DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/03/2024 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01, 02		(X3) DATE SURVEY COMPLETED	
155327		155327	B. WING			R 10/02/2024	
NAME OF PROVIDER OR SUPPLIER UNIVERSITY HEIGHTS HEALTH AND LIVING COMMUNITY				STREET ADDRESS, CITY, STATE, ZIP CODE 1380 E COUNTY LINE RD S INDIANAPOLIS, IN 46227			02/2024
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRECT PREFIX (EACH CORRECTIVE ACTION SHOTTAG CROSS-REFERENCED TO THE APPROPRIES OF C			(X5) COMPLETION DATE
{E 000}	Initial Comments		{E 00				
	Preparedness Survey	it (PSR) to the Emergency conducted on 09/03/24 was iana Department of Health in CFR 483.73.					
	Survey Date: 10/02/2	4					
	and Living Communit with Emergency Prep	55327 7650 the Emergency r, University Heights Health ry was found in compliance paredness Requirements for aid Participating Providers					
	The facility has 176 c the survey, the censu	ertified beds. At the time of us was 131.					
{K 000}	Quality Review comp		{K 0	000]	}		
	Code Recertification conducted on 09/03/2	it (PSR) to the Life Safety and State Licensure Survey 24 was conducted by the of Health in accordance with					
	Survey Date: 10/02/2	4					
	Facility Number: 000 Provider Number: 15 AIM Number: 10026	55327					
	At this PSR survey, U	Iniversity Heights Health and					

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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155327		B. WING	B. WING		R 10/02/2024			
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{K 000}	Continued From page 1 Living Community was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.90(a), Life Safety from Fire and the 2012 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), and 410 IAC 16.2. Building 0102 was surveyed using Chapter 19, Existing Health Care Occupancies. This one story facility was surveyed as two separate buildings due to the construction types of two sections of the building. Building 0102 constructed prior to 2003 was determined to be of Type III (200) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and in all areas open to the corridor. The facility has battery operated smoke detectors in all resident sleeping rooms in the 100, 200, 300, 400, 500, 600, 700 and 800 Hall. The facility has smoke detectors hard wired to the fire alarm system in all resident sleeping rooms in the 900 Hall. The facility has a capacity of 176 and had a census of 131 at the time of this visit.		{K 0	00}				
	access were sprinkle	esidents have customary red. All areas providing sprinklered except for one viding facility storage						
{K 000}	Quality Review comp INITIAL COMMENTS		{K 0	00}				
	Code Recertification a conducted on 09/03/2	t (PSR) to the Life Safety and State Licensure Survey 4 was conducted by the f Health in accordance with						

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		155327	B. WING			R 10/02/2024	
NAME OF PROVIDER OR SUPPLIER UNIVERSITY HEIGHTS HEALTH AND LIVING COMMUNITY			•	13	REET ADDRESS, CITY, STATE, ZIP CODE 80 E COUNTY LINE RD S DIANAPOLIS, IN 46227		
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{K 000}	Living Community wa Requirements for Par Medicare/Medicaid, 4 Life Safety from Fire a National Fire Protectic Life Safety Code (LSC Building 0202 was su Existing Health Care This one story facility separate buildings du of two sections of the constructed in 2012 a Type V (111) construct The facility has a fire detection in the corridate corridor. The faci smoke detectors in all the 100, 200, 300, 40 Hall. The facility has to the fire alarm systerooms in the 900 Hall of 176 and had a cen visit. All areas where the reaccess were sprinkled.	220 5327 7650 Iniversity Heights Health and s found in compliance with ticipation in 2 CFR Subpart 483.90(a), and the 2012 edition of the on Association (NFPA) 101, C), and 410 IAC 16.2. rveyed using Chapter 19, Occupancies. was surveyed as two e to the construction types building. Building 0202 was nd was determined to be of ction and fully sprinklered. alarm system with smoke fors and in all areas open to lity has battery operated I resident sleeping rooms in 0, 500, 600, 700 and 800 smoke detectors hard wired im in all resident sleeping. The facility has a capacity sus of 131 at the time of this esidents have customary red. All areas providing sprinklered except for one	{K 0	00}			

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{K 000}	Continued From page		{K 00	00}				