

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155165	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 02/17/2016
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NAME OF PROVIDER OR SUPPLIER RIVERVIEW VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 586 EASTERN BLVD CLARKSVILLE, IN 47129
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(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
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K 0000 Bldg. 01	<p>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).</p> <p>Survey Date: 02/17/16</p> <p>Facility Number: 000082 Provider Number: 155165 AIM Number: 100289640</p> <p>At this Life Safety Code survey, Riverview Village 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.</p> <p>This two story facility was determined to be of Type II (111) construction and fully sprinkled. The facility has a fire alarm system with smoke detection on all levels including the corridors, spaces open to the corridors and battery operated smoke detectors in all resident sleeping rooms. The facility has a capacity of 130 and had a census of 88 at the time of this visit.</p>	K 0000	The creation and submission of the plan of correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation or regulation	
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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 0014 SS=E Bldg. 01	<p>All areas where residents have customary access were sprinkled and all areas providing facility services were sprinkled except the detached laundry building.</p> <p>Quality Review on 02/19/16 by Lex Brashear, LSC Specialist</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Interior finish for corridors and exitways, including exposed interior surfaces of buildings such as fixed or movable walls, partitions, columns, and ceilings has a flame spread rating of Class A or Class B. 19.3.3.1, 19.3.3.2</p> <p>Based on observation and interview, the facility failed to ensure 1 of 8 exitway was provided with an interior finish with a flame spread rating of Class A or Class B. This deficient practice affects staff only who work on the second floor North Hall staff office area.</p> <p>Findings include:</p> <p>Based on observation on 02/17/16 at 1:10 p.m. with the maintenance supervisor, the second floor North Hall east corridor wall had a two foot by two foot area of drywall broken and missing behind the smoke barrier door where the magnetic hold down device was located. This was verified by the maintenance supervisor at the time of observation and</p>	K 0014	<p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <ul style="list-style-type: none"> ·No residents were affected by the practice How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken? ·All residents have the potential to be affected by the alleged deficient practice. ·Wall has been repaired and hold down replaced 3/3/16 What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur? ·Daily rounds will be made by Maintenance supervisor to inspect walls to ensure they all have a flame spread reading of 	03/03/2016

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K 0025 SS=E Bldg. 01	<p>acknowledged by the administrator at the exit conference on 02/17/16 at 2:15 p.m.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4</p> <p>Based on observation and interview, the facility failed to ensure 4 of 8 attic smoke barriers were maintained to provide a one half hour fire resistance rating. This deficient practice could affect 33 residents who reside on the second floor and 22 residents who reside on the first floor A Hall.</p> <p>Findings include:</p>	K 0025	<p>Class A or B</p> <ul style="list-style-type: none"> Maintenance supervisor to be in serviced on deficient practice by Executive Director on 3/1/16 <p>How the corrective action(s) will be maintained to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</p> <ul style="list-style-type: none"> To ensure compliance, the Maintenance supervisor will complete an environmental CQI weekly times and then monthly times 6 <p>RVV K-025 What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <ul style="list-style-type: none"> No residents were affected by the practice How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken? All residents have the potential 	03/16/2016

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	<p>Based on observations with the maintenance supervisor on 02/17/16 during observations of the attic smoke barriers above the drop ceiling assembly from 1:10 p.m. to 2:00 p.m., the following attic smoke barriers were not fire stopped or had missing drywall;</p> <p>a. The second floor Center Hall to North Hall attic smoke barrier wall had a three inch circular area of drywall missing in the center of the smoke barrier wall.</p> <p>b. The second floor F Hall attic smoke barrier wall had a two inch gap around a steel structural beam not fire stopped and a one foot by one foot square area sealed with a non rated white foam board.</p> <p>Based on an interview with the maintenance supervisor on 02/17/16 at 1:20 p.m., the white foam board used to seal the F Hall attic smoke barrier is not a fire rated material.</p> <p>c. The second floor C Hall attic smoke barrier wall had a one inch gap around a sprinkler pipe penetration not fire stopped.</p> <p>d. The first floor A Hall attic smoke barrier wall had two, one inch gaps around sprinkler pipe penetrations not fire stopped.</p> <p>The second floor North Hall, F Hall, C Hall and first floor A Hall attic smoke barrier walls missing drywall or not fire stopped was verified by the maintenance</p>		<p>to be affected by the alleged deficient practice.</p> <ul style="list-style-type: none"> ·The smoke barriers will have all holes fire caulked by 3/16/16 <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</p> <ul style="list-style-type: none"> ·Inspections will be done by maintenance supervisor after every vendor does work involving the smoke barriers ·Maintenance supervisor to be in serviced on deficient practice by Executive Director on 3/1/16 <p>How the corrective action(s) will be maintained to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</p> <ul style="list-style-type: none"> ·To ensure compliance, the Maintenance supervisor will complete an environmental CQI weekly times and then monthly times 6 	

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K 0027 SS=E Bldg. 01	<p>supervisor at the time of observations and acknowledged by the administrator at the exit conference on 02/17/16 at 2:20 p.m.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Door openings in smoke barriers have at least a 20-minute fire protection rating or are at least 1¾-inch thick solid bonded wood core. Non-rated protective plates that do not exceed 48 inches from the bottom of the door are permitted. Horizontal sliding doors comply with 7.2.1.14. Doors are self-closing or automatic closing in accordance with 19.2.2.2.6. Swinging doors are not required to swing with egress and positive latching is not required. 19.3.7.5, 19.3.7.6, 19.3.7.7 Based on observation and interview, the facility failed to ensure 1 of 8 smoke barriers was provided with a set of doors that have at least a 20 minute fire protection rating. This deficient practice could affect 33 residents who reside on the second floor of the facility.</p> <p>Findings include:</p> <p>Based on observation on 02/17/16 at 1:00 p.m. with the maintenance supervisor, the second floor G Hall smoke barrier wall lacked a set of smoke barrier doors. Based on an interview with the maintenance supervisor on 02/17/16 at 1:05 p.m., the set of smoke barrier doors were removed to allow second floor</p>	K 0027	<p>RVV K-027 What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <ul style="list-style-type: none"> ·No residents were affected by the practice How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken? ·All residents have the potential to be affected by the alleged deficient practice. ·The smoke barrier doors are up What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur? ·Inspections will be done by maintenance supervisor on 	02/18/2016

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K 0029 SS=E Bldg. 01	<p>residents to use the open area dining room/sitting room on the other side of the smoke barrier wall. The lack of a set of smoke barrier doors at the second floor G Hall smoke barrier wall was verified by the maintenance supervisor at the time of observations and acknowledged by the administrator at the exit conference on 02/17/16 at 2:20 p.m.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 Based on observation and interview, the facility failed to ensure the corridor door to 4 of 15 hazardous areas, such as a soiled linen room, a fuel fired equipment room and storage room over 50 square feet, were provided with self closing devices which would cause the doors to automatically close and latch into the</p>	K 0029	<p>smoke barrier doors per PM schedule</p> <ul style="list-style-type: none"> Maintenance supervisor to be in serviced on deficient practice by Executive Director on 3/1/16 <p>Howthe corrective action(s) will be maintained to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</p> <ul style="list-style-type: none"> To ensure compliance, the Maintenance supervisor will complete an environmental CQI weekly times and then monthly times 6 <p>RVV K-029 What corrective action(s)will be accomplished for those residents found to have been affected by the deficient practice?</p> <ul style="list-style-type: none"> No residents were affected by the practice How other residents having the potential to be affected by the same deficient practice will be identifiedand what corrective 	03/01/2016

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K 0046 SS=E Bldg. 01	<p>door frames. This deficient practice could affect 33 residents who reside on the second floor.</p> <p>Findings include:</p> <p>Based on observations on 02/17/16 during a tour of the facility with the maintenance supervisor from 10:20 a.m. to 2:20 p.m., the second floor soiled linen room door, the second floor central supply room door, which measured two hundred and fifty square feet, the second floor nursing supply room, which measured two hundred and fifty square feet, and the second floor room 225 storage room, which measured two hundred and fifty square feet, each had a door that failed to latch into the door frames. This was verified by the maintenance supervisor at the time of observations and acknowledged by the administrator at the exit conference on 02/17/16 at 2:20 p.m.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9.19.2.9.1.</p> <p>Based on observation and interview, the facility failed to ensure 2 of 12 battery backup lights were maintained to</p>	K 0046	<p>action(s) will be taken?</p> <ul style="list-style-type: none"> ·All residents have the potential to be affected by the alleged deficient practice. ·The Central supply room, Soiled utility room , storage room, and nursing supply room doors all now latch What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur? ·Inspections will be done by maintenance supervisor on all storage doors monthly per PM book ·Maintenance supervisor to be in serviced on deficient practice by Executive Director on 3/1/16 <p>How the corrective action(s) will be maintained to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</p> <ul style="list-style-type: none"> ·To ensure compliance, the Maintenance supervisor will complete an environmental CQI weekly times and then monthly times 6 <p>RVV K-046 What corrective action(s) will be accomplished for those residents found to have been affected by the</p>	03/03/2016

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K 0047 SS=E Bldg. 01	<p>provided at least a 1 1/2 hour duration in accordance with Section 7.9.</p> <p>This deficient practice could affect 12 residents who reside on the first floor B Hall and staff who work in the Service Hall.</p> <p>Findings include:</p> <p>Based on observations on 02/17/16 during a tour of the facility from 10:20 a.m. to 2:20 p.m. with the maintenance supervisor, the first floor B Hall battery backup corridor light and the Service Hall battery backup corridor light each failed to light when the test buttons were depressed. This was verified by the maintenance supervisor at the time of observations and acknowledged by the administrator at the exit conference on 02/17/16 at 2:20 p.m.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Exit and directional signs are displayed in accordance with section 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1</p>		<p>deficient practice?</p> <ul style="list-style-type: none"> ·No residents were affected by the practice How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken? ·All residents have the potential to be affected by the alleged deficient practice. ·Every battery in the back up lighting system has been replaced as of 3/3/16 What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur? ·Inspections will be done by maintenance supervisor on all emergency lighting monthly per PM book ·Maintenance supervisor to be in serviced on deficient practice by Executive Director on 3/1/16 <p>How the corrective action(s) will be maintained to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</p> <ul style="list-style-type: none"> ·To ensure compliance, the Maintenance supervisor will complete an environmental CQI weekly times and then monthly times 6 		

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K 0050 SS=F	<p>Based on observation and interview, the facility failed to ensure 1 of 27 exit signs was continuously illuminated. This deficient practice does not affect any residents but affects the staff who work on the second floor North Hall.</p> <p>Findings include:</p> <p>Based on observation on 02/17/16 at 12:45 p.m. with the maintenance supervisor, the second floor North Hall exit sign next to the stairway was not lit. This was verified by the maintenance supervisor at the time of observation and acknowledged by the administrator at the exit conference on 02/17/16 at 2:20 p.m.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p>	K 0047	<p>RVV K-047 What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <ul style="list-style-type: none"> ·No residents were affected by the practice How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken? ·All residents have the potential to be affected by the alleged deficient practice. ·The north hall second floor exit sign has been replaced and is in working order What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur? ·Inspections will be done by maintenance supervisor on all exit lighting monthly ·Maintenance supervisor to be in serviced on deficient practice by Executive Director on 3/1/16 <p>How the corrective action(s) will be maintained to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</p> <ul style="list-style-type: none"> ·To ensure compliance, the Maintenance supervisor will complete an environmental CQI weekly times and then monthly times 6 	03/01/2016

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Bldg. 01	<p>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. 19.7.1.2</p> <p>Based on record review and interview, the facility failed to conduct quarterly fire drills on all shifts for 3 of 4 quarters over the past year. This deficient practice affects all occupants in the facility including staff, visitors and residents.</p> <p>Findings include:</p> <p>Based on review of Monthly Fire Drill Reports with the maintenance supervisor on 02/17/16 at 10:20 a.m., there was no fire drill documentation for the third shift of the second quarter, second shift of the third quarter, and third shift of the fourth quarter of the year 2015. Additionally, based on interview with the maintenance supervisor during the review of the Monthly Fire Drill Reports, there was no other documentation available for review to verify these drills were conducted. This was verified by the maintenance supervisor at the time of record review and acknowledged by the administrator at the exit conference on 02/17/16 at 2:20</p>	K 0050	<p>RVV K-050 What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <ul style="list-style-type: none"> ·No residents were affected by the practice How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken? ·All residents have the potential to be affected by the alleged deficient practice. ·Fire drills will be run according to PM book, 3 quarterly, 1 on eachshift What measures will be put into place or what systemic changes will be made to ensure that the deficientpractice does not recur? ·Maintenance supervisor to be in serviced on deficient practice byExecutive Director on 3/1/16 ·The maintenance supervisor and Executive director will initial the sheet in the PM book <p>Howthe corrective action(s) will be maintained to ensure the deficient practice will not recur, i.e., what quality assurance</p>	03/01/2016

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K 0056 SS=E Bldg. 01	<p>p.m.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 sprinkler riser room was completely sprinkled. This deficient practice could affect 2 residents who reside in resident room 110 where the sprinkler riser is located.</p> <p>Findings include:</p> <p>Based on observation on 02/17/16 at 11:20 a.m. with the maintenance supervisor, the resident room 110 closet sprinkler riser room lacked sprinkler coverage. This was verified by the</p>	K 0056	<p>program will be put into place?</p> <ul style="list-style-type: none"> To ensure compliance, the Maintenance supervisor will complete an environmental CQI weekly times and then monthly times 6 <p>RVV K-056 What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <ul style="list-style-type: none"> No residents were affected by the practice How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken? All residents have the potential to be affected by the alleged deficient practice. New sprinkler to be installed 3/24/16 What measures will be put into place or what systemic 	03/24/2016	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155165	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 02/17/2016
NAME OF PROVIDER OR SUPPLIER RIVERVIEW VILLAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 586 EASTERN BLVD CLARKSVILLE, IN 47129		
(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	
	<p>maintenance supervisor at the time of observation and acknowledged by the administrator at the exit conference on 02/17/16 at 2:20 p.m.</p> <p>3.1-19(b)</p>		<p>changes will be made to ensure that the deficient practice does not recur?</p> <ul style="list-style-type: none"> ·Maintenance supervisor to be in serviced on deficient practice by Executive Director on 3/1/16 ·Sprinkler audit to be done quarterly by maintenance supervisor <p>How the corrective action(s) will be maintained to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</p> <ul style="list-style-type: none"> ·To ensure compliance, the Maintenance supervisor will complete an environmental CQI weekly times and then monthly times 6 		