

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155730	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	X3) DATE SURVEY COMPLETED 03/30/2015
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NAME OF PROVIDER OR SUPPLIER RIPLEY CROSSING	STREET ADDRESS, CITY, STATE, ZIP CODE 1200 WHITLATCH WAY MILAN, IN 47031
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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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K 000 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: 03/30/15</p> <p>Facility Number: 000420 Provider Number: 155730 AIM Number: 100266230</p> <p>Surveyor: Mark Bugni, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Ripley Crossing 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, NFPA 101, Life Safety Code (LSC) and 410 IAC 16.2. The original building was surveyed with Chapter 19, Existing Health Care Occupancies.</p> <p>This one story facility was determined to be of Type V (111) construction and fully sprinkled. The facility has a two hour</p>	K 000		
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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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K 025 SS=E Bldg. 01	<p>separation from Wing 5 to the northwest of the original building and a two hour separation from Wing 4 to the Residential Wing, located to the southeast of the original building. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors, and hard wired smoke detectors in all resident sleeping rooms. The facility has a capacity of 100 and had a census of 90 at the time of this visit.</p> <p>All areas where the residents have customary access were sprinkled and all areas providing facility services were sprinkled. The facility has two detached wooden garages used for storage which were not sprinkled.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in</p>			

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	<p>duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4</p> <p>Based on observations and interview, the facility failed to ensure the smoke barriers in 3 of 5 attic smoke barriers were constructed to provide at least a one half hour fire resistance rating. LSC Section 8.3.6.1 requires the passage of building service materials such as pipe, cable wire to be protected so the space between the penetrating item and the smoke barrier shall be filled with a material capable of maintaining the smoke resistance of the smoke barrier or be protected by an approved device designed for the specific purpose. This deficient practice could affect 68 residents who reside on the Wing 1 Hall, Wing 2 Hall and Wing 3 Hall.</p> <p>Findings include:</p> <p>Based on observations with the maintenance supervisor on 03/30/15 from 1:00 p.m. to 1:40 p.m., the following attic smoke barrier walls had penetrations not firestopped or missing drywall;</p> <ol style="list-style-type: none"> The Wing 1 Hall attic smoke barrier wall had three, one inch to three inch gaps around electrical conduit not fire stopped. The Wing 2 Hall attic smoke barrier wall had one, one inch gap around an 	K 025	<p>Holes in the smoke barrier walls on wing one hall, wing two hall and wing three hall were capped with drywall and caulked with fire rated caulking.</p> <p>To prevent this from reoccurring contractors will be followed upon completion of any and all work done in the facility.</p> <p>The Maintenance supervisor will review work specification with outside contractors prior to any work being started and upon completion.</p> <p>This work was completed on April 2, 2015</p>	04/02/2015

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K 000 Bldg. 04	<p>electrical conduit not fire stopped and a five inch by four inch square area of drywall missing in the center of the smoke barrier wall.</p> <p>3. The Wing 3 Hall attic smoke barrier wall had one, one inch gap around an electrical conduit not fire stopped and three, four inch by four inch square areas of drywall missing near the center of the smoke barrier wall.</p> <p>The Wing 1 Hall, Wing 2 Hall, and Wing 3 Hall attic smoke barrier penetrations not fire stopped and missing drywall was verified by the maintenance supervisor at the time of observations and acknowledged by the administrator at the exit conference on 03/30/15 at 2:30 p.m.</p> <p>3.1-19(b)</p> <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: 03/30/15</p> <p>Facility Number: 000420 Provider Number: 155730 AIM Number: 100266230</p>	K 000		

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	<p>Surveyor: Mark Bugni, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Ripley Crossing 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, NFPA 101, Life Safety Code (LSC) and 410 IAC 16.2. The 2007 Wing 5 Rehabilitation Wing addition and 2013 Therapy Room expansion were surveyed with Chapter 18, New Health Care Occupancies.</p> <p>The 2007 Wing 5 Rehabilitation Wing addition and 2013 Therapy room expansion to the one story facility was determined to be of Type V (111) construction and fully sprinkled. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors, and hard wired smoke detectors in all resident sleeping rooms. The facility has a capacity of 100 and had a census of 90 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinkled and all areas providing facility services were</p>			

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	<p>sprinkled. The facility has two detached wooden garages used for storage which were not sprinkled.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>				