## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/31/2022 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING <b>01, 02</b>		1, 02	R	
		155789	B. WING			08/23/2022	
NAME OF PROVIDER OR SUPPLIER			1	S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 00.	
				18	81 CAMPUS DR		
RIDGEWO	OOD HEALTH CAMPUS			L	AWRENCEBURG, IN 47025		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
{K 000}	INITIAL COMMENTS	;	{K 0	000}			
	Code Recertification conducted on 06/27/2	it (PSR) to the Life Safety and State Licensure Survey 22 was conducted by the of Health in accordance with					
	Survey Date: 08/23/2	2					
	Facility Number: 012 Provider Number: 19 AIM Number: 20102	55789					
	was found in complia Participation in Medic Subpart 483.90(a), Li 2012 Edition of the N Association (NFPA) 1	Ridgewood Health Campus nce with Requirements for care/Medicaid, 42 CFR ife Safety from Fire and the ational Fire Protection 01, Life Safety Code (LSC), Health Care Occupancies					
	separate buildings. To 1, is a one story build be of Type V (111) consprinklered. The Leg located to the souther building was determined to some support of the corridors, in all arrhas smoke detectors system in all resident has a capacity of 71 and the time of this survey	acy Building, Building 02, ast of the Main Campus ned to be of Type V (111) sprinklered. Both buildings tem with smoke detection in eas open to the corridor and hard wired to the fire alarm sleeping rooms. The facility and had a census of 71 at					
LABORATOS		·			TITLE		(VC) DATE
LABORATORY	DIRECTOR'S OR PROVIDER/S	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

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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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01, 02		(X3) DATE SURVEY COMPLETED	
		155789	B. WING			R 08/23/2022	
			1		STREET ADDRESS, CITY, STATE, ZIP CODE	00/	23/2022
NAME OF PROVIDER OR SUPPLIER					181 CAMPUS DR		
RIDGEWO	OD HEALTH CAMPUS				LAWRENCEBURG, IN 47025		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	<u> </u>	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX (EACH CORRECTIVE ACTION SHO		(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA	BE COMPLETION	
{K 000}	Continued From page were sprinklered and services were sprinkle	all areas providing facility	{K (	000]			
{K 000}	Quality Review completed on 08/29/22 INITIAL COMMENTS		{K (	000]	}		
	Code Recertification a conducted on 06/27/2	t (PSR) to the Life Safety and State Licensure Survey 2 was conducted by the If Health in accordance with					
	Survey Date: 08/23/22						
	Facility Number: 012523 Provider Number: 155789 AIM Number: 201027870						
	was found in complian Participation in Medic Subpart 483.90(a), Lit 2012 Edition of the Na Association (NFPA) 1	tidgewood Health Campus nce with Requirements for are/Medicaid, 42 CFR fe Safety from Fire and the ational Fire Protection 01, Life Safety Code (LSC), Health Care Occupancies					
	01, is a one story built be of Type V (111) consprinklered. The Legal located to the souther building was determined construction and fully have a fire alarm systing the corridors, in all are	he Main Campus, Building ding and was determined to					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER.		(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b> , <b>02</b>			(X3) DATE SURVEY COMPLETED		
		155789	B. WING				⋜ <b>23/2022</b>		
NAME OF PROVIDER OR SUPPLIER  RIDGEWOOD HEALTH CAMPUS				181 CA	T ADDRESS, CITY, STATE, ZIP CODE MPUS DR ENCEBURG, IN 47025	1 00	20,2022		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG	PROVIDER'S PLAN OF CORRECTION ( (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			(X5) COMPLETION DATE		
{K 000}	has a capacity of 71 a the time of this survey All areas where reside	sleeping rooms. The facility and had a census of 71 at y.  ents have customary access all areas providing facility ered.	{K 0	00}					