

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155763	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 02/21/2013
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NAME OF PROVIDER OR SUPPLIER NORTH RIDGE VILLAGE NURSING & REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 600 TRAIL RIDGE RD ALBION, IN 46701
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K0000	<p>A Life Safety Code Recertification and State Licensure Survey with a PSR for the Quality Assurance Walk-thru Survey conducted on 10/10/12 were conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 02/21/13</p> <p>Facility Number: 011296 Provider Number: 155763 AIM Number: 200827620</p> <p>Surveyor: Amy Kelley, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, North Ridge Village Nursing & Rehab Center 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 (000) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the</p>	K0000	<p>K 0000 The plan of correction is to serve as North Ridge Village Nursing & Rehab Center's 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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	<p>corridors, areas open to the corridors and battery operated smoke detectors in the resident rooms. The facility has a capacity of 77 and had a census of 56 at the time of this survey.</p> <p>The facility was found in compliance with state law in regard to smoke detector coverage and sprinkler coverage.</p> <p>All areas where residents have customary access were sprinklered. The facility does have a garage providing facility services which was not sprinklered.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 02/27/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K0029 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Hazardous areas are protected in accordance with 8.4. The areas are enclosed with a one hour fire-rated barrier, with a 3/4 hour fire-rated door, without windows (in accordance with 8.4). Doors are self-closing or automatic closing in accordance with 7.2.1.8. 18.3.2.1 Based on observation and interview, the facility failed to ensure 1 of 1 sets of double doors entering the kitchen, a hazardous area, were smoke resistant and automatically latched into the door frame. This deficient practice could affect residents in the main dining room with seating for 8 residents.</p> <p>Findings include:</p> <p>Based on observation with the Administrator, the Maintenance Director and the Maintenance Assistant on 02/21/13 at 1:40 p.m., the double doors entering the kitchen from the main dining room were swinging doors with one door manually latched into the door frame and the remaining door dead bolted into the stationary door. Additionally, there was a one fourth inch gap on the door jam side of each door and a three sixteenth inch gap between the doors when closed. Measurements were provided by the Maintenance Director at the time of observation.</p>	K0029	<p>K 029</p> <p>In accordance to NFPA 101 Life Safety Code standard 8.4 the double doors were removed and a 3 foot by 8 inch one hour fire- rated barrier, with ¾ hour fire- rated door, without windows which are self- closing was installed (accordance with 7.2.1.8 18.3.2.1).</p>	03/24/2013			

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	3.1-19(b)			

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K0076 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities.</p> <p>(a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation.</p> <p>(b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 18.3.2.4</p> <p>Based on observation and interview, the facility failed to ensure combustible materials were separated from oxygen storage equipment in 1 of 1 oxygen storage areas. NFPA 99, the Standard for Health Care Facilities, Section 8-3.1.11.2(c)2 requires oxidizing gases such as oxygen shall be separated from combustibles by a minimum distance of five feet in a fully sprinklered building. This deficient practice was not in a resident care area but could affect staff in the service hall in the event of an emergency.</p> <p>Findings include:</p> <p>Based on an observation with the Administrator, the Maintenance Director and the Maintenance Assistant on 02/21/13 at 1:53 p.m., combustible material such as cardboard boxes and plastic items were stored within two feet</p>	K0076	<p>K 076</p> <p>All combustible material that was in the oxygen storage room was placed there by the oxygen company (SMS) delivery and set up person, not by North Ridge Village staff. It was removed on 2-21-13.</p> <p>The oxygen delivery person and North Ridge Village unit manager (who is in charge of the oxygen room) as well as the Director of Nursing and her assistant were in-serviced on the importance and code of combustibles in the oxygen room on 2-22-13</p> <p>To prevent this from recurring, the unit manager or designee will conduct daily audits. The results of these audits will be reported to the QA committee monthly and to the Administrator immediately after removing any combustible material. A sign was hung outside the oxygen storage room that states "No combustibles material allowed in storage room."</p>	02/22/2013			

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	<p>of stationary liquid oxygen containers in the oxygen storage room. This was acknowledged by the Maintenance Director at the time of observation.</p> <p>3.1-19(b)</p>			

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K0147 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 electrical junction boxes confined electrical wires in the junction box with a cover at the 400 hall smoke barrier wall. NFPA 70, National Electrical Code, 1999 Edition, Article 370-28(c) requires exposed electrical wires be confined within a junction box with a cover compatible with the box. This deficient practice was not in a resident care area but could affect 1 or possibly 2 staff.</p> <p>Findings include:</p> <p>Based on observation with the Administrator, the Maintenance Director and the Maintenance Assistant on 02/21/13 at 2:05 p.m., at the 400 hall above the drop down ceiling there was a junction box which lacked a cover. When the Maintenance Director investigated the wiring inside the box, he inadvertently touched a wire against the side of the junction box causing it to short out and pop the circuit breaker. At the time of observation, the Maintenance Director acknowledged the junction box lacked a cover and the wires in the box should have been properly capped off to prevent</p>	K0147	<p>K 147</p> <p>Wires were immediately capped off and a cover placed on the 400 hall junction box by the maintenance director who is a certified electrician while the surveyor was present. (Electrical wiring and equipment in accordance with NFPA 70).</p> <p>An Audit was done by location throughout the facility and no other junction box was found without a cover.</p>	02/22/2013			

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	electrical shock. 3.1-19(b)			