

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

PRINTED: 11/09/2023  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155729		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING		X3) DATE SURVEY COMPLETED 10/13/2023	
NAME OF PROVIDER OR SUPPLIER  ADAMS HERITAGE				STREET ADDRESS, CITY, STATE, ZIP COD 12011 WHITTERN RD MONROEVILLE, IN 46773			
(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
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: 10/13/23</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 10/20/23</p>			E 0000			
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 Date: 10/13/23</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

Natasha Graves

Administrator

11/01/2023

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 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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K 0353 SS=E 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 ESS 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 were 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 10/20/23</p> <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>						

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	<p>c) Water system supply source</p> <p>Provide in REMARKS information on 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 10 of 10 sprinkler heads in the kitchen were not loaded, corroded, covered with foreign material in accordance with LSC 9.7.5. 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 staff and up to 25 residents in one smoke compartment.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Director and Administrator on 10/13/23 at 11:29 a.m., all the sprinkler heads in the kitchen were either loaded with dirt, grease, or were corroded. Based on interview at the time of observation, the Maintenance Director confirmed the sprinkler heads in the kitchen were loaded and/or corroded.</p> <p>The finding was reviewed with the Administrator and Maintenance Director during the exit conference.</p> <p>3.1-19(b)</p>			K 0353	<p>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 executed solely because it 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. Further, we respectfully request desk review (paper compliance) for compliance, as of November 1, 2023. Completion dates are provided for procedural processing purposes to comply with federal</p>		11/01/2023

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			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 was in compliance with the requirements of participation or that corrective action was necessary. K353 1. What corrective action will be accomplished for those residents found to have been affected by this alleged deficient practice? No residents were affected by this alleged deficient practice. The community leaders reached out to the contractor on 10/13/23, to come in and change the discolored sprinkler heads in the kitchen (See Attachment A). The contractor was able to come in on 10/18/23, to replace the affected sprinkler heads (See attachment B and attachment C) 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? No residents were identified that could be affected by the same alleged deficient practice. 3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur? The maintenance technician will monitor the sprinkler heads monthly to ensure no erosion or		

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				<p>discoloration is identified on the sprinkler heads. 4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur? This will be an indicator added to our QAPI program for one year. The maintenance technician will add this to the current preventative maintenance schedule indefinitely. 5. By what date the systematic changes for each deficiency will be completed? November 1, 2023</p>			