

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155729	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>--</u> B. WING <u> </u>	(X3) DATE SURVEY COMPLETED 08/20/2024
NAME OF PROVIDER OR SUPPLIER ADAMS HERITAGE		STREET ADDRESS, CITY, STATE, ZIP COD 12011 WHITTERN RD MONROEVILLE, IN 46773		
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E 0000 Bldg. --	<p>An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73.</p> <p>Survey Date: 08/20/24</p> <p>Facility Number: 002549 Provider Number: 155729 AIM Number: 200289420</p> <p>At this Emergency Preparedness survey, Adams Heritage was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73. The facility has a capacity of 61 and had a census of 45 at the time of this survey.</p> <p>Quality Review completed on 08/21/24</p>	E 0000		
K 0000 Bldg. 01	<p>Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a).</p> <p>Survey Date: 08/20/24</p> <p>Facility Number: 002549 Provider Number: 155729 AIM Number: 200289420</p> <p>At this Life Safety Code survey, Adams Heritage was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.90(a), Life Safety from Fire and the</p>	K 0000		

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 other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed 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 0353 SS=F Bldg. 01	<p>2012 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 (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridor, areas open to corridor and hard-wired smoke detectors in the resident rooms. The facility was partially protected by a TYPE II EES 65kW propane generator. The facility has a capacity of 61 and had a census of 45 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered. Areas providing facility services which were not sprinklered with a detached shed used for storage of maintenance equipment, parts and the facility's bus. Another detached shed used for storage of maintenance supplies.</p> <p>Quality Review completed on 08/21/24</p> <p>NFPA 101 Sprinkler System - Maintenance and Testing</p> <p>Based on record review, the facility failed to ensure a full hydrostatic flush was performed on 1 of 1 automatic sprinkler piping systems that were internally inspected as required by NFPA 25, 2011 edition, the Standard for the Inspection, Testing and Maintenance of Water-Based Fire Protection Systems in Chapter 14, Obstruction Prevention. Section 14.3.2 requires systems shall be examined for internal obstructions where conditions exist that could cause obstructed piping. Section 14.3.3, states if an obstruction investigation indicates the presence of sufficient material to</p>	K 0353	<p>p="" paraid="650884195" paraeid="{abb746dc-ca82-4e3f-be10-4fa458eb124e}" {163}>Preparation and execution of this plan of correction does not constitute admission or agreement by provider to the truth of the facts alleged or the conclusions set forth in the Statement of Deficiencies rendered by the reviewing agency. The Plan of Correction is prepared and</p>	09/04/2024

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	<p>obstruct pipe or sprinklers, a complete flushing program shall be conducted by qualified personnel. Section 14.3.1 states if the condition has not been corrected or the condition is one that could result in obstruction of piping despite any previous flushing procedures that have been performed, the system shall be examined internally for obstructions every 5 years. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on record review and interview with the Maintenance Technician, Facilities Manager, and Life Safety Coordinator from 9:46 a.m. to 1:07 p.m. on 08/20/24, the 5-Year Inspection and Internal Pipe Assessment Form dated 08/1/24 stated "Cross Main Internal Conditions: Fail. Lines/mains are contaminated". The Facilities Manager stated a quote has been approved to flush the system; however, the flush service has not been scheduled.</p> <p>This finding was reviewed with the Maintenance Technician, Facilities Manager, Life Safety Coordinator, Quality Assurance (QA) nurse, Director of Nursing, and Administrator at the exit conference.</p> <p>3-1.19(b)</p>		<p>executed solely because is required by the provisions of federal and state law. Adams-Heritage maintains that the alleged deficiencies do not individually or collectively jeopardize the health and/or the safety of its residents nor are they of such character as to limit the provider's capacity to render adequate resident care. Furthermore, Adams-Heritage asserts that it is in substantial compliance with regulations governing the operation of long-term care facilities, and this Plan of Correction in its entirety constitutes this provider's allegation of compliance and, thereby, we request resurvey to verify such as of September 5, 2024.</p> <p>Further, we request desk review (paper compliance) for compliance, if acceptable. Completion dates are provided for procedural processing purposes to comply with federal and state regulations, and correlate with the most recent contemplated accomplished corrective action. These do not necessarily chronologically correspond to the date that Adams Heritage is under the opinion that it the requirements of participation or that corrective action was necessary. K353</p> <p>1. What corrective action will be</p>	

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			<p>accomplished for those residents found to have been affected by this alleged deficient practice?</p> <p>The facility had VFP come for the scheduled, 5-year inspection. The internal inspection revealed contaminants but no obstructions that would prevent the system from functioning. There was no concern for widespread residents being affected. The sprinkler system was never out of service.</p> <p>2. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken?</p> <p>No other residents were identified that could be affected by the same alleged deficient practice. VFP came to the facility for the scheduled 5-year inspection on 8/1/2024, one month early, and then returned to flush the system on 9/3/2024 and 9/4/2024.</p> <p>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</p> <p>The facility will maintain the 5-year inspection along with other required maintenance of the fire system to meet current codes.</p> <p>4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur?</p> <p>The facility will maintain the 5-year inspection along with other</p>	

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			<p>required maintenance of the fire system to meet current codes.</p> <p>5. By what date the systemic changes will be completed?</p> <p>September 4, 2024</p> <p>Informal Dispute Resolution</p> <p>K353 The citation was Sprinkler System- Maintenance and Testing. In 25-2011 edition, the facility must ensure a full hydrostatic flush is performed on automatic sprinkler piping systems that are internally inspected, the standard for the inspection, testing and maintenance of water-based fire protection systems. The facility performed the required 5-year inspection prior to the 5-year inspection due date. The internal inspection revealed contaminants but no obstructions that would prevent the system from functioning. There was no concern for widespread residents being affected. Attachment one shows the report from the qualified personnel performing the 5-year inspection noting lines/mains were contaminated. The report does not indicate any obstructions in the lines or sufficient material to obstruct pipes or sprinklers. In NFPA 25-2011 edition, the obstruction prevention section requires systems shall be examined for internal obstructions where conditions exist that could cause obstructed piping. If an obstruction investigation indicates</p>	

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			<p>the presence of sufficient material to obstruct pipe or sprinklers a complete flushing program shall be conducted by qualified personnel. As noted on attachment two, the qualified personnel had submitted the quote that was approved along with the scheduled date to complete the required flushing of the contaminated pipes on September 9, 2024. The report does not note sufficient material to obstruct the pipe. On page 4 the 2567 states, "The facility manager said a quote had been approved to flush the system, however, the flush service has not been scheduled." This statement is incorrect as noted on attachment two, the service was scheduled by VFP Fire Systems to complete the flush service on 9/9/2024.</p> <p>The sprinkler system was never out of service and the facility acted without delay to schedule the flush. The inspection was completed on 8/1/2024 (attachment one), the quote was submitted on 8/7/2024 (attachment two), and VFP scheduled to complete the 2-day, on-site flush for 9/9/2024 (attachment two). VFP completed the required flush four-business days early on 9/3 and 9/4/2024 verifying the system passed (attachment three).</p>	