STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155327	A. BUILDING 01 B. WING	12/29/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
UNIVERSITY HEIGHTS HEALTH AND LIVING COMMUNITY	1380 E COUNTY LINE RD S INDIANAPOLIS, IN 46227

(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
K 0000 Bldg. 01	A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 10/30/23 & 10/31/23 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a). Survey Date: 12/29/23 Facility Number: 000220 Provider Number: 155327 AIM Number: 100267650 At this PSR survey, University Heights Health and Living Community was found in substantial 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 136 at the time of this visit.	K 0000	January 9, 2024 Brenda Buroker, Director Long-Term Care Division Indiana State Department of Health 2 North Meridian Street Indianapolis, IN 46204 Re: Allegation of Compliance Event ID: R1C321 Dear Mrs. Buroker: Please find enclosed the Plan of Correction for the Life Safety Code Recertification survey conducted on 01/02/2024. This letter is to inform you that the plan of correction attached is to serve as University Heights Health & Living Community credible allegation of compliance. We allege substantial compliance on January 9, 2024. If you have any further questions, please do not hesitate to contact me at 317-885-7050 Sincerely, Benjy Grzych, HFA Administrator	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Benjy Grzych	HFA	01/10/2024

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclo 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	A. BUILDING 01 B. WING	12/29/2023

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	All areas where the residents have customary access were sprinklered. All areas providing facility services were sprinklered except for one detached garage providing facility storage services. Quality Review completed on 01/04/24		University Heights Health and Living Submission of this plan of correction in no way constitutes an admission by University Heights Health and Living or its management company that the allegations contained in the survey report is a true and accurate portrayal of the provision of nursing care or other services provided in this facility. The Plan of Correction is prepared and executed solely because it is required by Federal and State Law. This statement of deficiencies and plan of correction will be reviewed at the Monthly Quality Assurance/Assessment Committee meeting.	
K 0930 SS=A Bldg. 01	NFPA 101 Gas Equipment - Liguid Oxygen Equipment Gas Equipment - Liquid Oxygen Equipment The storage and use of liquid oxygen in base reservoir containers and portable containers comply with sections 11.7.2 through 11.7.4 (NFPA 99). 11.7 (NFPA 99) Based on observation and interview, the facility	K 0930	**I. The corrective actions to be**	01/09/2024

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	155327	A. BUILDING 01 B. WING	12/29/2023

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	failed to protect 2 of 124 resident sleeping rooms from the use of liquid oxygen containers stored in a patient bed location or patient care room. NFPA 99, Health Care Facilities Code, 2012 Edition, Section 11.7.4 states the maximum total quantity of liquid oxygen permitted in storage and in use in a patient bed location or patient care room shall be 120 L (31.6 gallons), provided that the patient bed location or patient care room, or both, are separated from the remainder of the facility by fire barriers and horizontal assemblies having a minimum fire resistance rating of 1 hour in accordance with the adopted building code. LSC Section 7.2.4.3.10 requires all fire door assemblies in horizontal exits shall be self-closing or automatic-closing. This deficient practice could affect two residents, staff and visitors. Findings include: Based on observations with the Administrator and the Maintenance Director at 10:40 a.m. and at 10:48 a.m. on 12/29/23, one liquid oxygen container was stored in resident sleeping Room 200 and in resident sleeping Room 407. Each of the two resident sleeping rooms was not separated from the remainder of the facility by fire barriers and horizontal assemblies having a minimum fire resistance rating of 1 hour. The corridor door to each room was not self-closing or automatic closing and was not equipped with a minimum 45-minute fire resistance rating label affixed to the door. Based on interview at the time of the observations, the Administrator stated the facility was awaiting guidance from IDOH on whether or not the oxygen containers needed to be removed from the resident sleeping rooms but agreed a liquid oxygen container was stored in each of the two resident sleeping rooms with the rooms not constructed with a minimum fire		**accomplished for those residents found to have been affected by the deficient practice.** The community failed to ensure that liquid oxygen equipment, that was not in use, was being stored in resident room 200 and 407. The Administrator has in-serviced the clinical, therapy, housekeeping, maintenance staff to ensure that all liquid oxygen equipment is returned to the certified oxygen room when not in use. See attached in- service documentation that was conducted between 1/5- 1/8. **II. The facility will identify other residents that may potentially be affected by the deficient practice.** Staff, residents, and visitors in the 200 and 400 halls have the potential to be affected by the alleged deficient practice. **III. The facility will put into place the following systematic changes to ensure that the deficient practice does not recur.** A new TELS task is in place for every week to inspect resident rooms to ensure there is no liquid oxygen equipment not in use.	

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	resistance rating of 1 hour. These findings were reviewed with the Administrator and the Maintenance Director during the exit conference. This deficiency was cited on 10/31/23. The facility failed to implement a systemic plan of correction to prevent recurrence. 3.1-19(b)		(See attached TELS task labeled "University Height Oxygen Equipment Room Inspection). **IV The facility will monitor the corrective action by implementing the following measures.** CarDon Corporate Facilities and Clinical team will audit skilled resident rooms during their site visits and annual CQR to ensure that all no used equipment is not being stored in them.	
K 9999 Bldg. 01		K 9999	**I. The corrective actions to be accomplished for those residents found to have been affected by the deficient practice.** The community failed to ensure that liquid oxygen equipment, that was not in use, was being stored in resident room 200 and 407. The Administrator has in-serviced the clinical, therapy, housekeeping, maintenance staff to ensure that all liquid oxygen equipment is returned to the certified oxygen room when not in use. See attached in- service documentation that was conducted between 1/5- 1/8.	01/09/2024

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			II. The facility will identify other residents that may potentially be affected by the deficient practice. Staff, residents, and visitors in the 200 and 400 halls have the potential to be affected by the alleged deficient practice. **III. The facility will put into place the following systematic changes to ensure that the deficient practice does not recur.** A new TELS task is in place for every week to inspect resident rooms to ensure there is no liquid oxygen equipment not in use. (See attached TELS task labeled “University Height Oxygen Equipment Room Inspection). **IV The facility will monitor the corrective action by implementing the following measures.** CarDon Corporate Facilities and Clinical team will audit skilled resident rooms during their site visits and annual CQR to ensure that all no used equipment is not being stored in them.	

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	155327	A. BUILDING 02 B. WING	12/29/2023

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K 0000 Bldg. 02	A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 10/30/23 & 10/31/23 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a). Survey Date: 12/29/23 Facility Number: 000220 Provider Number: 155327 AIM Number: 100267650 At this PSR survey, University Heights Health and Living Community was found in substantial 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 0202 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 0202 was constructed in 2012 and was determined to be of Type V (111) 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 136 at the time of this visit.	K 0000	January 9, 2024 Brenda Buroker, Director Long-Term Care Division Indiana State Department of Health 2 North Meridian Street Indianapolis, IN 46204 Re: Allegation of Compliance Event ID: R1C321 Dear Mrs. Buroker: Please find enclosed the Plan of Correction for the Life Safety Code Recertification survey conducted on 01/02/2024. This letter is to inform you that the plan of correction attached is to serve as University Heights Health & Living Community credible allegation of compliance. We allege substantial compliance on January 9, 2024. If you have any further questions, please do not hesitate to contact me at 317-885-7050 Sincerely, Benjy Grzych, HFA Administrator	

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