

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155763	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 02/13/2012
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NAME OF PROVIDER OR SUPPLIER NORTH RIDGE VILLAGE NURSING & REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 600 TRAIL RIDGE RD ALBION, IN 46701
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K0000	<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: 02/13/12</p> <p>Facility Number: 011296 Provider Number: 155763 AIM Number: 200827620</p> <p>Surveyor: Amy Kelley, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, North Ridge Village Nursing & Rehab 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 18, New Health Care Occupancies and 410 IAC 16.2.</p> <p>This one story facility was determined to be of Type V (000)</p>	K0000	<p>K 000 This plan of correction is to serve as North Ridge Village Nursing & Rehab Center's credible allegation of compliance.</p> <p>Submission of this plan of correction does not constitute an admission by North Ridge Village Nursing & Rehab Center or</p> <p>Its management company that the allegations contained in the survey report are a true and accurate portrayal of the</p> <p>provision of care and other services in this facility. Nor does this submission constitute an agreement or admission of the</p> <p>survey allegations.</p>	

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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	<p>construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, areas open to the corridors and battery operated smoke detectors in the resident rooms. The facility has a capacity of 77 and had a census of 56 at the time of this survey.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 02/17/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K0029 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Hazardous areas are protected in accordance with 8.4. The areas are enclosed with a one hour fire-rated barrier, with a 3/4 hour fire-rated door, without windows (in accordance with 8.4). Doors are self-closing or automatic closing in accordance with 7.2.1.8. 18.3.2.1</p> <p>Based on observation and interview, the facility failed to ensure the corridor door to 1 of 1 Business Offices used to store combustibles and measuring over 50 square feet in size was provided with a self closing device. This deficient practice could affect any resident evacuated through the service hall.</p> <p>Findings include:</p> <p>Based on observation with the Administrator, Maintenance Director and the Environmental Supervisor on 02/13/12 at 1:18 p.m., the corridor door to the Business Office which contained twelve cardboard boxes of resident records and other documentation, measuring over 50 square feet in size, lacked a self closing device. This was acknowledged by the Maintenance</p>	K0029	K 0029 A self closing door device was installed on 2-13-12 on the business office door to ensure the safety of residents that would need evacuated through the service hall. Completion date: 2-13-12	02/13/2012			

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	Director at the time of observation. 3.1-19(b)			

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K0056 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD There is an automatic sprinkler system, installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, with approved components, devices, and equipment, to provide complete coverage of all portions of the facility. The system is maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. There is a reliable, adequate water supply for the system. The system is equipped with waterflow and tamper switches which are connected to the fire alarm system. 18.3.5.</p> <p>Based on observation and interview, the facility failed to ensure a complete automatic sprinkler system was provided for 1 of 2 canopies in accordance with NFPA 13, Standard for Installation of Sprinkler Systems to provide complete coverage for all portions of the building. NFPA 13-1999 Edition, Section 5-13.8.1 requires sprinklers shall be installed under exterior roofs or canopies exceeding 4 feet in width. This deficient practice could affect 1 of 4 smoke compartments.</p> <p>Findings include:</p> <p>Based on an observation made with the Administrator,</p>	K0056	K 0056 A complete automatic sprinkler system was installed protruding through the exterior canopy providing complete coverage for all portions of the building and meeting NFPA 13-1999 edition, section 5-13.8.1 requirements. Completion date: 3-13-12	03/13/2012	

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	<p>Maintenance Director and the Environmental Supervisor on 02/13/12 at 1:15 p.m., there was an unsprinklered attached canopy of wood frame construction at the front entrance extending from the building ten and one half feet by thirty feet long. This was verified by the Maintenance Director at the time of observation. Measurements were provided by the Maintenance Director.</p> <p>3.1-19(b)</p>						