

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155228	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  06/07/2023
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NAME OF PROVIDER OR SUPPLIER  HERITAGE HOUSE OF RICHMOND	STREET ADDRESS, CITY, STATE, ZIP CODE 2070 CHESTER BLVD RICHMOND, IN 47374
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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	<p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 04/05/23 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a).</p> <p>Survey Date: 06/07/23</p> <p>Facility Number: 000133 Provider Number: 155228 AIM Number: 100266080</p> <p>At this PSR Life Safety Code survey, Heritage House of Richmond 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 fully sprinkled. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors and battery-operated smoke detectors in all resident sleeping rooms. The facility has a capacity of 87 and had a census of 40 at the time of this PSR visit.</p> <p>All areas where residents have customary access were sprinkled and all areas providing facility services were sprinkled.</p> <p>Quality Review conducted on 06/12/23</p>	K 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Merry Goodwin	HFA	06/28/2023

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=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 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 maintain the ceiling construction in 1 of 1 smoke compartment. The ceiling traps hot air and gases around the sprinkler and cause the sprinkler to operate at a specified temperature. NFPA 13, 2010 edition, 8.5.4.1.1 states the distance between the sprinkler deflector and the ceiling above shall be selected based on the type of sprinkler and the type of construction. This deficient practice could affect 2 staff.</p> <p>Findings include:</p> <p>Based on interview and observation during a tour of the facility with the Maintenance Director on 06/07/23 between 10:00 a.m. and 11:15 a.m., in the Business Records room, 2 of 2 sprinkler heads had dropped through the ceiling creating unsealed gaps around the sprinkler heads. This condition</p>	K 0353	<p>It has and will continue to be the practice of this facility to ensure that 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.</p> <p>Although this deficient practice could possibly have affected 2 staff members, no one was directly affected by this.</p> <p>Safecare has ordered 2 replacement pendent sprinklers. Safecare has installed (Attachment 1).</p> <p>Maintenance Director</p>	06/27/2023
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	<p>could delay the activation of the sprinklers installed in ceiling. Based on interview at the time of observation, the Maintenance Director stated there were unsealed gaps in the ceiling caused by the sprinkler heads being temporary and custom heads were being made to correct the problem, stating the temporary sprinklers are not the correct size and length. The vendor making the replacement heads for the dry sprinkler system has not been able to get the work done as they had earlier forecasted. The Maintenance Director stated he would reach back out to the vendor and get an update.</p> <p>This finding was acknowledged by the Maintenance Director at the time of discovery and again at the exit conference with the Maintenance Director present.</p> <p>This deficiency was cited on 04/05/23. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>3.1-19(b)</p>		<p>has checked every pendent sprinkler head and no other issues noted (Attachment 2).</p> <p>Sprinkler head inspections will be done weekly X 1 month by Maintenance Director or designee (Attachment 3) and Safecare will continue to inspect every 3 months.</p> <p>Any ongoing issues will be brought to morning IDT meeting and appropriate measures put in place.</p>		