

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 10/02/2014
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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 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 10/01/14 thru 10/02/14</p> <p>Facility Number: 000542 Provider Number: 155705 AIM Number: 100267380</p> <p>Surveyor: Brett Overmyer, 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		

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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K010056 SS=F	<p>corridors. Hard wired smoke detector were provided in the resident rooms. The facility has a capacity of 186 and had a census of 140 at the time of this survey.</p> <p>All areas providing customary access were sprinklered except areas cited under K56. 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 Dennis Austill, Life Safety Code Specialist on 10/07/14.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully</p>						

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	<p>supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5</p> <p>1) Based on observation and interview, the facility failed to ensure a complete automatic sprinkler system was installed in accordance with NFPA 13, 1999 Standard for the Installation of Sprinkler Systems, to provide complete coverage for 2 of 2 elevator machine rooms serving the healthcare portion of the facility. NFPA 13, Section 5-1.1 states sprinklers shall be installed throughout the premises. LSC Section 9.7.3.1 allows alternative automatic extinguishing systems other than an automatic sprinkler system such as a water mist, carbon dioxide, dry chemical foam or a standard extinguishing system of another type in lieu of an automatic sprinkler system. Such systems shall be installed, inspected and maintained in accordance with NFPA standards and shall activate the building fire alarm system. This deficient practice could affect all residents, staff and/or visitors in the health care portion of the building.</p> <p>Findings include:</p> <p>Based on observation and interview with the Maintenance Director on 10/02/14</p>	K010056	<p>Life Safety Code Plan of correction: K 056 Plan of correction How other residents were identified for the potential to be affected by the same potential deficient practice? All resident's had the potential to be affected however due to no fire within the building no residents were actually affected. What corrective action for residents found to have been affected by the potential deficient practice were put into place? Quotes being obtained for installation of fire suppression system for elevator equipment rooms. Clarification being sought from elevator safety division on preferred fire suppression system (gas versus water). Exhaust fans removed from closets as well as doors to allow for appropriate spray pattern of sprinkler system. 10-19-14 Facility will have contractual agreement for fire suppression installation signed by 10-27-14. Measures put into place or changes that will be made to prevent further occurrence. No further elevator rooms are located within the healthcare units. A fire suppression system will be installed within any new</p>	10/27/2014			

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	<p>between 09:30 a.m. and 11:00 a.m., the two elevator equipment rooms that served the health care portion of the facility were not equipped with a sprinkler system or automatic extinguishing system. Based on interview during the time of observation, this was acknowledged by the Maintenance Director.</p> <p>3.1-19(b)</p> <p>2) Based on observation and interview, the facility failed to ensure a complete automatic sprinkler system was installed in accordance with NFPA 13, 1999 Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. NFPA 13, Section 5-1.1 states sprinklers shall be installed throughout the premises. This deficient practice could affect staff and/or visitors in the vicinity of room 280 and C218.</p> <p>Findings include:</p> <p>Based on observation on 10/01/14 between 12:30 p.m. and 3:00 p.m. with the Maintenance Director and Administrator, the closets in entry hallway into rooms 280 and C218 lacked sprinkler protection. The closets each contained a mechanical blower/fan.</p>		<p>construction of elevator rooms. No further exhaust fans located in non-sprinklered closets. How corrective actions will be monitored to prevent re-occurrence. An inspection will be performed every 6 months by contracted provider to ensure system is functioning appropriately.</p>				

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K010062 SS=D	<p>Based on interview at the time of observation, the Maintenance Director acknowledged the presence of the mechanical blower/fan but was not aware of the purpose of the mechanical blower/fan.</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 ensure a clearance of at least 18 inches was maintained below the level of the sprinkler deflector for 1 of 2 sprinklers in the Third Floor Training Closet. NFPA 25, 2-2.1.2 requires unacceptable obstructions to spray patterns shall be corrected. Further NFPA 13, 1999 edition, at 5-5.5.2 says a continuous or noncontinuous obstruction less than or equal to 18 inches below the sprinkler deflector prevents the spray pattern from fully developing. This deficient practice affects staff and visitors near the Third Floor Training Closet</p>	K010062	<p>K 062 Plan of correction</p> <p>How other residents were identified for the potential to be affected by the same potential deficient practice?</p> <p>All resident's had the potential to be affected however due to no fire within the building no residents were actually affected.</p> <p>What corrective action for residents found to have been affected by the potential deficient practice were put into place?</p> <p>In-service provided to the in-service director (which is where citation originated) as well as all staff regarding 18 inch unobstructed sprinkler clearance for appropriate spray patterns of</p>	10/16/2014

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K020000	<p>Finding include:</p> <p>Based on observation between 12:30 p.m. and 3:00 p.m. on 10/01/2014 with the Maintenance Director and Administrator, the minimum 18 inch clearance below the sprinkler head deflector was not provided in the Third Floor Training Closet. The closet contained boxes and other items stacked on a shelf within six inches below the sprinkler head deflector. based on interview at the time of observation, the Maintenance Director and Administrator acknowledged storage was too close to the sprinkler in the closet.</p> <p>3.1-19(b)</p> <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: 10/01/14 thru 10/02/14</p> <p>Facility Number: 000542 Provider Number: 155705 AIM Number: 100267380</p>	K020000	<p>sprinkler system. (Exhibit A) Measures put into place or changes that will be made to prevent further occurrence. 18 inch sprinkler clearance requirements added to annual fire in-service. In-service labeled "Fire protection for long term care" will continue to be provided to all staff on an annual basis per policy. (Exhibit B) How corrective actions will be monitored to prevent re-occurrence. The closet located within the in-service director's office/classroom will have quality checks completed monthly for the next three months. (Exhibit C) Compliance will be reviewed by the Q.A. committee.</p>				

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	<p>Surveyor: Brett Overmyer, 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 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 140 at the time of this survey.</p> <p>All areas providing customary access were sprinklered except areas cited under K56. 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</p>			

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	<p>another garage used for the storage of the golf cart.</p> <p>Quality Review by Dennis Austill, Life Safety Code Specialist on 10/07/14.</p>				