

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155730	(X2) MULTIPLE CONSTRUCTION A. BUILDING 03 - 31 RES BEDS - RES WING B. WING _____	(X3) DATE SURVEY COMPLETED 02/23/2011
NAME OF PROVIDER OR SUPPLIER RIPLEY CROSSING		STREET ADDRESS, CITY, STATE, ZIP CODE 1200 WHITLATCH WAY MILAN, IN 47031		
(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) COMPLETE DATE
R 000	<p>INITIAL COMMENTS</p> <p>An Environmental Preoccupancy Survey for State Licensure of a Residential Wing for the addition of 40 beds was conducted by Indiana State Department of Health.</p> <p>Survey Date: 02/23/11</p> <p>Facility Number: 000420 Provider Number: 155730 AIM Number: 100266230</p> <p>Surveyor: Mark Bugni, Life Safety Code Specialist</p> <p>At this Environmental Preoccupancy Survey, Ripley Crossing was found in compliance with 410 IAC 16.2-5-1.5, Sanitation and Safety Standards, and 16.2-5-1.6, Physical Plant Standards of the Indiana Health Facilities Rules for Residential care facilities.</p> <p>This one story wing located to the east of the Service hall was determined to be of Type V (111) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors, and all resident sleeping rooms. The Residential Wing has a capacity of 40 and a census of 0 at the time of this survey.</p> <p>Quality Review by Robert Booher, REHS, Life Safety Code Specialist-Medical Surveyor on 02/25/11.</p>	R 000		

Indiana State Department of Health

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE