

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155669	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 07/14/2014
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NAME OF PROVIDER OR SUPPLIER RIVERVIEW TCU	STREET ADDRESS, CITY, STATE, ZIP CODE 395 WESTFIELD RD TCU NOBLESVILLE, IN 46060
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K010000	<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: 07/14/14</p> <p>Facility Number: 011046 Provider Number: 155669 AIM Number: NA</p> <p>Surveyor: Phillip Komsiski, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Riverview TCU, was found not in compliance with Requirements for Participation in Medicare, 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 facility is located on the fourth floor of a building determined to be of Type I (332) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, in spaces open to the corridors and battery operated smoke detectors in all resident</p>	K010000	Preparation and/or execution of this plan of correction in general, or this corrective action in particular, does not constitute an admission or agreement by this facility of the facts alleged or conclusions set for in this statement of deficiencies. The plan of correction and specific corrective actions are prepared and/or executed in compliance with state and federal laws. This plan of correction constitutes our credible allegation of compliance with all regulator requirements.	

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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K010032 SS=F	<p>sleeping rooms. The facility has a capacity of 25 and had a census of 13 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. All areas providing facility services were sprinklered.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 07/21/14.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Not less than two exits, remote from each other, are provided for each floor or fire section of the building. Only one of these two exits may be a horizontal exit. 19.2.4.1, 19.2.4.2 Based on observation and interview, the facility failed to ensure 2 of 2 smoke compartments were provided with at least</p>	K010032	K 032 It is the practice of this Unit to abide by the Life Safety Code determined appropriate for this Unit. 1.What corrective action(s)	08/04/2014

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K010034 SS=F	<p>one exit providing a continuous path of travel to an exit discharge. This deficient practice affects all residents, staff and visitors.</p> <p>Finding include:</p> <p>Based on observations with the Maintenance Supervisor on 7/14/14 during the tour between 12:00 p.m. and 3:00 p.m., the TCU has two emergency exits. One exit is a horizontal exit into the adjacent smoke compartment. The adjacent smoke compartment has two exit stairwells. The second exit is an exit stairwell that does not connect to an exit discharge directly to the exterior of the building. Based on interview at the time of the observations, with the Maintenance Supervisor it was acknowledged each smoke compartment is not provided with at least one exit discharging directly to the exterior of the building.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Stairways and smokeproof towers used as exits are in accordance with 7.2. 19.2.2.3, 19.2.2.4</p> <p>Based on observation and interview, the facility failed to provide a continuous</p>	K010034	<p>will be accomplished for those patients found to have been affected by the deficient practice; This provider completed an assessment by Fire Safety Evaluation System (FSES) to demonstrate equivalent compliance. See attached 2.How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions(s) will be taken; All residents located on the 4th floor have the potential to be affected this alleged practice. 3.What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur; FSES audit will be completed when structural changes are made to this Unit. 4.How the corrective action(s) will be monitored to ensure the deficient practice will not recur, The Hospital will up dated FSES survey when any life safety structural changes are made to this area. 5.What date the systemic changes will be completed. With acceptance of the FSES survey, systemic corrections will be completed by 8/4/2014</p> <p>K 034 It is the practice of this Unit to abide by the Life Safety Code</p>	08/04/2014			

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	<p>protected path of travel to an exit discharge for 3 of 3 exits in accordance with LSC sections 7.2.3.5. LSC 7.2.3.5 requires every smokeproof enclosure shall discharge into a public way, into a yard or court having direct access to a public way, or into an exit passageway. Such exit passageways shall be without openings other than the entrance from the smokeproof enclosure and the door to the outside yard, court, or public way. The exit passageway shall be separated from the remainder of the building by a two hour fire resistance rating. This deficient practice affects all residents, staff and visitors.</p> <p>Finding include:</p> <p>Based on observations on 7/14/14 during the tour between 12:00 p.m. and 3:00 p.m. with the Maintenance Supervisor, the fourth floor on which the TCU is located is divided into two smoke compartments and has three stairwell exits. Additionally, the fire resistance rating of the three enclosures on the first floor of the hospital to the exit discharge door is less than two hours. Based on interview at the time of the observations with the Maintenance Supervisor, it was acknowledged each of the three exit discharge passageways are not separated from the remainder of the building by a</p>		<p>determined appropriate for this Unit. 1.What corrective action(s) will be accomplished for those patients found to have been affected by the deficient practice; This provider completed an assessment by Fire Safety Evaluation System (FSES) to demonstrate equivalent compliance. See attached 2.How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions(s) will be taken; All residents located on the 4th floor have the potential to be affected this alleged practice. 3.What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur; FSES audit will be completed when structural changes are made to this Unit. 4.How the corrective action(s) will be monitored to ensure the deficient practice will not recur, The Hospital will up dated FSES survey when any life safety structural changes are made to this area. 5.What date the systemic changes will be completed. With acceptance of the FSES survey, systemic corrections will be completed by 8/4/2014</p>		

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K010061 SS=F	<p>two hours fire resistance rating.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems have valves supervised so that at least a local alarm will sound when the valves are closed. NFPA 72, 9.7.2.1</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 automatic sprinkler systems was continuously maintained in reliable operating condition. LSC 9.7.2.1 requires automatic sprinkler systems shall be installed and monitored for integrity and a distinctive supervisory signal shall be provided to indicate a condition which would impair the satisfactory operation of the sprinkler system. Monitoring shall include, but shall not be limited to, monitoring of control valves, fire pump power supplies and running conditions, water tank levels and temperatures, tank pressure and air pressure on dry pipe valves. Supervisory signals shall sound and shall be displayed either at a location within the protected building which is constantly attended by qualified personnel or a an approved, remotely located receiving facility. This deficient practice could affect all residents, as well as staff and visitors in the facility.</p>	K010061	<p>K 061 It is the practice of this Unit to abide by the Life Safety Code determined appropriate for this Unit. 1.What corrective action(s) will be accomplished for those patients found to have been affected by the deficient practice; The sprinkler system PID will be equipped with an electronically supervised tamper device. It will require more time than expected. We would like to request the following time table: a. 8/11/2014 - Outside contractor approved b.10/01/2014 - Required installation completed 2.How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions(s) will be taken; All residents located on the 4th floor have the potential to be affected this alleged practice because all patients are protected by the same automatic sprinkler system identified in the Fourth Floor Master Plan. 3.What measures will be put into place or what systemic changes will be made to</p>	10/01/2014

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	<p>Findings include:</p> <p>Based on observation on 07/14/14 at 1:17 p.m. with the Maintenance Supervisor, the Post Indicator Valve (PIV) had a key lock on the handle of the PIV, but was not equipped with an electrically supervised tamper switch. Based on interview on 07/14/14 at 1:17 p.m. with the Maintenance Supervisor, it was acknowledged the facility did not know about the requirement for a tamper switch on the PIV.</p> <p>3.1-19(b)</p>		<p>ensure that the deficient practice does not recur; The electronic supervision of the PID will be installed by an approved vendor. It will be continuously monitored by the fire alarm system. 4.How the corrective action(s) will be monitored to ensure the deficient practice will not recur, This new electronically supervised tamper on the sprinkler system PID will be inspected and tested quarterly during the fire system sprinkler tests. 5. By what date the systemic changes will be completed; These systemic changes will be completed by 10/1/2014</p>		