hall, Memory Care and the main dining room was surveyed with Chapter 19, Existing Health Care Occupancies.</p> <p>This one story facility with a basement was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, areas open to the corridor and hard wired smoke detectors in the resident rooms.</p>	K 000	<p>May 1, 2015 Indiana State Department of Health 2 North Meridian Street Indianapolis, IN 46204</p> <p>Re: Survey Event IDP7KH21</p> <p>Dear ISDH: On April 16, 2015, a Life Safety Code survey was conducted at our facility. Please find a waiver request and POC for that survey attached. Additionally, I would like to request paper compliance for these citations. Thank you for your consideration. Sincerely,</p> <p>Ilyvonne Schumaker, Executive Director Heritage of Huntington 1180 West 500 North Huntington, IN 46750</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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K 025 SS=F Bldg. 01	<p>The facility has a capacity of 78 and had a census of 78 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered. The facility had a detached garage providing facility services including the bus, lawn equipment, a golf cart and maintenance supplies that was not sprinklered.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4</p> <p>Based on observation and interview, the facility failed to ensure the penetrations through 3 of 4 smoke barrier walls was protected to maintain the smoke resistance of each smoke barrier. LSC Section 19.3.7.3 requires smoke barriers to be constructed in accordance with LSC Section 8-3. LSC Section 8.3.6.1 requires the passage of building service materials such as pipe, cable or wire to be protected so the space between the penetrating item and the smoke barrier</p>	K 025	<p>POC map:</p> <ol style="list-style-type: none"> <li>1.What corrective action(s) will be accomplishedfor those residents found to have been affected by the deficient practice</li> <li>2.How other residents having the potential to beaffected by the same deficient practice will be identified and what correctiveaction(s) will be taken</li> <li>3.What measures will be put into place or whatsystematic changes will be made to ensure that the deficient practice does notrecur</li> </ol>	05/08/2015

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	<p>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 all existing smoke compartments of the facility.</p> <p>Findings include:</p> <p>Based on observations during the tour of the facility with the Director of Maintenance on 04/16/15 between 11:59 a.m. and 12:23 p.m. the following unsealed smoke barrier penetrations were noted:</p> <p>a.) Three penetrations three fourth of an inch in size around pipes and wires in the dining room smoke wall above the ceiling tile.</p> <p>b.) Two penetrations one fourth of an inch in size around pipes and wires in the smoke wall above the ceiling tile by room 108.</p> <p>c.) One penetration one inch in size around a pipe in the attic of the smoke wall by room 108.</p> <p>d.) Two penetrations one inch in size around pipes and wires in the smoke wall above the ceiling tile entering the rehabilitation hall.</p> <p>Based on interview at the time of observation, the Director of Maintenance provided and acknowledged the</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</p> <p>5.By what date the systematic changes will be completed</p> <p>K025-F</p> <p>1. The penetrations noted were sealed with <i>Flame Stopper 5000 Flexible Intumescent sealant</i>.</p> <p>2.All remaining smoke barriers were inspected for un-sealed penetrations.</p> <p>3.Any new construction or repairs involving wires or pipes penetrating firewalls will be sealed with an appropriate sealant.</p> <p>4.Any new construction or repairs involving wires or pipes penetrating firewalls will be inspected by the Director of Maintenance, or designee, for appropriate seals prior to completion of project.</p> <p>5.May 8, 2015</p>				

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K 130 SS=E Bldg. 01	<p>measurements of the penetrations.</p> <p>3.1-19(b)</p> <p>NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786</p> <p>Based on observation, the facility failed to ensure penetrations of 1 of 1 fire barrier walls were protected by an approved device that is designed for the specific purpose and capable of maintaining the fire resistance of the barrier. LSC 19.1.1.3 requires all health care facilities to be designed, constructed, maintained and operated to minimize the possibility of a fire emergency requiring the evacuation of the occupants. LSC 8.2.3.2.4.2 requires pipes, conduits, bus ducts, cables, wires, air ducts, pneumatic tubes and ducts, and similar building service equipment that pass through fire barriers shall be protected. The space between the penetrating item and the fire barrier shall meet one of the following conditions:</p> <p>a. It shall be filled with a material that is capable of maintaining the fire resistance of the fire barrier.</p> <p>b. It shall be protected by an approved device designed for the specific purpose. This deficient practice could affect up to 30 residents from rooms 100 to 133.</p>	K 130	<p>K025-F</p> <p>1. The penetrations noted were sealed with <i>Flame Stopper 5000 Flexible Intumescent sealant</i>.</p> <p>2. All remaining smoke barriers were inspected for un-sealed penetrations.</p> <p>3. Any new construction or repairs involving wires or pipes penetrating firewalls will be sealed with an appropriate sealant.</p> <p>4. Any new construction or repairs involving wires or pipes penetrating firewalls will be inspected by the Director of Maintenance, or designee, for appropriate seals prior to completion of project.</p> <p>5. May 8, 2015</p> <p>K130-E</p> <p>1. The penetrations noted were sealed with <i>Flame Stopper 5000 Flexible Intumescent sealant</i>.</p> <p>2. All remaining smoke barriers were inspected for un-sealed penetrations.</p> <p>3. Any new construction or repairs involving wires or pipes penetrating firewalls will be sealed with an appropriate sealant.</p>	05/08/2015

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K 000  Bldg. 02	<p>Findings include:</p> <p>Based on observations during the tour of the facility with the Director of Maintenance on 04/16/15 at 12:10 p.m., the fire wall separating the skilled nursing facility from the assisted living center had two unsealed penetrations ranging in size from one quarter of an inch to one inch around wires, piping above the ceiling tiles and three unsealed penetrations ranging in size from one quarter of an inch to one inch around wires and piping in the attic. Based on interview at the time of observation, the Director of Maintenance provided and acknowledged the measurements of the penetrations.</p> <p>3.1-19(b)</p> <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: 04/16/15</p> <p>Facility Number: 002910 Provider Number: 155692 AIM Number: 200345390</p>			K 000	<p>4.Any new construction or repairs involving wires or pipes penetrating firewalls will be inspected by the Director of Maintenance, or designee, for appropriate seals prior to completion of project.</p> <p>5.May 8, 2015</p> <p>May 1, 2015 Indiana State Department of Health 2 North Meridian Street Indianapolis, IN 46204</p> <p>Re: Survey Event IDP7KH21</p> <p>Dear ISDH: On April 16, 2015, a Life Safety Code survey was conducted at our facility. Please find a waiver request and POC for that survey attached.</p>		

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K 025 SS=F Bldg. 02	<p>At this Life Safety Code survey, The Heritage of Huntington 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 building consisting of the Rehabilitation hall was surveyed with Chapter 18, New Health Care Occupancies.</p> <p>This one story facility with a basement was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, areas open to the corridor and hard wired smoke detectors in the resident rooms. The facility has a capacity of 78 and had a census of 78 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered. The facility had a detached garage providing facility services including the bus, lawn equipment, a golf cart and maintenance supplies that was not sprinklered.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at</p>		<p>Additionally, I would like to request paper compliance for these citations. Thank you for your consideration. Sincerely,</p> <p>Ilyvonne Schumaker, Executive Director Heritage of Huntington 1180 West 500 North Huntington, IN 46750</p>	

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	<p>least a one-hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels in approved frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 18.3.7.3, 18.3.7.5, 18.1.6.3</p> <p>Based on observation and interview, the facility failed to ensure the penetrations through 3 of 4 smoke barrier walls was protected to maintain the smoke resistance of each smoke barrier. LSC Section 18.3.7.3 requires smoke barriers to be constructed in accordance with LSC Section 8-3. LSC Section 8.3.6.1 requires the passage of building service materials such as pipe, cable or 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 all new smoke compartments of the facility.</p> <p>Findings include:</p> <p>Based on observations during the tour of the facility with the Director of Maintenance on 04/16/15 between 11:59</p>	K 025	<p>POC map:</p> <ol style="list-style-type: none"> <li>1.What corrective action(s) will be accomplishedfor those residents found to have been affected by the deficient practice</li> <li>2.How other residents having the potential to beaffected by the same deficient practice will be identified and what correctiveaction(s) will be taken</li> <li>3.What measures will be put into place or whatsystematic changes will be made to ensure that the deficient practice does notrecur</li> <li>4.How the corrective action(s) will be monitoredto ensure the deficient practice will not recur, i.e., what quality assuranceprogram will be put into place</li> <li>5.By what date the systematic changes will becompleted</li> </ol> <p>K025-F</p> <ol style="list-style-type: none"> <li>1. The penetrationsnoted were sealed with <i>Flame Stopper 5000Flexible Intumescent sealant</i>.</li> <li>2.All remaining smoke barriers were inspected forun-sealed penetrations.</li> </ol>	05/08/2015	

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K 067 SS=E Bldg. 02	<p>a.m. and 12:23 p.m., there were two unsealed penetrations one inch in size around pipes and wires in the smoke wall above the ceiling tile of the rehabilitation hall. Based on interview at the time of observation, the Director of Maintenance provided and acknowledged the measurements of the penetrations.</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. 9.2, 18.5.2.1, 18.5.2.2, NFPA 90A</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 vented gas fireplaces was installed in accordance with Exception No. 2 to LSC Section 19.5.2.2. Exception No. 2 states fireplaces shall be used only in areas other than patient sleeping areas provided such areas are separated from patient sleeping spaces by construction having not less than 1 hour fire resistance rating and such fireplaces comply with the provisions of 9.2.2. In addition, the fireplace shall be equipped with a fireplace enclosure guaranteed against</p>	K 067	<p>3.Any new construction or repairs involving wires or pipes penetrating firewalls will be sealed with an appropriate sealant.</p> <p>4.Any new construction or repairs involving wires or pipes penetrating firewalls will be inspected by the Director of Maintenance, or designee, for appropriate seals prior to completion of project.</p> <p>5.May 8, 2015</p> <p>Dear ISDH: On April 16, 2015, a Life Safety Code survey was conducted at our facility. Please find a waiver request and POC for that survey was faxed in to ISDH 5/1/2015 and is included here for your reference Thank you for your consideration. POC map: 1.What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice 2.How other residents having the potential to be affected by the same deficient practice will be identified and what</p>	05/08/2015	

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	<p>breakage up to a temperature of 650 degrees Fahrenheit and constructed of heat tempered glass or other approved material. This deficient practice could affect 16 residents.</p> <p>Findings include:</p> <p>Based on observations during the tour of the facility with the Director of Maintenance on 04/16/15 at 11:15 a.m., there was a gas operated fire place in the Rehabilitation lounge located in the middle of the resident's sleeping area on the Rehabilitation hall without a one hour fire rated separation between the location of the fire place and the resident's rooms. Based on an interview during the observation, the Director of Maintenance acknowledged the fire place was located in a resistant sleeping area without a one hour fire rated separation.</p> <p>3.1-19(b)</p>		<p>correctiveaction(s) will be taken</p> <p>3.What measures will be put into place or whatsystematic changes will be made to ensure that the deficient practice does notrecur</p> <p>4.How the corrective action(s) will be monitoredto ensure the deficient practice will not recur, i.e., what quality assuranceprogram will be put into place</p> <p>By what date the systematic changes will becompleted</p> <p>K067-E</p> <p>1.Staff were notified gas fireplace is not to beused until resolution is complete for either waiver of requirement based on theupcoming update to LSC or implementation of the upcoming update to LSC(anticipated June 2015).</p> <p>2.No other fireplace exists in HC.</p> <p>3.If a waiver is not granted, the gas logs will bedisabled so they cannot be used until the new LSC is adopted.</p> <p>4.Any new construction or addition of a fireplacewill be inspected by the Director of Maintenance or designee to ensure there isa fire door separating the fireplace from the sleeping compartments forresidents.</p> <p>5.May 8, 2015</p>		