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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 11/07/2013 |
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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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| K010000 | <p>A Life Safety Code Recertification and State Licensure Survey Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 11/07/13</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> <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 in areas open to the</p> | K010000 | <p>Attached please find the plan of correction for the United Methodist Memorial Home, DBA Heritage Pointe, for the Life Safety Code Survey held November 7, 2013. Submission of this plan of correction shall not constitute or be construed as an admission by Heritage Pointe that the allegations contained in the survey report are accurate or reflect accurately the provision of care and service to the residents at Heritage Pointe.</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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| | <p>corridors. Hard wired smoke detector were provided in the resident rooms. The facility has a capacity of 186 and had a census of 129 at the time of this survey.</p> <p>All areas providing customary access were sprinklered. All areas providing facility services were sprinklered except two detached barns used for the storage of the facility bus, facility cars, trucks, mowers, snow plows and maintenance supplies and another garage used for the storage of the golf cart.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 11/12/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> | | | | |

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| K010018 SS=E | <p>NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities.</p> <p>1. Based on observation and interview, the facility failed to ensure corridor doors closed and latched into the door frame in 6 of 7 corridors. This deficient practice could affect 12 residents whose resident rooms are located near the rooms listed below.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Director on 11/07/13 from 12:35 p.m. to 2:45 p.m., the following corridor doors were equipped with only a dead bolt and lacked positive latching hardware which would latch the door into the door frame;</p> <p>a. five of six closets in the first floor T hall</p> | K010018 | <p>All health care residents residing in the area of the corridor doors that do not latch into the door frames are affected by the cited deficiency. All health care doors were inspected to ensure they have the proper positive latching hardware. Maintenance staff has been in-serviced on fire resistance ratings, fire barriers, and positive latching hardware. New hardware has been ordered for each of the cited doors to ensure the doors will latch into the door frames. Corridor doors will be inspected quarterly for positive latching hardware. Any problems or concerns will be immediately directed to the Maintenance Supervisor and will be reported to and reviewed by the Q.A. Committee.</p> | 12/07/2013 | | | |

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| | <p>b. the housekeeping closet in 2A c. the health care storage room in the activity room hall d. the storage room in 2B e. the housekeeping closet in 2B f. the housekeeping closet in 1A These were acknowledged by the Maintenance Director at the time of observations.</p> <p>3.1-19(b)</p> <p>2. Based on observation and interview, the facility failed to ensure 1 of 1 second floor T hall supply room corridor doors closed and latched into the door frame. This deficient practice affects at least 3 residents in the activity room.</p> <p>Findings includes:</p> <p>Based on observation with the Maintenance Director on 11/07/13 at 1:40 p.m., the supply room in the second floor T hall was designed with double corridor doors. One door was equipped with a manual latching device that would latch into the door frame and the remaining door was designed to latch into the stationary door. Each door could not latch automatically, and independent of the other door, into the door frame. This was acknowledged by the Maintenance Director at the time of observation.</p> | | <p>All health care residents residing in the area of the corridor double doors that did not latch automatically and independently of the other door are affected. All health care doors were inspected to ensure they have the proper latching hardware. Maintenance staff has been in-serviced on fire resistance ratings, fire barriers, and positive latching hardware for double doors. New hardware has been ordered for each of the doors found to be deficient to ensure the doors will latch automatically and independently. The hardware will be installed upon receipt to ensure compliance of this Life Safety Code. Corridor double doors will be inspected quarterly to ensure all doors latch properly and independently. Any problems or concerns will be immediately directed to the Maintenance Supervisor and will be reported to the Q.A. Committee for further recommendations.</p> | | |

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| | 3.1-19(b) | | | |

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| K010029 SS=E | <p>NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1</p> <p>Based on observation and interview, the facility failed to ensure the Skilled hall corridor door to 1 of 1 soiled linen rooms and 1 of 1 clean linen rooms, both a hazardous area, were provided with a self closer and would latch into the door frame. This deficient practice could affect at least 7 residents in the Skilled hall.</p> <p>Findings include:</p> <p>a. Based on observation with the Maintenance Director on 11/07/13 at 1:55 p.m., the corridor door to the soiled linen room in the Skilled hall lacked a self closing device. The room contained three barrels for soiled linen.</p> <p>b. Based on observation with the Maintenance Director on 11/07/13 at 1:57 p.m., the corridor door to the Skilled hall clean linen room lacked a self closing</p> | K010029 | All residents residing on the skilled hall were determined to be affected by the lack of self closing devices on the soiled and clean linen rooms. All clean and soiled linen rooms in health care were inspected to ensure they have automatic closures on the doors to these rooms. All maintenance staff has been in-serviced regarding self-closing doors for clean and soiled linen rooms. Self closure hardware has been ordered and will be installed upon arrival to ensure the affected areas are in compliance with this Life Safety Code. Quarterly checks will be done to ensure the soiled and clean linen rooms have automatic closures on the doors. Any concerns will be reported to the Maintenance Supervisor and reported to the Q.A. Committee for further recommendations. | 12/07/2013 | | | |

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| | <p>device. The room measured 53 square feet and contained shelving units of clean linen and boxes of briefs.</p> <p>This was acknowledged by the Maintenance Director at the time of observations.</p> <p>3.1-19(b)</p> | | | |

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| K010069 SS=D | <p>NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96 Based on record review and interview, the facility failed to ensure the complete range hood fire extinguishing system was UL 300 approved for 1 of 1 kitchen hood systems. LSC 19.3.2.6 refers to LSC 9.2.3. LSC 9.2.3 refers to NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations. NFPA 96, 8-2.1 requires all actuation components, including remote manual pull stations, mechanical or electrical devices, detectors, actuators, and fire-actuated dampers shall be checked for proper operation during the inspection in accordance with the manufacturer's listed procedures. NFPA 96, 7-2.2 requires automatic fire-extinguishing systems shall comply with standard UL 300, Fire Testing of Fire Extinguishing Systems for Protection of Restaurant Cooking Areas. This deficient practice was not in a resident care area but could affect any number of kitchen staff.</p> <p>Findings include:</p> <p>Based on record review with the Maintenance Director on 11/07/13 at 11:55 a.m., the untitled Koorsen Fire & Security Co. range hood fire</p> | K010069 | All kitchen staff was determined to be affected by the range hood not meeting the UL 300 standard. The regulator test had been completed but the hose had not been replaced. All inspection reports will be reviewed by 2 maintenance employees in the future and initialed that repairs or replacement have been completed after each inspection. Both hoses were replaced on 11-13-13 by Koorsen Fire and Security. The regulator testing was also completed on this date. Regular bi-annual testing will continue to be done on the range hood fire extinguishing equipment. Quarterly Q.A. checks will be done on all maintenance work orders and inspection reports to ensure that repairs are done timely. Any concerns will be reported to the Q.A. Committee for review and recommendations. | 12/07/2013 | | | |

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| | <p>extinguishing equipment inspection report stated the hood system was "pre UL 300 due to manufacturers date on regulator. Regulator past due for regulator test. Needs 2 hose replaced." Based on an interview with with Maintenance Director at the time of recorded review, he confirmed the hood fire extinguishing system was not UL 300 approved.</p> <p>3.1-19(b)</p> | | | |

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| K020000 | <p>A Life Safety Code Recertification and State Licensure Survey Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 11/07/13</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> <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</p> | K020000 | Attached please find the plan of correction for the United Methodist Memorial Home, DBA Heritage Pointe, for the Life Safety Code Survey held November 7, 2013. Submission of this plan of correction shall not constitute or be construed as an admission by Heritage Pointe that the allegations contained in the survey report are accurate or reflect accurately the provision of care and service to the residents at Heritage Pointe. | | | | |

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| | <p>corridors and areas open to the corridors. Hard wired smoke detector were provided in the resident rooms. The facility has a capacity of 186 and had a census of 129 at the time of this survey.</p> <p>All areas providing customary access were sprinklered. All areas providing facility services were sprinklered except two detached barns used for the storage of the facility bus, facility cars, trucks, mowers, snow plows and maintenance supplies and another garage used for the storage of the golf cart.</p> | | | | |