STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155630	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED 01/07/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FLATROCK RIVER LODGE	904 E 11TH ST RUSHVILLE, IN 46173

(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
K010000	A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 01/07/15 Facility Number: 001126 Provider Number: 155630 AIM Number: 200011300 Surveyor: Mark Bugni, Life Safety Code Specialist At this Life Safety Code survey, Flatrock River Lodge 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 19, Existing Health Care Occupancies and 410 IAC 16.2. 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 hard wired smoke detectors in all resident sleeping rooms. The facility has	K010000	Preparation and execution of the plan of correction for the survey does not constitute admission of agreement by this provider of the truth of the facts alleged or the conclusion set forth in the statement of deficiencies. The plan of correction is prepared and executed soley because it is required by the Federal and State law.This provider maintains that the alleged deficiencies do not individually or collectively jeopardize the health and safety of its residents: Nor are they of such character as to limit the provider's capacity to render adequate resident care. This plan of correction serves as the facility's written credible allegation that it will be in substantial compliance on or before January 12, 2015.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	a capacity of 63 and had a census of 60 at the time of this survey. All areas where residents have customary access were sprinkled and all areas providing facility services were sprinkled. The facility had a detached garage used for storage which was not sprinkled. Quality Review by Dennis Austill, Life Safety Code Specialist on 01/14/15. The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:			
K010062 SS=C	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 Based on record review, observation and interview, the facility failed to ensure 2 of 2 sprinkler system gauges were replaced or recalibrated every 5 years. NFPA 25, 2-3.2 requires gauges shall be replaced every 5 years or tested every 5 years by comparison with a calibrated gauge. Gauges not accurate to within 3 percent of the full scale shall be	K010062	The facility does assure all required automatic sprinkler systems are continuously maintained in reliable operating condition and inspected and tested periodically. 19.7.6,4.6.12 NFPA 13, NFPA 25, 9.7.5.The two sprinkler gages that were out of date per NFPA 25, 2-3.2 that requires gages shall be replaced every 5 years. The 2 gages have	01/09/2015

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	recalibrated or replaced. This deficient practice affects all residents in the facility. Findings include: Based on a review of Quarterly Sprinkler System Inspection Reports on 01/07/15 at 9:10 a.m. with the interim environmental manager, there was no record the two sprinkler system gauges had been replaced over the past five years. Based on observation of the sprinkler riser on 01/07/15 at 10:45 a.m. with the interim environmental manager, there were two gauges on the sprinkler riser with a date of manufacturer of 2008, which exceeded the five year replacement or testing requirement. The lack of the two sprinkler system gauges being replaced or tested every five years was verified by the interim environmental manager at the time of observation of the sprinkler system riser and acknowledged by the administrator at the exit conference on 01/07/15 at 12:50 p.m. 3.1-19(b)		since been replaced as of 01-09-2015.This work was completed by Superior Systems & Supply. The sprinkler system now meets regulations and will be tracked and reported on Preventative Maintenance Documentation hereafter. No residents were affected by this tag.	
K010069 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96 Based on record review and interview;	K010069	The facility does assure cooking	01/09/2015

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	the facility failed to ensure 1 of 1 range hood's fire extinguishing equipment was inspected and approved every 6 months by properly trained and qualified persons. LSC 9.2.3 refers to NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations. NFPA 96, in 8-2 requires the inspection and servicing of the fire extinguishing system and listed exhaust hoods containing a constant or fire actuated water system shall be made at least every 6 months by properly trained and qualified persons. NFPA 96, 8-2.1 requires all actuation components, including remote manual pull stations, mechanical or electrical devices, detectors, actuators, and fire actuated dampers shall be checked for proper operation during the inspection in accordance with the manufacturer's listed procedures. This deficient practice could affect all residents in the facility. Findings include: Based on review of the facility's Range Hood Inspection Report on 01/07/15 at 8:30 a.m. with the interim environmental manager, the most recent range hood fire extinguishing equipment inspection report was dated 04/14/14. Based on a phone call to the range hood inspection company on 01/07/15 at 9:10 a.m. with		facilities are protected in accordance with 9.2.3 19.3.2.6 NFPA 96. The system has been inspected by a properly trained and qualified person in accordance to LSC 9.2.3 refers to NFPA 96, Standard for Ventilation Control and Fire Protection of commercial cooking operations in 8-2 requires the inspection and servicing of the fire extinguishing system and listed exhaust hoods containing a constant or fire actuated water system shall be made at least every 6 months. This inspection was completed on 01-09-2015 by Elwood Fire Equipment Co., Inc..Maintenance Supervisor will monitor and report that fire extinguishing meets regulations and report it on Preventative Maintenance Documentation thereafter no residents were affected by this tag. Monitoring to be done by Administrator.	

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	the interim environmental manager, a request was made to fax a copy of the most recent Range Hood Inspection Report and at 9:40 a.m., the most recent report faxed to the facility was the same report reviewed at the 8:30 a.m. record review, which was dated 04/14/14. The lack of a current semi annual range hood inspection was verified by the interim environmental manager at the time of record review and interview and acknowledged by the administrator at the exit conference on 01/07/15 at 12:50 p.m. 3.1-19(b)			