

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155106	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 11/25/2014
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NAME OF PROVIDER OR SUPPLIER RIVERWALK VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 295 WESTFIELD RD 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: 11/25/14</p> <p>Facility Number: 000044 Provider Number: 155106 AIM Number: 100274940</p> <p>Surveyor: Phillip Komsiski, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Riverwalk 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 facility was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors and battery detectors in all resident sleeping rooms. The facility has a</p>	K010000	The Creation and submission of this 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 of regulation. This Provider respectfully requests that the 2567 plan of correction be considered the letter of credible allegation and requests desk review for paper compliance in lieu of post survey visit on or after December 14, 2014.	

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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K010038 SS=E	<p>capacity of 169 and had a census of 150 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. All areas providing facility services were sprinklered except for two buildings used for facility storage which were not sprinklered.</p> <p>Quality Review by Dennis Austill, Life Safety Code Specialist on 12/05/14.</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 Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1 Based on observation and interview, the facility failed to ensure exit access was arranged so 1 of 10 exits was readily accessible at all time. LSC Section 7.1.6.3 states walking surfaces shall be nominally level. The slope of a walking surface in the direction of travel shall not exceed 1 in 20 inches. LSC Section 7.2.2.4.2 requires handrails shall be provided along both sides of a ramp. LSC Section 7.2.2.4.2 Exception #3</p>	K010038	K038 - It is the consistent practice of this Provider to ensure exit access is arranged so that exits are readily accessible at all times. I. What corrective action will be accomplished for those residents found to be affected by the alleged deficient practice. This Provider has scheduled an appropriate handrail for installation ensuring the exit meets the required standards of the applicable Life safety codes. II. How other	12/14/2014

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K010056 SS=E	<p>requires that an existing ramp shall have a handrail on at least one side. This deficient practice could affect 28 residents on Station II east if it was necessary to use the ramp exit to evacuate the building as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observation on 11/25/14 at 1:45 p.m., with the Maintenance Supervisor the Station II east exit discharge ramp lacked handrails. The cement ramp was four feet wide by twenty feet long and was measured with the Maintenance Supervisor to have a slope of three and one half inches to four feet of walkway. Based on interview on 11/25/14 during the measurement at 1:50 p.m. with the Maintenance Supervisor it was confirmed the slope measurement was accurate and no handrails were provided.</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,</p>		<p>residents having the potential to be affected by the same alleged deficient practice will be identified and what corrective action taken. All residents needing to use this emergency exit will be affected by the alleged practice. Installation of appropriate handrails for this exit scheduled for completion to ensure the exit meets the required standards of the applicable Life Safety Code. III. What measures will be put into place or what systemic changes will be made to ensure that the alleged deficient practice does not recur. Installation of appropriate handrails for station 2 east exit were schedule for installation to ensure this emergency exit meets the required standards of the applicable Life Safety codes. IV. How the corrective action will be monitored to ensure the alleged deficient practice will not recur. Upon each fire drill, The Maintenance Director and/or designee will inspect, assess and review emergency exits to ensure they meet the expected and applicable Life Safety code.</p>	

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	<p>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 3 of 14 steel armover sprinkler pipes observed were installed in accordance with the requirements of NFPA 13, Standard for the Installation of Sprinkler Systems. NFPA 13, 1999 edition, Section 6-2.3.4 states the cumulative horizontal length of an unsupported armover to a sprinkler, sprinkler drop, or sprig-up shall not exceed 24 inches for steel pipe or 12 inches for copper tube. This deficient practice could affect all residents in the building if the sprinkler system required repair as well as staff or visitors.</p> <p>Findings include:</p> <p>Based on observations on 11/25/14 during the tour between 12:15 p.m. to 3:00 p.m. with the Maintenance Supervisor, the steel sprinkler pipe armovers observed exposed and below the ceiling in resident rooms 113, 214 and 217 were measured to be 35 inches, 31 inches and 27 inches long and unsupported.</p>	K010056	<p>K056 - It is the consistent practice of this Provider to ensure sprinkler pipes were installed in accordance with the requirements of NFPA 13. I. What corrective action will be accomplished for those residents found to be affected by the alleged deficient practice. Room 113, 214 and 217 - Additional armovers were installed in accordance with the requirements of NFPA 13. II. How other residents having the potential to be affected by the same alleged deficient practice will be identified and what corrective action taken. All residents residing in the building have the potential to be affected by the alleged deficient practice. All rooms were further inspected and appropriate armovers were installed were needed in accordance with NFPA 13. III. What measures will be put into place or what systemic changes will be made to ensure that the alleged deficient practice does not recur. Armovers were installed to meet the requirements of NFPA 13. The sprinklers system will be inspected quarterly to ensure remains compliance. IV. How</p>	12/14/2014

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K010066 SS=E	<p>Based on interview on 11/25/14 concurrent with the observations with the Maintenance Supervisor it was acknowledged the aforementioned steel sprinkler pipe armover exceeded twenty four inches in length and was unsupported.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Smoking regulations are adopted and include no less than the following provisions:</p> <p>(1) Smoking is prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area is posted with signs that read NO SMOKING or with the international symbol for no smoking.</p> <p>(2) Smoking by patients classified as not responsible is prohibited, except when under direct supervision.</p> <p>(3) Ashtrays of noncombustible material and safe design are provided in all areas where smoking is permitted.</p> <p>(4) Metal containers with self-closing cover devices into which ashtrays can be emptied are readily available to all areas where smoking is permitted. 19.7.4</p> <p>Based on observation, record review and interview, the facility failed to ensure cigarette butts were deposited into a</p>	K010066	<p>the corrective action will be monitored to ensure the alleged deficient practice will not recur. Armovers were installed in accordance with applicable standards. Maintenance Supervisor and/or designee will provide Quarterly inspections to ensure the Provider and sprinkler system remains compliance in accordance with NFPA 13.</p> <p>K066 - It is the consistent practice of this Provider to ensure cigarette butts are deposited into noncombustible containers. I.</p>	12/14/2014

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	<p>noncombustible container provided for 1 of 1 areas where smoking was permitted. This deficient practice could affect 24 residents on Station I east which is adjacent to the smoking area as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observation on 11/25/14 at 2:15 p.m. with the Maintenance Supervisor, sixty one cigarette butts were observed deposited on the ground adjacent to the generator where smoking is allowed. Based on review of the smoking policy on 11/25/14 at 3:32 p.m. with the Maintenance Supervisor, the smoking policy did address the proper disposal of extinguished cigarette butts into a metal container. Based on interview on 11/25/14 concurrent with the observation with the Maintenance Supervisor it was acknowledged the facility's employees were throwing their cigarette butts on the ground instead of into a metal container.</p> <p>3.1-19(b)</p>		<p>What corrective action will be accomplished for those residents found to be affected by the alleged deficient practice. Cigarette butts were picked up and all deposited into a noncombustible container. II. How other residents having the potential to be affected by the same alleged deficient practice will be identified and what corrective action taken. All residents located near this smoking area have the potential to be affected by the alleged deficient practice. Noncombustible containers were accessible and in place for proper use. All cigarette butts were placed into the proper container. Staff were inserviced by the maintenance supervisor on this Providers expectations of placing all butts into noncombustible container. III. What measures will be put into place or what systemic changes will be made to ensure that the alleged deficient practice does not recur. Staff were inserviced by the maintenance supervisor on this Providers expectations of placing all butts into noncombustible container Dec 9, 2014. IV. How the corrective action will be monitored to ensure the alleged deficient practice will not recur. Maintenance and housekeeping Supervisors will monitor thru daily rounds to ensure continued compliance with staff depositing cigarette butts in the appropriate</p>	

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K010070 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Portable space heating devices are prohibited in all health care occupancies, except in non-sleeping staff and employee areas where the heating elements of such devices do not exceed 212 degrees F. (100 degrees C) 19.7.8</p> <p>Based on observation, interview and record review, the facility failed to regulate the use of 1 of 1 portable space heaters observed in non resident rooms. This deficient practice could affect 24 residents on Station II north as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observation on 11/25/14 at 12:45 p.m. with the Maintenance Supervisor, one portable space heater was not plugged in but, available for use and located in the MDS office on Administrative hall. Based on interview on 11/25/14 concurrent with the observation, it was acknowledged by the Maintenance Supervisor the space heaters were being used, even though the portable space heater policy indicated they could not be used in non resident rooms unless the heating elements of the portable heater did not exceed 212 degree F. No documentation pertaining to the portable space heaters was available for</p>	K010070	<p>noncombustible container.</p> <p>K070 - It is the consistent practice of this Provider to ensure that no Portable space heaters are used in accordance with applicable codes. I. What corrective action will be accomplished for those residents found to be affected by the alleged deficient practice.No portable space heater was used at any time and not in use. The identified, unplugged and non used heater located in non-resident area office was removed from the facility. II. How other residents having the potential to be affected by the same alleged deficient practice will be identified and what corrective action taken.All residents located in the facility have the potential to be affected by the unplugged and unused space heater. The heater was removed from the facility. III. What measures will be put into place or what systemic changes will be made to ensure that the alleged deficient practice does not recur.Maintenance Supervisor inserviced staff on the standard of all portable space heaters are</p>	12/14/2014			

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K010147 SS=E	<p>review.</p> <p>3.1-19(b)</p> <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 10 surge protectors observed including extension cords, non-fused extension cords and/or multiplug adapters were not used as a substitute for fixed wiring. NFPA 70, National Electrical Code, 1999 Edition. NFPA 70, Article 400-8 requires that, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice could affect 24 residents on Station II north as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observation on 11/25/14 at 12:44 p.m. a surge protector was used to provide power to a microwave and mini size refrigerator located in the MDS office on Administrative hall. Based on</p>	K010147	<p>prohibited in the facility. IV. How the corrective action will be monitored to ensure the alleged deficient practice will not recur. Weekly rounds will be made by Maintenance and housekeeping supervisors to ensure no portable heaters are in the facility.</p> <p>K0147 - It is the consistent practice of this Provider to ensure surge protectors, extension cords, non-fused extension cords are not used as a substitute for fixed wiring. I. What corrective action will be accomplished for those residents found to be affected by the alleged deficient practice. The surge protector was removed and the microwave and fridge were directly plugged into a permanent outlet in accordance with applicable codes. II. How other residents having the potential to be affected by the same alleged deficient practice will be identified and what corrective action taken. All residents have the potential to be affected by the alleged deficient practice. The surge protector was removed and the microwave and fridge were directly plugged into a permanent outlet in accordance will applicable codes. III. What</p>	12/14/2014

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	interview on 11/25/14 concurrent with the observation it was acknowledged by the Maintenance Supervisor, a surge protector was used to power the aforementioned electrical appliances. 3.1-19(b)		measures will be put into place or what systemic changes will be made to ensure that the alleged deficient practice does not recur. Maintenance inserviced Staff on the non use of surge protectors, extension cords, non-fused extension cords as a substitute for fixed wiring. IV. How the corrective action will be monitored to ensure the alleged deficient practice will not recur. Maintenance staff will complete weekly rounds to ensure no improper use of electrical wiring occurs and in compliance with applicable codes.		