

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155723	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 09/23/2013
--	---	--	---

NAME OF PROVIDER OR SUPPLIER RIVER POINTE HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 3001 GALAXY DR EVANSVILLE, IN 47715
--	---

(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
--------------------	--	---------------	---	----------------------

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: 09/23/13</p> <p>Facility Number: 002280 Provider Number: 155723 AIM Number: 201068770</p> <p>Surveyor: Lex Brashear, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, River Pointe Health Campus 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 V (111) construction and was fully sprinklered. The facility has a fire alarm system with hard wired smoke detectors in the corridors, in spaces open to the corridors, and in all resident sleeping rooms. The facility has a</p>	K010000		
---------	--	---------	--	--

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155723	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 09/23/2013
--	---	--	---

NAME OF PROVIDER OR SUPPLIER RIVER POINTE HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 3001 GALAXY DR EVANSVILLE, IN 47715
--	---

(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>capacity of 68 and had a census of 58 at the time of this survey.</p> <p>All areas where the 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 09/26/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155723		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 09/23/2013	
NAME OF PROVIDER OR SUPPLIER RIVER POINTE HEALTH CAMPUS				STREET ADDRESS, CITY, STATE, ZIP CODE 3001 GALAXY DR EVANSVILLE, IN 47715			
(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			
K010018 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities. Based on observation and interview, the facility failed to ensure 1 of 1 sets of double doors to the corridor were equipped with positive latches which latched into the door frame, were not provided with impediments to closing the doors, and were smoke resistant when closed. This deficient practice could affect up to 10 residents, as well as staff and visitors while in the Physical Therapy room and any number of residents, as well as staff and visitors while in the front lobby/front entrance area.</p> <p>Findings include:</p> <p>Based on observation on 09/23/13 at 1:35 p.m. during a tour of the facility with the Director of Plant Operations, the set of</p>	K010018	<p>K018All potential residents, staff and visitors in the therapy gym along with the front lobby have the potential to be affected by this alleged deficient practice and thru corrective actions will prevent further reoccurrence. Completion Date 10-23-2013 Systematic change will be that kickstands removed.. Mag locks applied. Automatic flush bolt installed to promote positive latch. Atragal installed Completion Date 10-23-2013 DPO/Designee will monitor monthly with fire drill testing that the doors close with no gap and proper closing. Will report immediately if problems noted. 10-23-2013 DPO/Designee will report to the QA committee monthly for review unless issue noted before and will be fixed at that time.</p>	10/23/2013			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155723	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 09/23/2013
--	---	--	---

NAME OF PROVIDER OR SUPPLIER RIVER POINTE HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 3001 GALAXY DR EVANSVILLE, IN 47715
--	---

(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>double doors between the Physical Therapy room and the front lobby/front entrance area did not latch positively into the door frame, furthermore, both doors were equipped with metal kickstands at the bottom of the doors which kept each door wide open. Also, when the doors were closed there was a one fourth inch gap between the entire length of the doors and there was no rabbet, bevel or astragal along the meeting edge of the doors. This was acknowledged by the Director of Plant Operations at the time of observation.</p> <p>3.1-19(b)</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155723	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 09/23/2013
--	---	--	---

NAME OF PROVIDER OR SUPPLIER RIVER POINTE HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 3001 GALAXY DR EVANSVILLE, IN 47715
--	---

(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
K010051 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, National Fire Alarm Code, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection or extinguishing system operation. Pull stations in patient sleeping areas may be omitted provided that manual pull stations are within 200 feet of nurse's stations. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72 and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 19.3.4, 9.6</p> <p>Based on observation and interview, the facility failed to install 1 of 1 fire alarm systems in accordance with NFPA 72. NFPA 72, 1-5.4.6 requires trouble signals to be located in an area where it is likely to be heard. NFPA 72, 1-5.4.4 requires fire alarms, supervisory signals, and trouble signals to be distinctive and descriptively annunciated. This deficient practice could affect all residents, staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on observations on 09/23/13 between 11:30 a.m. and 2:00 p.m. during</p>	K010051	<p>K051All residents, staff and visitors have the potential to be affected by the alleged deficient practice noted by the DACT did not activate a trouble signal at any of the three FACP annunciator panels. Systemic change will be that an Audible alarm will sound when we have phone line failure at two nurse's stations that are monitored 24hrs a day along with the lobby panel. Completion Date: 10-23-2013 DPO/Designee will audit this test monthly x 3 months and then quarterly thereafter and bring the results to QA committee Completion Date 10-23-2013</p>	10/23/2013

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155723	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 09/23/2013
NAME OF PROVIDER OR SUPPLIER RIVER POINTE HEALTH CAMPUS			STREET ADDRESS, CITY, STATE, ZIP CODE 3001 GALAXY DR EVANSVILLE, IN 47715		
(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>a tour of the facility with the Director of Plant Operations, the Fire Alarm Control Panel (FACP) and the fire alarm communication panel (dialer) were both located in the first floor Mechanical room. When the Digital Alarm Communicator Transmitter (DACT) was placed in trouble from phone line failure at 1:20 p.m., the DACT did actuate a local audio trouble signal, however, the local trouble signal at the DACT did not activate a trouble signal at any of the three FACP annunciators located at the front entrance, and at both nurses' stations. The first floor Mechanical room was located in an area that was not occupied by staff at all times of the day, and the local audio trouble signal at the DACT could not be heard at either of the two nurses' stations. Based on interview at 1:25 p.m., the Director of Plant Operations acknowledged the phone line failure did not send a trouble signal to any of the three fire alarm control panel annunciators, nor could it be heard outside the first floor Mechanical room.</p> <p>3.1-19(b)</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155723		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 09/23/2013	
NAME OF PROVIDER OR SUPPLIER RIVER POINTE HEALTH CAMPUS				STREET ADDRESS, CITY, STATE, ZIP CODE 3001 GALAXY DR EVANSVILLE, IN 47715			
(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			
K010052 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4 Based on observation and interview, the facility failed to ensure smoke detectors in 1 of 10 smoke compartments were not installed where air flow would adversely affect their operation. Section 9.6.1.4 requires fire alarm systems comply with NFPA 72, National Fire Alarm Code. NFPA 72, 2-3.5.1 requires in spaces served by air handling systems, detectors shall not be located where air flow prevents operation of the detectors. This deficient practice could affect up to 10 residents, as well as staff and visitors while in the Physical Therapy room.</p> <p>Findings include:</p> <p>Based on observation on 09/23/13 at 1:40 p.m. during a tour of the facility with the Director of Plant Operations, there were two ceiling mounted smoke detectors within two feet of two separate air supply vents in the Physical Therapy room. This was acknowledged by the Director of Plant Operations at the time of observation.</p>	K010052	<p>K052All therapy staff, therapy residents and visitors have the potential to be affected by the alleged practice of the smoke detectors being within two feet of air supply vents.Systemic Change will be that these two smoke detectors will be moved so that the distance is greater than two feet from an air supply vent.Completion Date: 10-23-2013DPO/Designee will monitor the placement of the smoke detector, and then bring the results to the QA committee.Completion Date: 10-23-2013</p>	10/23/2013			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155723	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 09/23/2013
NAME OF PROVIDER OR SUPPLIER RIVER POINTE HEALTH CAMPUS			STREET ADDRESS, CITY, STATE, ZIP CODE 3001 GALAXY DR EVANSVILLE, IN 47715		
(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	
K010062 SS=D	<p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>Based on observation and interview, the facility failed to ensure 1 of over 500 sprinkler heads in the facility were free of corrosion. NFPA 101 Section 9.7.5 refers to NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 2-2.1.1 requires sprinklers to be free of paint and corrosion. Any sprinkler shall be replaced that is painted or corroded. This deficient practice could affect mostly kitchen staff.</p> <p>Findings include:</p> <p>Based on observation on 09/23/13 at 1:00 p.m. during a tour of the facility with the Director of Plant Operations, the sprinkler head in the kitchen dishwashing room was covered with corrosion. This was acknowledged by the Director of Plant Operations at the time of observation.</p> <p>3.1-19(b)</p>	K010062	<p>K062The kitchen staff have the potential to be affected by the alleged deficient practice of the sprinkler being covered with corrosion.The sprinkler in the dishwashing room will be replaced with one that is teflon coated.completion Date: 10-23-2013DPO/Designee will monitor the condition of the sprinklers on a monthly basis plus during the quarterly inspections by outside vendor. All results will be forwarded to the QA committee.completion Date 10-23-2013</p>	10/23/2013	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155723		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 09/23/2013	
NAME OF PROVIDER OR SUPPLIER RIVER POINTE HEALTH CAMPUS				STREET ADDRESS, CITY, STATE, ZIP CODE 3001 GALAXY DR EVANSVILLE, IN 47715			
(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			
K010143 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Transferring of oxygen is:</p> <p>(a) separated from any portion of a facility wherein patients are housed, examined, or treated by a separation of a fire barrier of 1-hour fire-resistive construction;</p> <p>(b) in an area that is mechanically ventilated, sprinklered, and has ceramic or concrete flooring; and</p> <p>(c) in an area posted with signs indicating that transferring is occurring, and that smoking in the immediate area is not permitted in accordance with NFPA 99 and the Compressed Gas Association. 8.6.2.5.2</p> <p>Based on observation and interview, the facility failed to ensure 1 of 2 oxygen storage rooms where oxygen transferring takes place was provided with mechanical ventilation. This deficient practice could affect up to 56 residents, as well as staff and visitors while in the two side by side dining rooms adjacent to the first floor oxygen room.</p> <p>Findings include:</p> <p>Based on observation on 09/23/13 at 12:45 p.m. during a tour of the facility with the Director of Plant Operations, the first floor oxygen storage/transfer room had three large liquid oxygen tanks. There was no mechanical ventilation unit provided in this room. This was</p>	K010143	<p>K143This alleged deficient practice has the potential to affect up to 56 residents, staff and visitors by not having an exhaust system in the oxygen storage room.Systemic change will be that an outside mechanical exhaust vent will be installed in the storage oxygen room on the first floor.Completion Date: 10-23-2013DPO/Designee will monitor the placement of the exhaust vent and monthly will check for proper ventilation. Results will be brought to the QA committee.Completion Date: 10-23-2013</p>	10/23/2013			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155723	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 09/23/2013
--	---	--	---

NAME OF PROVIDER OR SUPPLIER RIVER POINTE HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 3001 GALAXY DR EVANSVILLE, IN 47715
--	---

(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
	acknowledged by the Director of Plant Operations at the time of observation. 3.1-19(b)			