

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155106	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	X3) DATE SURVEY COMPLETED 10/15/2015
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NAME OF PROVIDER OR SUPPLIER RIVERWALK VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 295 WESTFIELD RD NOBLESVILLE, IN 46060
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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
K 0000 Bldg. 01	<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: 10/15/15</p> <p>Facility Number: 000044 Provider Number: 155106 AIM Number: 100274940</p> <p>At this Life Safety Code survey, Riverwalk Village, 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 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, spaces open to the corridors and battery detectors in all resident sleeping rooms. The facility has a capacity of 169 and had a census of 147 at the time of this survey.</p>	K 0000	The creation and submission of this Plan of Correction does not constitute an admission by this Provider of any conclusion set forth in the statement of deficiencies. This Provider respectfully requests that the 2567 Plan of Correction be considered the letter of credible allegation and requests a desk review for paper compliance in lieu of post survey visit on or after October 15, 2015	

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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K 0056 SS=C Bldg. 01	<p>All areas where residents have customary access were sprinklered. All areas providing facility services were sprinklered except for two small garages used for facility storage which were not sprinklered.</p> <p>Quality Review completed 10/20/15 - DA</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5</p> <p>Based on observation and interview, the facility failed to ensure 1 of 4 steel armover sprinkler pipes observed was installed in accordance with the requirements of NFPA 13, Standard for the Installation of Sprinkler Systems. NFPA 13, 1999 edition, Section 6-2.3.4 states the cumulative horizontal length of an unsupported armover to a sprinkler,</p>	K 0056	<p>K 056 - It is the Providers consistent practice to ensure the sprinkler system provides complete coverage for all portions of the facility. What corrective action will be accomplished for those residents found to have been affected by the alleged deficient practice Upon identification, a steel sprinkler pipe armover was installed on Oct 15, 2015 by the vendor Vangaurd.</p>	10/15/2015

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K 0062 SS=F Bldg. 01	<p>sprinkler drop, or sprig-up shall not exceed 24 inches for steel pipe or 12 inches for copper tube. This deficient practice could affect all residents in the building if the sprinkler system required repair as well as staff or visitors.</p> <p>Findings include:</p> <p>Based on observation on 10/15/15 at 1:15 p.m. with the Maintenance Supervisor, the steel sprinkler pipe armover observed exposed and below the north wall ceiling in resident room #202 was measured to be thirty four inches in length and unsupported.</p> <p>Based on interview on 10/15/15 concurrent with the observation with the Maintenance Supervisor it was acknowledged the aforementioned steel sprinkler pipe armover exceeded twenty four inches in length and was unsupported.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating</p>		<p>How will you identify other residents having the potential to be affected by the same alleged deficient practice and what corrective action will be taken All residents within the building have the potential to be affected by the alleged deficient practice. A room to room check by the maintenance director was done on each sprinkler pipe to ensure proper armovers were in place Oct 15, 2015. What measures will be put into place or what systemic changes you will make to ensure that the alleged deficient practice does not recur Preventative maintenance rounds occur each month to ensure armovers are located in proper position and properly attached to overhead sprinkler pipes. How the corrective action(s) will be monitored to ensure the alleged deficient practice will not recur, i.e., what quality assurance program will be put into place Preventative Maintenance program as added monthly checks to sprinkler system, pipes and armovers to ensure properly installed and monitored each month by maintenance director.</p>		

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	<p>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 1 automatic sprinkler systems was maintained in reliable operating condition. NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 1-11.1 requires maintenance shall be performed to keep the sprinkler system equipment operable or to make repairs. This deficient practice could affect all residents, as well as staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on observation on 10/15/15 at 1:45 p.m. during an inspection of the sprinkler riser room located on 100 hall north, the sprinkler compressor kicked on and began to make an unusual noise and appeared to be struggling to maintain pressure. Based on interview on 10/15/15 concurrent with the observation it was acknowledged by the Maintenance Supervisor the sprinkler compressor was not operating properly and needed repair.</p> <p>3-1.19(b)</p>	K 0062	<p>K 062 - It is the consistent practice of this Provider to ensure the automatic sprinkler system are continuously maintained in reliable operating condition and are inspected and tested periodically. What corrective action will be accomplished for those residents found to have been affected by the alleged deficient practiceVendor Vanguard was called and assessed the compressor. The unit was working and completing the required output but the unusual noise identified by the surveyor was caused by a loose belt. The belt was tightened and the compressor continued to work without the unusual noise. How will you identify other residents having the potential to be affected by the same alleged deficient practice and what corrective action will be takenAll residents that reside in the building have the potential to be effected by the alleged deficient practice.The compressor belt was tightened and the compressor continued to work without any unusual noise Oct 15, 2015. What measures will be put into place or what systemic changes you will make to ensure that the alleged deficient practice does not recur Maintenance Director will</p>	10/15/2015	

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			complete a monthly PM Preventative maintenance check of the riser room and all related equipment including the compressor. How the corrective action(s) will be monitored to ensure the alleged deficient practice will not recur, i.e., what quality assurance program will be put into place Vendor Vandguard completes quarterly checks of the sprinkler system and operation including the compressor. The Maintenance Director will PM check the riser room, sprinkler system including compressor weekly for a month and then monthly there after.		