

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

PRINTED: 01/05/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155725		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING		X3) DATE SURVEY COMPLETED 12/05/2022	
NAME OF PROVIDER OR SUPPLIER  UNIVERSITY PLACE HEALTH CENTER AND ASSISTED LIVING				STREET ADDRESS, CITY, STATE, ZIP COD 1750 LINDBERG RD WEST LAFAYETTE, IN 47906			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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: 12/05/22</p> <p>Facility Number: 003673 Provider Number: 155725 AIM Number: 200450890</p> <p>At this Emergency Preparedness survey, University Place Health Center and Assisted Living was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73</p> <p>The facility has 30 certified beds. At the time of the survey, the census was 28.</p> <p>Quality Review completed on 12/07/22</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: 12/05/22</p> <p>Facility Number: 003673 Provider Number: 155725 AIM Number: 200450890</p> <p>At this Life Safety Code survey, University Place</p>			K 0000	University Place acknowledges a need to correct one item from the Life Safety Survey conducted on December 5, 2022.		

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

TITLE

(X6) DATE

David Kinder

Executive Director

12/21/2022

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 0341 SS=B Bldg. 01	<p>Health Center and Assisted Living was found in substantial compliance with Requirements for Participation in 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 is located on the first floor on one wing of a two-story building and was determined to be of Type V (111) construction and was sprinklered. The facility has a fire alarm system with hardwired smoke detection in the corridors, spaces open to the corridors, and in all resident sleeping rooms. The facility has a capacity of 30 and had a census of 28 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. All areas providing facility services were sprinklered except for the overhang located outside the northeast exit.</p> <p>Quality Review completed on 12/07/22</p> <p>NFPA 101 Fire Alarm System - Installation Fire Alarm System - Installation A fire alarm system is installed with systems and components approved for the purpose in accordance with NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm Code to provide effective warning of fire in any part of the building. In areas not continuously occupied, detection is installed at each fire alarm control unit. In new occupancy, detection is also installed at notification appliance circuit power extenders, and supervising station transmitting equipment.</p>						

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	<p>Fire alarm system wiring or other transmission paths are monitored for integrity. 18.3.4.1, 19.3.4.1, 9.6, 9.6.1.8</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 fire alarm systems was installed in accordance with 19.3.4.1. NFPA 72, 17.7.4.1 requires in spaces served by air handling systems, detectors shall not be located where air flow prevents operation of the detectors. A.17.7.4.1 states detectors should not be located in a direct airflow or closer than 36 inches. This deficient practice could affect as many as 14 residents, 6 staff and 2 visitors within the smoke compartment.</p> <p>Findings include:</p> <p>Based on observation with during a tour of the facility on 12/05/22 at 1:44 p.m. with the Director of Plant Operations (D.P.O.), the facility Administrator, and the facility Administrator-in-Training (A.I.T.), the main dining room exit had a smoke detector approximately 18 inches from an air duct. Based on interview at the time of the observation, the Director of Plant Operations acknowledged the smoke detector as being 18 inches from an air duct and added that he would have the smoke detector moved as soon as he could schedule his vendor to come out and move it.</p> <p>This item was again discussed at the exit conference on 12/05/22 at 2:28 p.m. with the D.P.O., the facility Administrator, and the A.I.T. all present.</p> <p>3.1-19(b)</p>	K 0341	<p>1. What corrective actions will be accomplished for those residents found to be affected by the deficient practice.</p> <p>The corrective action is to move the smoke detector further away from the air duct. This work will be done by the University Place staff. The problem area is located in the dining area of the University Place Health Center and the smoke detector has been in the same position since the building opened 19 years ago. The correction of the smoke detector by moving it will be a corrective action for all residents eating in the Health center dining area.</p> <p>2. How other residents having the potential to be affected by the the same deficient practice will be identified and what corrective actions will be taken?</p> <p>Anyone eating in the Health center dining area could potentially be affected. The correction of the problem will seize for the problem to exist.</p> <p>3. What practices will be put into place and what systemic changes will be made to ensure that the deficient practices does not recur?</p>		12/30/2022		

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			<p>This was the only smoke detector that was identified as being too close to an air duct. Correcting this smoke detector by moving it will ensure the practice does not recur. The Plant/Maintenance team will look at all of the other smoke detectors in the Health Center to ensure this is the lone problem smoke detector.</p> <p>4. How will corrective actions be monitored to ensure the deficient practice will not recur and what quality assurance program will be put into place?</p> <p>The deficient smoke detector will be moved. No quality assurance will be necessary since all of the smoke detectors are hard-wired and they are not moved regularly.</p> <p>5. By what date will be systemic changes be made.</p> <p>The change will be made by December 30, 2022.</p>		