

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

PRINTED: 04/23/2024
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155104		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING _____		X3) DATE SURVEY COMPLETED 04/03/2024	
NAME OF PROVIDER OR SUPPLIER HERITAGE CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 1201 W BUENA VISTA RD EVANSVILLE, IN 47710			
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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: 04/03/24</p> <p>Facility Number: 000043 Provider Number: 155104 AIM Number: 100290960</p> <p>At this Emergency Preparedness survey, Heritage Center was found not in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73.</p> <p>The facility has 172 certified beds. At the time of the survey, the census was 126.</p> <p>Quality Review completed on 04/05/24</p> <p>The requirement at 42 CFR, Subpart 483.73 is NOT MET as evidenced by:</p>			E 0000	<p><i>Submission of the plan of correction is not an admission of guilt by the facility related to the alleged deficiencies noted in the 2567. The facility would like to formally request paper compliance.</i></p>		
E 0041 SS=F Bldg. --	<p>482.15(e), 483.73(e), 485.625(e) Hospital CAH and LTC Emergency Power §482.15(e) Condition for Participation: (e) Emergency and standby power systems. The hospital must implement emergency and standby power systems based on the emergency plan set forth in paragraph (a) of this section and in the policies and procedures plan set forth in paragraphs (b)(1) (i) and (ii) of this section.</p> <p>§483.73(e), §485.625(e) (e) Emergency and standby power systems.</p>						

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Adam Strickland

Administrator

04/19/2024

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 disclosable 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>The [LTC facility and the CAH] must implement emergency and standby power systems based on the emergency plan set forth in paragraph (a) of this section.</p> <p>§482.15(e)(1), §483.73(e)(1), §485.625(e)(1) Emergency generator location. The generator must be located in accordance with the location requirements found in the Health Care Facilities Code (NFPA 99 and Tentative Interim Amendments TIA 12-2, TIA 12-3, TIA 12-4, TIA 12-5, and TIA 12-6), Life Safety Code (NFPA 101 and Tentative Interim Amendments TIA 12-1, TIA 12-2, TIA 12-3, and TIA 12-4), and NFPA 110, when a new structure is built or when an existing structure or building is renovated.</p> <p>482.15(e)(2), §483.73(e)(2), §485.625(e)(2) Emergency generator inspection and testing. The [hospital, CAH and LTC facility] must implement the emergency power system inspection, testing, and [maintenance] requirements found in the Health Care Facilities Code, NFPA 110, and Life Safety Code.</p> <p>482.15(e)(3), §483.73(e)(3), §485.625(e)(3) Emergency generator fuel. [Hospitals, CAHs and LTC facilities] that maintain an onsite fuel source to power emergency generators must have a plan for how it will keep emergency power systems operational during the emergency, unless it evacuates.</p> <p>*[For hospitals at §482.15(h), LTC at §483.73(g), and CAHs §485.625(g):] The standards incorporated by reference in this section are approved for incorporation by reference by the Director of the Office of the</p>						

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	<p>Federal Register in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. You may obtain the material from the sources listed below. You may inspect a copy at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html. If any changes in this edition of the Code are incorporated by reference, CMS will publish a document in the Federal Register to announce the changes.</p> <p>(1) National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02169, www.nfpa.org, 1.617.770.3000.</p> <p>(i) NFPA 99, Health Care Facilities Code, 2012 edition, issued August 11, 2011.</p> <p>(ii) Technical interim amendment (TIA) 12-2 to NFPA 99, issued August 11, 2011.</p> <p>(iii) TIA 12-3 to NFPA 99, issued August 9, 2012.</p> <p>(iv) TIA 12-4 to NFPA 99, issued March 7, 2013.</p> <p>(v) TIA 12-5 to NFPA 99, issued August 1, 2013.</p> <p>(vi) TIA 12-6 to NFPA 99, issued March 3, 2014.</p> <p>(vii) NFPA 101, Life Safety Code, 2012 edition, issued August 11, 2011.</p> <p>(viii) TIA 12-1 to NFPA 101, issued August 11, 2011.</p> <p>(ix) TIA 12-2 to NFPA 101, issued October 30, 2012.</p> <p>(x) TIA 12-3 to NFPA 101, issued October 22, 2013.</p>						

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	<p>(xi) TIA 12-4 to NFPA 101, issued October 22, 2013.</p> <p>(xiii) NFPA 110, Standard for Emergency and Standby Power Systems, 2010 edition, including TIAs to chapter 7, issued August 6, 2009..</p> <p>Based on record review and interview, the facility failed to implement the emergency power system inspection, testing, and maintenance requirements found in the Health Care Facilities Code, NFPA 110, and Life Safety Code in accordance with 42 CFR 483.73(e)(2).</p> <p>Based on record review and interview, the facility failed to provide complete documentation for the testing of 3 of 3 Emergency Power Standby Systems in accordance with NFPA 110, Standard for Emergency and Standby Power Systems, Section 8.4.9, as required by NFPA 99 Health Care Facilities Code, Section 6.4.1.1.6.1. NFPA 110 Section 8.4.9 states that all Level 1 Emergency Power Systems shall be tested at least once within every three years (36 months). Where the assigned class is greater than 4 hours, it shall be permitted to terminate the test after 4 hours. NFPA 99 Section 6.4.1.1.6.1 states that Type 1 and Type 2 essential electrical system power sources shall be classified at Type 10, Class X, Level 1 generator sets. This deficient practice could affect all building occupants.</p> <p>Findings include:</p> <p>Based on record review on 04/03/24 between 9:15 a.m. and 10:45 a.m. with the Maintenance Supervisor present, the facility was unable to provide documentation of a four hour load test of the three emergency generators conducted within the past 36 month period. This was confirmed by the Maintenance Supervisor at the time of record</p>			E 0041	<p>Heritage Center Life Safety Plan of Correction 4-3-2024</p> <p><i>Submission of the plan of correction is not an admission of guilt by the facility related to the alleged deficiencies noted in the 2567. The facility would like to formally request paper compliance.</i></p> <p>E 041 Hospital CAH and LTC Emergency Power</p> <p><i>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;</i> No residents were affected. The facility has completed a 4-hour load test on 3 of 3 Emergency Power System Generators.</p> <p><i>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken;</i> All residents have the potential to be affected by the alleged deficient practice and through</p>		04/17/2024

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	review. This finding was reviewed with the Administrator and Maintenance Supervisor during the exit conference.				audits/assessments, alterations in processes and in servicing the facility will ensure correct actions will be taken to accurately complete a 4-hour load test on 3 of 3 Emergency Power System Generators every 3 years (36 months). <i>What measures will be put into place and what systematic changes will be made to ensure the deficient practice does not recur;</i> Maintenance has been in-serviced and a 4-hour load test on Emergency Power System Generators every 3 year (36 months) has been added to the maintenance schedule. <i>How the corrective action will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place;</i> Maintenance/Designee(s) will monitor the maintenance calendar/schedule to ensure a 4-hour load test on 3 of 3 Emergency Power System Generators is completed every 3 years (36 months) with results of compliance being forwarded to QA committee for review and further suggestions/comments. <i>By what date the systematic changes for each deficiency will be completed;</i>		

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K 0000 Bldg. 01	<p>A 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 Dates: 04/03/24</p> <p>Facility Number: 000043 Provider Number: 155104 AIM Number: 100290960</p> <p>At this Life Safety Code survey, Heritage Center was found not 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), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This one story facility was determined to be of Type V (000) construction and was fully sprinklered. The facility has a fire alarm system with hard wired smoke detectors in the corridors, spaces open to the corridors, and all resident sleeping rooms. The facility has a capacity of 172 and had a census of 126 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered, and all areas providing facility services were sprinklered, except two detached wood sheds used for facility storage and one garage used for maintenance storage.</p>			K 0000	<p>Completion Date 4-17-2024</p> <p><i>Submission of the plan of correction is not an admission of guilt by the facility related to the alleged deficiencies noted in the 2567. The facility would like to formally request paper compliance.</i></p>		

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K 0324 SS=E Bldg. 01	<p>Quality Review completed on 04/05/24</p> <p>NFPA 101 Cooking Facilities Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless: * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or * cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4. Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor. 18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2 Based on observation and interview, the facility failed to ensure the cook top for 3 of 3 stove/ovens in the facility were shut off at the switch when not in use. LSC 19.3.2.5.4 states within a smoke compartment, residential or commercial cooking equipment that is used to prepare meals for 30 or fewer persons shall be permitted, provided that the cooking facility complies with all the following conditions: (1) The space containing the cooking equipment is not a sleeping room. (2) The space containing the cooking equipment shall be separated from the corridor by partitions</p>			K 0324	<p>Heritage Center Life Safety Plan of Correction 4-3-2024</p> <p><i>Submission of the plan of correction is not an admission of guilt by the facility related to the alleged deficiencies noted in the 2567. The facility would like to formally request paper compliance.</i></p>		04/17/2024

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	<p>complying with 19.3.6.2 through 19.3.6.5. (3) The requirements of 19.3.2.5.3(1) through (10) and (13) are met. 19.3.2.5.3(9) states A switch meeting all the following is provided: (a) A locked switch, or a switch located in a restricted location, is provided within the cooking facility that deactivates the cooktop or range. (b) The switch is used to deactivate the cooktop or range whenever the kitchen is not under staff supervision. This deficient practice could affect at least 10 resident, staff and visitors while in the Activity Pavilion, Hearthside Breakroom, and Physical Therapy Gym.</p> <p>Findings include:</p> <p>Based on observations on 04/03/24 between 10:45 a.m. and 1:00 p.m. during a tour of the facility with the Maintenance Supervisor, there were cooktop stove/ovens in the Activity Pavilion, Hearthside Break Room, and Physical Therapy Gym. The stove/ovens in these areas were not being used at the time of each observation and the power to each stove/oven was on. Based on interview at the time of each observation, the Maintenance Supervisor confirmed the cooktop stove/ovens were not deactivated when not in use.</p> <p>This finding was reviewed with the Administrator and Maintenance Supervisor during the exit conference.</p> <p>3.1-19(b)</p>				<p>K 324 Cooking Facilities</p> <p><i>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;</i> No residents were affected. The facility has installed power shut off switches for 3 of 3 oven/stove tops and ensured the power is switched off when not in use.</p> <p><i>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken;</i> All residents have the potential to be affected by the alleged deficient practice and through audits/assessments, alterations in processes and in servicing the facility will ensure correct actions will be taken related to power shut off switches being installed for 3 of 3 oven/stove tops and ensuring the power is switched off when not in use.</p> <p><i>What measures will be put into place and what systematic changes will be made to ensure the deficient practice does not recur;</i> Staff have been in-serviced on power shut off switches being installed for 3 of 3 oven/stove tops and ensuring the power is switched off when not in use.</p>		

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K 0353 SS=E Bldg. 01	<p>NFPA 101 Sprinkler System - Maintenance and Testing Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available.</p> <p>a) Date sprinkler system last checked</p> <p>b) Who provided system test</p> <p>c) Water system supply source</p> <p>Provide in REMARKS information on</p>				<p>How the corrective action will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; Maintenance/Designee(s) will monitor 3 oven/stove tops to ensure the power is switched off when not in use x 5 days a week for 4 weeks, then 3 x a week for 4 weeks, then weekly for four months with results of compliance being forwarded to QA committee quarterly thereafter for review and further suggestions/comments.</p> <p>By what date the systematic changes for each deficiency will be completed; Completion Date 4-17-2024</p>		

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	<p>coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 Based on observation and interview, the facility failed to ensure sprinkler heads in 1 of 12 smoke compartments partially covered with corrosion was replaced. NFPA 25, 2011 edition, at 5.2.1.1.1 sprinklers shall not show signs of leakage; shall be free of corrosion, foreign materials, paint, and physical damage; and shall be installed in the correct orientation (e.g., up-right, pendent, or sidewall). Furthermore, at 5.2.1.1.2 any sprinkler that shows signs of any of the following shall be replaced: (1) Leakage (2) Corrosion (3) Physical Damage (4) Loss of fluid in the glass bulb heat responsive element (5) Loading (6) Painting unless painted by the sprinkler manufacturer. This deficient practice could affect at least 20 residents, staff, and visitors.</p> <p>Findings include:</p> <p>Based on observations on 04/03/24 between 10:45 a.m. and 1:00 p.m. during a tour of the facility with the Maintenance Supervisor, there was one sprinkler head in the corridor outside resident rooms 114 and 115 partially covered with green corrosion. Based on interview at the time of observation, the Maintenance Supervisor agreed the sprinkler head in the corridor outside resident rooms 114 and 115 was partially covered with green corrosion and should be replaced.</p> <p>This finding was reviewed with the Administrator and Maintenance Supervisor during the exit conference.</p> <p>3.1-19(b)</p>			K 0353	<p>Heritage Center Life Safety Plan of Correction 4-3-2024</p> <p><i>Submission of the plan of correction is not an admission of guilt by the facility related to the alleged deficiencies noted in the 2567. The facility would like to formally request paper compliance.</i></p> <p>K 353 Sprinkler System – Maintenance and Testing</p> <p><i>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;</i> No residents were affected. The facility has replaced the sprinkler head that was partially covered with corrosion.</p> <p><i>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken;</i> All residents have the potential to be affected by the alleged deficient practice and through audits/assessments, alterations in processes and in servicing the facility will ensure correct actions</p>		04/17/2024

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K 0918 SS=F Bldg. 01	NFPA 101 Electrical Systems - Essential Electric Syste Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the		<p>will be taken related to and has replaced any sprinkler head covered with corrosion.</p> <p><i>What measures will be put into place and what systematic changes will be made to ensure the deficient practice does not recur;</i> Maintenance has been in-serviced to ensure sprinkler heads covered with corrosion are replaced.</p> <p><i>How the corrective action will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place;</i> Maintenance/Designee(s) will monitor sprinkler heads 2 times a year during the semi-annual fire inspection to ensure corroded sprinkler heads are replaced with results of compliance being forwarded to QA committee for review and further suggestions/comments.</p> <p><i>By what date the systematic changes for each deficiency will be completed;</i> Completion Date 4-17-2024</p>		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155104		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING		X3) DATE SURVEY COMPLETED 04/03/2024	
NAME OF PROVIDER OR SUPPLIER HERITAGE CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 1201 W BUENA VISTA RD EVANSVILLE, IN 47710			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110.</p> <p>Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)</p> <p>Based on record review and interview, the facility failed to provide complete documentation for the testing of 3 of 3 Emergency Power Standby Systems in accordance with NFPA 110, Standard for Emergency and Standby Power Systems, Section 8.4.9, as required by NFPA 99 Health Care Facilities Code, Section 6.4.1.1.6.1. NFPA 110 Section 8.4.9 states that all Level 1 Emergency Power Systems shall be tested at least once within</p>			K 0918	<p>Heritage Center Annual Recertification and Licensure Survey Plan of Correction 4-3-2024</p> <p><i>Submission of the plan of correction is not an admission of guilt by the facility related to the</i></p>		04/17/2024

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	<p>every three years (36 months). Where the assigned class is greater than 4 hours, it shall be permitted to terminate the test after 4 hours. NFPA 99 Section 6.4.1.1.6.1 states that Type 1 and Type 2 essential electrical system power sources shall be classified at Type 10, Class X, Level 1 generator sets. This deficient practice could affect all building occupants.</p> <p>Findings include:</p> <p>Based on record review on 04/03/24 between 9:15 a.m. and 10:45 a.m. with the Maintenance Supervisor present, the facility was unable to provide documentation of a four hour load test of the three emergency generators conducted within the past 36 month period. This was confirmed by the Maintenance Supervisor at the time of record review.</p> <p>This finding was reviewed with the Administrator and Maintenance Supervisor during the exit conference.</p> <p>3.1-19(b)</p>				<p><i>alleged deficiencies noted in the 2567. The facility would like to formally request paper compliance.</i></p> <p>K 918 Electrical Systems – Essential Electrical Systems</p> <p><i>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;</i> No residents were affected. The facility has completed a 4-hour load test on 3 of 3 Emergency Power System Generators.</p> <p><i>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken;</i> All residents have the potential to be affected by the alleged deficient practice and through audits/assessments, alterations in processes and in servicing the facility will ensure correct actions will be taken to accurately complete a 4-hour load test on 3 of 3 Emergency Power System Generators every 3 years (36 months).</p> <p><i>What measures will be put into place and what systematic changes will be made to ensure the deficient practice does not recur;</i></p>		

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			Maintenance has been in-serviced and a 4-hour load test on Emergency Power System Generators every 3 year (36 months) has been added to the maintenance calendar/schedule. How the corrective action will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; Maintenance/Designee(s) will monitor the maintenance calendar/schedule to ensure a 4-hour load test on 3 of 3 Emergency Power System Generators is completed every 3 years (36 months) with results of compliance being forwarded to QA committee for review and further suggestions/comments. By what date the systematic changes for each deficiency will be completed; Completion Date 4-17-2024		