

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155402	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  12/13/2012
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NAME OF PROVIDER OR SUPPLIER  HERITAGE HEALTHCARE	STREET ADDRESS, CITY, STATE, ZIP CODE 3401 SOLDIERS HOME RD WEST LAFAYETTE, IN 47906
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K0000	<p>A Life Safety Code Recertification and State Licensure Survey with a Post Survey Revisit (PSR) to the 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: 12/13/12</p> <p>Facility Number: 000271 Provider Number: 155402 AIM Number: 100291260</p> <p>Surveyor: Bridget Brown, Life Safety Code Specialist</p> <p>At this Life Safety Code and PSR survey, Heritage Healthcare 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>	K0000		
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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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	<p>This one story facility is of Type II (000) construction and is fully sprinklered. The facility has a fire alarm system with hard wired smoke detection in corridors and spaces open to the corridors. Resident rooms are equipped with battery powered smoke detectors. The facility has a capacity of 120 and had a census of 101 at the time of this survey.</p> <p>The facility was found in compliance with state law in regard to sprinkler coverage and smoke detector coverage.</p> <p>All areas where residents have customary access are sprinklered. Equipment storage pods located in the back parking lot are not sprinklered.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 12/17/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by:</p>				

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K0051 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, National Fire Alarm Code, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection or extinguishing system operation. Pull stations in patient sleeping areas may be omitted provided that manual pull stations are within 200 feet of nurse's stations. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72 and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 19.3.4, 9.6</p> <p>Based on observation and interview, the facility failed to provide annunciation for 1 of 1 fire alarm systems in accordance with NFPA 72. NFPA 72, 1-5.4.6 requires trouble signals to be located in an area where it is likely to be heard. NFPA 72, 1-5.4.4 requires fire alarms, supervisory signals, and trouble signals to be distinctive and descriptively annunciated. This deficient practice could affect all occupants.</p> <p>Findings include:</p>	K0051	<p>K051</p> <p>1. Corrective action for the resident affected by the alleged deficient practice: No residents were affected by the alleged deficient practice.</p> <p>2. Corrective action for those residents who have the potential to be affected:</p>	01/12/2013	

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	<p>Based on observation with the maintenance director on 12/13/12 at 2:45 p.m., the fire alarm control panel was located in the service corridor separated from a nurses station which is monitored 24 hours per day by at least 50 feet and a closed set of doors. The maintenance director said at the time of observation, any trouble alarm could not be heard at the nurses station.</p> <p>3.1-19(b)</p>		<p>Residents who reside in the facility have the potential to be affected by the alleged deficient practice.</p> <p>3. Measures/Systemic changes put into place to assure alleged deficient practice does not re occur: A quote has been obtained for an annunciator panel to be installed in the nurses station found not to be in compliance. We have asked the manufacturer to have this installed prior to our compliance date.</p> <p>4. Corrective actions will be monitored to ensure the alleged deficient practice does not re occur by: The Maintenance Director/Designee will audit the functioning of the annunciator panel</p>		

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			<p>through our Preventive Maintenance program weekly x 4 weeks the biweekly x 4 weeks, then monthly x 3 months until 100% compliance is achieved. Any negative patterns will be taken to PI monthly for further review and recommendations.</p> <p>5. Date of compliance 1/12/13</p>	

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K0076 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities.</p> <p>(a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation.</p> <p>(b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 19.3.2.4</p> <p>Based on observation and interview, the facility failed to ensure 1 of 7 cylinders of nonflammable gases in the oxygen supply storage room was properly stored; chained or supported in a cylinder stand or cart. NFPA 99, Health Care Facilities, 8-3.1.11.2(h) requires cylinder or container restraints shall meet NFPA 99, 4-3.5.2.1(b)27 which requires freestanding cylinders be properly chained or supported in a proper cylinder stand or cart. This deficient practice could affect visitors, staff and 32 residents on Duncan hall.</p> <p>Findings include:</p> <p>Based on observation with the</p>	K0076	<p>K076</p> <p>1. Corrective action for the resident affected by the alleged deficient practice: No residents were affected by the alleged deficient practice.</p> <p>2. Corrective action for those residents who have the potential to be affected: The 32 residents who reside on Duncan Hall in the facility have the potential to be affected by the alleged deficient practice.</p> <p>3. Measures/Systemic</p>	01/12/2013

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	<p>maintenance director on 12/13/12 at 3:30 p.m., one oxygen e-cylinder was stored without support on a shelf above four liquid oxygen containers and six e-cylinders in the oxygen supply storage room. The maintenance director said at the time of observation, the cylinder should not have been left unsupported.</p> <p>3.1-19(b)</p>		<p>changes put into place to assure alleged deficient practice does not re occur: Additional storage racks have been installed to ensure that all e-cylinders and oxygen containers are properly supported and stored in accordance with the regulations.</p> <p>4. Corrective actions will be monitored to ensure the alleged deficient practice does not re occur by: The Maintenance Director/Designee will audit the oxygen supply storage room through our Preventive Maintenance program weekly x 4 weeks the biweekly x 4 weeks, then monthly x 3 months until 100% compliance is achieved. Any negative patterns will be taken to PI monthly for</p>		

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			further review and recommendations. 5. Date of compliance 1/12/13	

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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 monthly generator load test records for 1 of 1 emergency generators included complete information for testing using one of the three following methods: under operating temperature conditions, at not less than 30% of the Emergency Power Supply (EPS) nameplate rating, or loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer. Chapter 3-4.4.1.1 of NFPA 99 requires monthly testing of generators serving the emergency electrical system to be in accordance with NFPA 110. Chapter 6-4.2 of NFPA 110 requires generator sets in Level 1 and Level 2 service to be exercised at least once monthly, for a minimum of 30 minutes, using one of the following methods:</p> <p>a. Under operating temperature conditions or at not less than 30</p>	K0144	<p>K144</p> <p>1. Corrective action for the resident affected by the alleged deficient practice: No residents were affected by the alleged deficient practice.</p> <p>2. Corrective action for those residents who have the potential to be affected: Residents who reside in the facility have the potential to be affected by the alleged deficient practice.</p> <p>3. Measures/Systemic changes put into place to assure alleged deficient practice does not re occur: An outside contractor has been scheduled to</p>	01/12/2013	

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	<p>percent of the EPS nameplate rating.</p> <p>b. Loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer.</p> <p>The date and time of day for required testing shall be decided by the owner, based on facility operations. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of the Emergency Generator Load monthly test records and contractor load bank test provided with the administrator on 12/13/12 at 4:05 p.m., the monthly load testing did not include the percent load or minimum manufacturer recommended exhaust temperature during the monthly load test. The maintenance director said at the time of record review, he did not know the percent load carried by the generator during the load testing. A Load Bank Test completed by an outside contractor was dated 06/17/11.</p>		<p>perform a Load Bank Test in January, 2013 in order to be in compliance with this regulation. In addition, the agreement of frequency of visits with the contractor has been changed to meet regulations.</p> <p>4. Corrective actions will be monitored to ensure the alleged deficient practice does not re occur by: The Maintenance Director/Designee will test the generator through our Preventive Maintenance program weekly x 4 weeks the biweekly x 4 weeks, then monthly x 3 months until 100% compliance is achieved. Any negative patterns will be taken to PI monthly for further review and recommendations.</p>	

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	3.1-19(b)		5. Date of compliance 1/12/13		