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 06/29/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERBEND HEALTH CARE CENTER	7519 WINCHESTER RD FORT WAYNE, IN 46819

(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
K 0000 Bldg. 01	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). Survey Date: 06/29/16 Facility Number: 000250 Provider Number: 155359 AIM Number: 100289980 At this Life Safety Code 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. 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 battery operated smoke detectors in the resident rooms. The facility has a capacity of 66 and had a census of 40 at the time of this survey.	K 0000	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). Survey Date: 06/29/16 Facility Number: 000250 Provider Number: 155359 AIM Number: 10...	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	All areas where residents have customary access were sprinklered. All areas providing facilities services were sprinklered with the exception of a detached wood shed used for storage of maintenance supplies.			
K 0029 SS=E Bldg. 01	NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with o hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 Based on observation and interview, the facility failed to ensure 1 of 3 kitchen doors automatically close and latched into the door frame. This deficient practice could affect 25 residents in the dining room. Findings include: Based on observation during a tour of the facility with the Plant Operations Manager on 06/29/16 at 11:14 a.m., the door form the dining room to the kitchen tray return side did not automatically	K 0029	NFPA 101 LIFE SAFETY STANDARD K029 The door from the dining room to the kitchen tray returnsside not latching automatically to the frame due to the door rubbing on thedoor frame. The plant operation manager scraped and adjusted the areason the door that were rubbing. He repainted to scraped area and the executivedirector verified the repairs to make sure they meet specifications andstandard. This was completed on 07/12/2016	07/12/2016

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	latch into the door frame due the door rubbing on the door frame. Based on interview, this was acknowledged by the Plant Operations Manager at the time of observation. 3.1-19(b)			
K 0062 SS=F Bldg. 01	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 Based on record review and interview, the facility failed to ensure 1 of 1 sprinkler systems were maintained in proper working order. Once obstructive material is observed during an investigation as described in NFPA 25, the Standard for the Inspection, Testing and Maintenance of Water-Based Fire Protection Systems at 10-2.1., NFPA 25, 10-2.3 requires a complete flushing program shall be conducted. The work shall be done by qualified personnel. This deficient practice affects all residents. Findings include: Based on records review with the Plant Operations Manager on 06/29/16 at 9:25 a.m., the "Service Call Report" from the	K 0062	K062 The sprinkler system were found to have rust build up on the pipes A service call was placed to Indiana Fire Sprinkler & Backflow, Inc. to schedule a flush of the sprinkler system and it has been set to be done on August 8th 2016 The quote was received in the facility on 07/20/2016 for the job to be completed on August 8th 2016	08/08/2016

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	SafeCare interior pipe inspection on the sprinkler system stated "Found rust build up in sprinkler pipe recommend system to be flushed." Based on an interview at the time of record review, the Plant Operations Manager stated there has not been a flush of the sprinkler system. 3.1-19(b)			
K 0066 SS=E Bldg. 01	NFPA 101 LIFE SAFETY CODE STANDARD Smoking regulations are adopted and include no less than the following provisions: (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. (2) Smoking by patients classified as not responsible is prohibited, except when under direct supervision. (3) Ashtrays of noncombustible material and safe design are provided in all areas where smoking is permitted. (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 2 of 2 area where smoking was permitted for staff was	K 0066	K066 Cigarette butts were found close to the entrance of thedoors Two new ashtrays have been	07/01/2016

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	maintained. This deficient practice could affect up to 5 residents in the gazebo and staff using the service exit. Findings include: Based on an observation during a tour of the facility with the Plant Operations Manager on 06/29/16 at 10:50 a.m. and at 11:25 a.m., the following was noted: a) The staff designated smoking area located outside the service hall exit was provided with a "smoker's oasis" which is a container with a long neck used for cigarette butts. At least 10 cigarette butts were observed on the ground by the service hall exit door. b) The resident designated smoking area located in the court yard gazebo was provided with a "smoker's oasis" which is a container with a long neck used for cigarette butts. At least 5 cigarette butts were observed in a planter by the door to the court yard. Based on interview, this was acknowledged by the Plant Operations Manager at the time of observations. 3.1-19(b)		purchased and place at the mainentrance for smokers to waste their leftovers cigarettes. Also an in servicewas done with all the staff to educate them about the cigarette butts and thenew ashtrays that have been placed close to the doors. The plant operation manager will do a dailysweep outside the entrances to make sure no cigarette buds are visible outside. The executive director will do a follow up check to verify compliance for thenext thirty days.	
K 0143 SS=E Bldg. 01	NFPA 101 LIFE SAFETY CODE STANDARD Transferring of liquid oxygen from one container to another shall be accomplished at a location specifically designated for the			

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	transferring that is as follows: (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; and (b) the area that is mechanically ventilated, sprinklered, and has ceramic or concrete flooring; and (c) in an area that is posted with signs indicating that transferring is occurring, and that smoking in the immediate area is not permitted in accordance with NFPA 99 and Compressed Gas Association. 8-6.2.5.2 (NFPA 99) Based on observation and interview, the facility failed to ensure 1 of 1 areas used for transferring of oxygen was provided with continuous mechanical ventilation. This deficient practice could affect up to 15 residents in 1 of 5 smoke compartments. Findings include: Based on an observation during a tour of the facility with the Plant Operations Manager on 06/29/16 at 10:45 a.m., the mechanical ventilation system was not fully working were transferring of oxygen took place in the oxygen storage room by therapy. Based on an interview at the time of observation, the Plant Operations Manager confirmed the oxygen room mechanical vent was not properly	K 0143	K143 The ventilation system in the oxygen room was notfunctioning as expected. The plan operation manager started by vacuuming the ventsand poor man contractor was called to do the repair of the vents and found thatthe room needed and extra vent just for that room. The new vent for the oxygenroom will be installed by the 25th of July and the Executive director willcheck it once a month for the next three months. The plant operations managerwill have the vent check On his monthly round for the next six months.	07/25/2016

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	working. 3.1-19(b)			