

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155730	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 01/26/2016
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NAME OF PROVIDER OR SUPPLIER RIPLEY CROSSING	STREET ADDRESS, CITY, STATE, ZIP CODE 1200 WHITLATCH WAY MILAN, IN 47031
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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: 01/26/16</p> <p>Facility Number: 000420 Provider Number: 155730 AIM Number: 100266230</p> <p>At this Life Safety Code survey, Ripley Crossing 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, NFPA 101, Life Safety Code (LSC) and 410 IAC 16.2. The original building was surveyed with Chapter 19, Existing Health Care Occupancies.</p> <p>This one story facility was determined to be of Type V (111) construction and fully sprinkled. The facility has a two hour separation from Wing 5 to the northwest of the original building and a two hour separation from Wing 4 to the</p>	K 0000		
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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 0011 SS=E Bldg. 01	<p>Residential Wing, located to the southeast of the original building. 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 a capacity of 100 and had a census of 87 at the time of this visit.</p> <p>All areas where the residents have customary access were sprinkled and all areas providing facility services were sprinkled. The facility has two detached wooden garages used for storage which were not sprinkled.</p> <p>Quality Review completed on 02/01/16 - DA</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD If the building has a common wall with a nonconforming building, the common wall is a fire barrier having at least a two-hour fire resistance rating constructed of materials as required for the addition. Communicating openings occur only in corridors and are protected by approved self-closing fire doors. 19.1.1.4.1, 19.1.1.4.2 Based on observation and interview, the facility failed to ensure 1 of 2 two hour fire rated separation walls between the Health Center and the assisted living occupancy was maintained. This deficient practice could affect 54</p>	K 0011	<p>It is the intent of Ripley Crossing to maintain a safe environment for all residents Corrective action taken for residents of the 100 Hall and the 200 Hall Maintenance will repair said firewall with two (2) layers of 5/8"</p>	02/12/2016			

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K 0000 Bldg. 02	<p>healthcare residents who reside on the 100 Hall and 200 Hall, which is adjacent to the Seasons Hall fire barrier wall.</p> <p>Findings include:</p> <p>Based on observation on 01/26/16 at 12:50 p.m. with the maintenance supervisor, the Seasons Hall fire barrier wall, located in the corridor between the Seasons Hall and the health care center 100 Hall and 200 Hall, had a twelve inch circular area of double drywall missing on the south side of the fire barrier wall and two, two inch gaps around sprinkler water pipe penetrations which were not fire stopped on both sides of the fire barrier wall. This was verified by the maintenance supervisor at the time of observation and acknowledged by the administrator at the exit conference on 01/26/16 at 1:00 p.m.</p> <p>3.1-19(b)</p> <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: 01/26/16</p>			K 0000	<p>drywall, drywall will be taped and mudded at joints, after drywall installation is complete, Maintenance will fire caulk sprinkler pipe This will be completed by February 12, 2016 To further prevent any deficiency from reoccurring, Maintenance will add the monthly inspection of firewalls to our Preventative Maintenance Program</p>		

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	<p>Facility Number: 000420 Provider Number: 155730 AIM Number: 100266230</p> <p>At this Life Safety Code survey, Ripley Crossing 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, NFPA 101, Life Safety Code (LSC) and 410 IAC 16.2. The 2007 Wing 5 Rehabilitation Wing addition and 2013 Therapy Room expansion were surveyed with Chapter 18, New Health Care Occupancies.</p> <p>The 2007 Wing 5 Rehabilitation Wing addition and 2013 Therapy room expansion to the one story facility was determined to be of Type V (111) 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 a capacity of 100 and had a census of 87 at the time of this survey.</p> <p>All areas where the residents have</p>			
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	<p>customary access were sprinkled and all areas providing facility services were sprinkled. The facility has two detached wooden garages used for storage which were not sprinkled.</p> <p>Quality Review completed on 02/01/16 - DA</p>				