

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155022	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  03/17/2016
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NAME OF PROVIDER OR SUPPLIER  HERITAGE HOUSE OF SHELBYVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 2309 S MILLER ST SHELBYVILLE, IN 46176
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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 Date: 03/17/16</p> <p>Facility Number: 000009 Provider Number: 155022 AIM Number: 100274760</p> <p>At this Life Safety Code survey, Heritage House of Shelbyville 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 sprinkled. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors, and battery operated smoke detectors in all resident sleeping rooms. The facility has a capacity of 141 and had a census of 61 at the time of this visit.</p>	K 0000	<p>Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the provider of the truth of 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>	

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 0027 SS=E Bldg. 01	<p>All areas where residents have customary access were sprinkled and all areas providing facility services were sprinkled.</p> <p>Quality Review completed on 03/24/16 - DA</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Door openings in smoke barriers have at least a 20-minute fire protection rating or are at least 1¾-inch thick solid bonded wood core. Non-rated protective plates that do not exceed 48 inches from the bottom of the door are permitted. Horizontal sliding doors comply with 7.2.1.14. Doors are self-closing or automatic closing in accordance with 19.2.2.2.6. Swinging doors are not required to swing with egress and positive latching is not required. 19.3.7.5, 19.3.7.6, 19.3.7.7 Based on observation and interview, the facility failed to ensure 3 of 14 sets of smoke barrier doors would restrict the movement of smoke for at least 20 minutes. LSC, Section 19.3.7.6 requires that doors in smoke barriers shall comply with LSC, Section 8.3.4. LSC, Section 8.3.4.1 requires doors in smoke barriers to close the opening leaving only the minimum clearance necessary for proper operation which is defined as 1/8 inch to restrict the movement of smoke. This</p>	K 0027	<p><b>K027 NFPA Life Safety Code Standard</b> It is the practice of this facility to ensure that all smoke barrier doors will restrict the movement of smoke for at least 20 minutes. The deficient practice had the potential to affect 22 residents; however, there was no negative outcome. The smoke barrier doors listed have been repaired. Smoke barrier doors will be checked by maintenance or administrator, using Smoke Door Audit tool (attachment 1) . Ongoing audits</p>	04/16/2016

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K 0062 SS=E Bldg. 01	<p>deficient practice could affect 22 residents who reside on the Station 2 Hall and no residents who reside on the unoccupied South Hall.</p> <p>Findings include:</p> <p>Based on observations on 03/17/16 from 10:45 a.m. to 2:30 p.m. with the maintenance supervisor, the Kitchen Staff Hall set of smoke barrier doors, the Station 2 set of smoke barrier doors next to the Station 3 Hall, and the South Hall set of smoke barrier doors near the entrance each had a two inch gap along the center where the doors came together in the closed position. This was verified by the maintenance supervisor at the time of observations and acknowledged by the administrator at the exit conference on 03/17/16 at 2:55 p.m.</p> <p>3.1-19(b)</p> <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 replace 9 of over 300 sprinklers in the facility covered in corrosion. LSC 9.7.5 requires all</p>	K 0062	<p>will be weekly for 2 months, then once every 2 weeks for 2 months, then monthly for 4 months, results will be reviewed by the QA Committee and any recommendations will be followed.</p> <p><b>K062 NFPA 101 Life Safety Code Standard</b> It is the practice of this facility to ensure that the automatic sprinkler systems are continuously maintained in</p>	04/08/2016

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K 0067 SS=F Bldg. 01	<p>automatic sprinkler systems shall be inspected, tested and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 1998 edition, 2-2.1.1 requires any sprinkler shall be replaced which is painted, corroded, damaged, loaded, or in the improper orientation. This deficient practice could affect 41 residents who use the main dining room, located adjacent to the kitchen.</p> <p>Findings include:</p> <p>Based on observations on 03/17/16 during a tour of the kitchen from 10:45 a.m. to 11:20 a.m. with the maintenance supervisor, the kitchen had three sprinklers in the wash machine room, two sprinklers in the food prep area, four sprinklers in the food storage room completely covered in black corrosion. This was verified by the maintenance supervisor at the time of observations and acknowledged by the administrator at the exit conference on 03/17/16 at 2:55 p.m.</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</p>		<p>reliable operating condition and are inspected and tested periodically.</p> <p>There were no specific residents identified in this finding. The corrective action will address those residents with the potential to be affected by this finding.</p> <p>The sprinklers in question were checked by Safe Carein December 2015, and quote signed to replace them was signed in December 2015 (attachment 2); was just awaiting for all parts to come in. Work was completed on April 5, 2016(attachment 3). Maintenance department will check sprinkler heads using Sprinkler Head Audit Tool (attachment 4). Ongoing audits will be weekly for 2 months, then every two weeks for 2 months, then monthly for 4 months. Audits will be reviewed by the QA Committee and any recommendations will be followed.</p>				

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	<p>manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2</p> <p>Based on observation and interview, the facility failed to ensure 9 of 9 egress corridors were not being used as a portion of a return air system/plenum for heating, ventilating, or air conditioning (HVAC) ductwork serving adjoining areas. NFPA 90A, Standard for the Installation of Air Conditioning and Ventilation Systems at 2-3.11.1 requires egress corridors shall not be used as a portion of a supply return or exhaust air system serving adjoining areas. This deficient practice affects all resident in the facility.</p> <p>Findings include:</p> <p>Based on observations on 03/17/16 during a tour of the facility from 9:00 a.m. to 2:45 p.m. with the maintenance supervisor, all resident rooms in the facility used the egress corridors as a return air system for the air conditioning system in the facility. This was verified by the maintenance supervisor at the time of observations acknowledged by the administrator at the exit conference on 03/17/16 at 2:55 p.m.</p> <p>3.1-19(b)</p>	K 0067	<p><b>K067NFPA 101 Life Safety Code Standard</b> The Heritage House of Shelbyville respectfully requests a waiver for this finding. Smoke detectors are located in the areas identified in this finding. Activation of the fire alarm system will trigger relays that shut down the air handlers in these portions of the building. Once the air handler is closed, smoke will be prevented from transferring from one smoke zone to another. Modification to the existing air handling system will pose a hardship for residents displaced during the installation process. The facility would also incur financial hardship for an estimated \$69,000 conservatively to upgrade the airhandling system to meet this requirement. The history of the facility, reflects no incidents resulting from this finding. Attachment 5 – HVAC quote Attachment 6 – Facility Floor Plan Attachment 7 – Income Statement Attachment 8 - Waiver Attachment 9 - POC</p>	04/16/2016	