

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155359	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 12/17/2014
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NAME OF PROVIDER OR SUPPLIER RIVERBEND HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 7519 WINCHESTER RD FORT WAYNE, IN 46819
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K010000	<p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 10/30/14 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 12/17/14</p> <p>Facility Number: 000250 Provider Number: 155359 AIM Number: 100289980</p> <p>Surveyor: Amy Kelley, Life Safety Code Specialist</p> <p>At this PSR survey, Riverbend Health Care Center 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 one story 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, areas open to the corridors and</p>	K010000		
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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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K010066 SS=E	<p>battery operated smoke detectors in the resident rooms. The facility has a capacity of 66 and had a census of 37 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. A detached wood shed used for storage of maintenance supplies was not sprinklered.</p> <p>Quality Review by Dennis Austill, Life Safety Code Specialist on 12/22/14.</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 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</p>			

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	<p>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 Based on observation and interview, the facility failed to ensure 1 of 2 area where smoking was permitted for staff and residents was maintained and the metal container with a self-closing cover was used for an ashtray. This deficient practice could affect 5 residents and facility staff in the smoking area.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Director on 12/17/14 at 12:40 p.m., the designated resident smoking area was provided with a "smokers oasis" which is a metal container with a long neck used for cigarette butts. At least 50 cigarette butts were observed on the wood decking of the resident's smoking area. At the time of observations, the Maintenance Director acknowledged the cigarette butts had been discarded on the wooden decking instead of the metal container.</p> <p>This deficiency was cited on 10/30/14. The facility failed to implement a systemic plan of correction to prevent</p>	K010066	<p>K 066</p> <ol style="list-style-type: none"> All cigarette butts from smoker's oasis were placed in an ashtray on 12.17.2014. No other residents had the potential of being affected. Executive Director/Designee will audit smoker's oasis 5 times weekly for 4 weeks then weekly for 5 months. Resident smokers notified of appropriate disposal of cigarette butts on 12.22.14 and staff that are responsible for supervising smoking will be educated on 1.9.15 Audits will be submitted to QA monthly for 6 months to ensure improved compliance Date of Compliance: January 9,2015 	01/09/2015

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K010147 SS=D	<p>recurrence.</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 1 flexible cords such as an extension cord was not used as a substitute for fixed wiring. LSC 9.1.2 requires electrical wiring and equipment to comply with NFPA 70, National Electrical Code, 1999 Edition. NFPA 70, Article 400-8 requires 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 5 residents in or near the smoking area.</p> <p>Findings include:</p> <p>Based on an observation and interview on 12/17/14 at 12:41 p.m., the Maintenance Director acknowledged a regular light weight extension cord was plugged into a receptacle and providing power to a fan in the resident smoking area.</p> <p>3.1-19(b)</p>	K010147	<p>K 147</p> <ol style="list-style-type: none"> The extension cord located in the smoker's oasis was removed on 12.22.14. No other extension cords are being used as a substitute for fixed wiring within the smoker's oasis. Executive Director/Designee will audit smoker's oasis for extension cords weekly for 6 months. Staff will be educated on 1.9.15 on the use of fixed wiring and extension cords. Audits will be submitted to QA monthly for 6 months to ensure improved compliance Date of Compliance: January 9, 2015 	01/09/2015	

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