

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 10/10/2012
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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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(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
K0000	<p>A Quality Assurance Walk through Survey was conducted by the Indiana State Department of Health.</p> <p>Survey Date: 10/10/12</p> <p>Facility Number: 011296 Provider Number: 155763 AIM Number: 200827620</p> <p>Surveyor: Robert Sutton, Life Safety Code Specialist Trainee</p> <p>At this Quality Assurance Walk-thru survey, North Ridge Village Nursing & Rehab Center was found not in compliance with 410 IAC 16.2-3.1-19(ff).</p> <p>This one story facility was determined to be of Type V (000) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, and areas open to the corridors as well as battery operated smoke detectors in the resident rooms. The facility has a capacity of 77 and had a census of 66 at the time of this visit.</p> <p>The facility was found not in compliance with state law in regard to sprinkler coverage and in compliance with state law in regard to smoke detector coverage.</p>	K0000	<p>K 000</p> <p>The 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 it's management company that the allegation contained in the survey report are a true and accurate portrayal of the provision of care and other services in this facility. Nor does this submission constitute an agreement or admission of the survey allegation.</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>All areas where residents have customary access were sprinklered. All areas providing facility services were sprinklered, except one detached building providing facility storage.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 10/19/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K9999	<p>State Findings</p> <p>3.1-19 ENVIRONMENT AND PHYSICAL STANDARDS</p> <p>3.1-19(ff) A health facility licensed under 16-28 and this rule must do the following:</p> <p>(1) Have an automatic sprinkler system installed throughout the facility before July 1, 2012.</p> <p>(2) If an automatic sprinkler system is not installed throughout the health care facility before July 1, 2010, submit before July 1, 2010 a plan to the department for completing the installation of the automatic sprinkler system before July 1, 2012.</p> <p>(3) Have a battery operated or hard-wired smoke detector in each resident's room before July 1, 2012.</p> <p>This State Rule was not met as evidenced by: Based on observation and interview, the facility failed to ensure a complete automatic sprinkler system was installed in accordance with NFPA 13, 1999 Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. NFPA 13, Section 5-1.1 states sprinklers shall be installed throughout the premises. This</p>	K9999	<p>K 9999</p> <p>One 18" dry pendant sprinkler head with escutcheon was installed in the walk in freezer, and one 15" dry pendant sprinkler head with escutcheon was installed in the walk in cooler. All necessary NFPA approved pipe, fittings and hangers were properly installed and both are tied into the automatic sprinkler system. Completion date: November 9, 2012.</p>	11/09/2012			

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	<p>deficient practice could affect residents, staff and visitors in the vicinity of the kitchen.</p> <p>Findings include:</p> <p>Based on observation on 10/10/12 at 1:20 p.m. with the Maintenance Director, the North Ridge Village walk-in freezer and walk-in refrigerator lacked sprinkler protection. Based on interview at the time of observation, the Maintenance Director acknowledged the lack of sprinkler protection in the walk-in freezer and refrigerator</p> <p>3.1-19(b) 3.1-19(ff)</p>				