

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155732	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 08/13/2015
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NAME OF PROVIDER OR SUPPLIER RIVER OAKS HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 1244 VAIL ST PRINCETON, IN 47670
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K 0000 Bldg. 01	<p>A Life Safety Code Short Form Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 08/13/15</p> <p>Facility Number: 004130 Provider Number: 155732 AIM Number: 200491050</p> <p>At this Life Safety Code survey, Riveroaks Health Campus was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 18, New 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 hard wired smoke detectors in the corridors, spaces open to the corridors, and all resident sleeping rooms. The facility has a capacity of 68 and had a census of 64 at the time of this</p>	K 0000	<p>This Plan of Correction for Survey Event ID 4E5S21 is submitted under Federal and State regulations and statutes applicable to long term care provider We request this 2567 Plan of Correction serve as our credible allegation of compliance</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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 90 days 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 14 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 0050 SS=F Bldg. 01	<p>survey.</p> <p>All areas where residents have customary access were sprinklered and all areas providing facility services were sprinklered, except a small plastic shed used for facility storage.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 18.7.1.2</p> <p>Based on record review and interview, the facility failed to provide quarterly fire drill documentation for 1 of 3 shifts during 1 of 4 quarters. This deficient practice could affect all residents in the facility.</p> <p>Findings include:</p> <p>Based on review of the facility's fire drills in the Fire Drill book on 08/13/15 at 10:40 a.m. with the Director of Plant Operations present, the facility performed fourteen fire drills during the past twelve months, however, the facility lacked fire drill documentation for the third shift</p>	K 0050	<p>A fire drill has been conducted on the night shift Completion Date: 9-12-2015 Director of Plant Operations will have directed in-service regarding fire drill requirements. Completion Date: 9-12-2015 Maintenance Director will maintain log of drills and submit to Safety/QA committee monthly for review and compliance x 12.</p>	09/12/2015

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K 0144 SS=C Bldg. 01	<p>(night) of the first quarter (January, February, and March) of 2015. This was confirmed by the Director of Plant Operations at the time of record review.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.</p> <p>Based on record review and interview, the facility failed to ensure 1 of 1 emergency generators was inspected and exercised in accordance with NFPA 99. NFPA 99, 1999 Edition of Health Care Facilities at 3-4.1.1.8 states, the generator set(s) shall have sufficient capacity to pick up the load and meet the minimum frequency and voltage stability requirements of the emergency system within 10 seconds after loss of normal power. NFPA 99, 3-5.4.2 requires a written record of inspection, performance, exercising period and repairs shall be regularly maintained and available for inspection by the authority having jurisdiction. This deficient practice could affect all residents, as well as staff and visitors in the facility.</p> <p>Findings include:</p>	K 0144	<p>The generator log has been updated to include transfer time, cool down time and total run time Completion Date: 9-12-2015 Director of Plant Operations has been in-serviced on the new log and requirements Completion Date: 9-12-2015 Maintenance Director/Designee will perform all tests with log submitted to QA committee monthly for review and suggestions for continued compliance</p>	09/12/2015

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	<p>Based on review of the facility's Emergency Generator testing log on 08/13/15 at 11:15 a.m. with the Director of Plant Operations present, the generator log form documented the generator was tested monthly under load, however, there was no documentation on the form that showed the generator transfer time being recorded, cool down time after the load test being recorded, plus there was no total run time recorded. During an interview at the time of record review, the Director of Plant Operations confirmed the monthly generator log did not include documentation of the transfer time, cool down time or total run time being recorded.</p> <p>3.1-19(b)</p>				