

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 04/03/2014
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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
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K010000	<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: 04/03/14</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) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, in areas open to the corridors and battery operated smoke detectors in</p>	K010000		
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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>the resident rooms. The facility has a capacity of 77 and had a census of 65 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. The facility does have a garage providing facility services that was not sprinklered.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 04/08/14.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			
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K010029 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 Based on observation and interview, the facility failed to ensure 1 of 2 doors entering the kitchen, a hazardous area, was self closing and latched into the door frame. This deficient practice could affect residents in 1 of 4 smoke compartments.</p> <p>Findings include:</p> <p>Based on observation with the Administrator, Maintenance Director and the Environmental Supervisor on 04/03/14 at 12:55 p.m., the door entering the kitchen from the service corridor lacked a self closing device. This was acknowledged by the Maintenance Director at the time of observation.</p> <p>3.1-19(b)</p>	K010029	<p>This plan of correction is to serve as North Ridge Village Nursing & Rehab Center's credible allegation of compliance. Submission of this plan of correction does not constitute an admission by North Ridge Village Nursing & Rehab Center or its management company that the allegation contained in the survey report is 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. No residents were affected by this deficient practice. All residents have the potential to be affected. A self-closing device was installed on the door entering the kitchen from the service corridor. This door already latches into the door frame. All devices are permanently installed and do not requiring routine quality assurance checks.</p>	04/14/2014			