

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155789	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 09/21/2015
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NAME OF PROVIDER OR SUPPLIER RIDGEWOOD HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 181 CAMPUS DR LAWRENCEBURG, IN 47025
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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: 09/21/15</p> <p>Facility Number: 012523 Provider Number: 155789 AIM Number: 201027870</p> <p>At this Life Safety Code survey, Ridgewood Health Campus 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>Ridgewood Health Campus consisted of two separate buildings. The Main Campus building was determined to be a one story building of Type V (111) construction and fully sprinkled. The Legacy building, located to the southeast of the Main Campus building, was determined to be Type V (111) construction and fully sprinkled. Both</p>	K 0000		

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 0011 SS=F Bldg. 01	<p>facilities have a fire alarm system with smoke detection in the corridors, spaces open to the corridors, and hard wired smoke detectors in all resident rooms. The healthcare portion of the facility has a capacity of 71 and had a census of 55 at the time of this visit.</p> <p>All areas where residents have customary access were sprinkled and all areas providing facility services were sprinkled.</p> <p>Quality Review completed 09/24/15 - DA</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD If the building has a common wall with a nonconforming building, the common wall is a fire barrier having at least a two-hour fire resistance rating constructed of materials as required for the addition. Communicating openings occur only in corridors and are protected by approved self-closing fire doors. 18.1.1.4.1, 18.1.1.4.2</p> <p>Based on observation and interview, the facility failed to provide a two hour fire rated separation in 1 of 1 two hour fire rated wall between the Health Center and the assisted living occupancy in the Ridgewood Health Campus building with firestopped fire barrier penetrations. This deficient practice could affect all healthcare residents in the event of a fire in the fire barrier located above the</p>	K 0011	The firewall located between Health Center and the Assisted Living was repaired on 9/22/15 with Fire Barrier Sealant with a four hour rating. All residents on Health Center and Assisted Living had the potential to be effected. Director of Plant Operations was re-educated on Life Safety Code 0011 by Plant Operations Support on 9/21/15 Director of Plant Operations, Assistant Director of	09/22/2015

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	<p>kitchen, which extends above the ceiling along the main dining room to the Service Hall.</p> <p>Findings include:</p> <p>Based on observation on 09/21/15 at 3:15 p.m. with the director of plant operations, the fire barrier wall, located in the attic above the kitchen, had a three inch open conduit penetration not fire stopped through the fire barrier wall and two, two inch circular areas of drywall missing at the fire barrier wall located in the Service Hall corridor above the drop ceiling assembly. This was verified by the director of plant operations at the time of observation and acknowledged by the administrator at the exit conference on 09/21/15 at 3:45 p.m.</p> <p>3.1-19(b)</p>		<p>Plant Operations and or Plant Operations support will audit one fire wall a week x 4 weeks, one fire wall every 2 weeks x 4 weeks then one fire wall a month x 3 months. Results of these findings will be presented and reviewed in monthly QAA meetings. If any areas of concerns are identified, action plans will be developed until substantial compliance is achieved.</p>		