

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

PRINTED: 11/13/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155732		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING _____		X3) DATE SURVEY COMPLETED 10/23/2024	
NAME OF PROVIDER OR SUPPLIER RIVEROAKS HEALTH CAMPUS				STREET ADDRESS, CITY, STATE, ZIP COD 1244 VAIL ST PRINCETON, IN 47670			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
E 0000 Bldg. --	<p>An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73.</p> <p>Survey Date: 10/23/24</p> <p>Facility Number: 004130 Provider Number: 155732 AIM Number: 200491050</p> <p>At this Emergency Preparedness survey, Riveroaks Health Campus was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73</p> <p>The facility has 68 certified beds, with a current census of 60.</p> <p>Quality Review completed on 10/25/24</p>			E 0000	<p>The submission of this plan of correction does not indicate an admission by Riveroaks Health Campus that the findings and allegations contained herein are accurate, true representation of the quality of care provided, and the living environment provided to the residents of Riveroaks Health Campus. The facility recognizes its obligation to provide legally and medically necessary care and services to its residents in an economic and efficient manner. The facility hereby maintains it is in substantial compliance with all state and federal requirements governing the management of this facility. It is thus submitted as a matter of statute only. The facility respectfully requests from the department a desk review for substantial compliance.</p>		
K 0000 Bldg. 01	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a).</p> <p>Survey Date: 10/23/24</p> <p>Facility Number: 004130 Provider Number: 155732 AIM Number: 200491050</p>			K 0000	<p>The submission of this plan of correction does not indicate an admission by Riveroaks Health Campus that the findings and allegations contained herein are accurate, true representation of the quality of care provided, and the living environment provided to the residents of Riveroaks Health Campus. The facility recognizes</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Aaron Stephens

Executive Director, HFA

11/04/2024

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 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 30 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 0345 SS=F Bldg. 01	<p>At this Life Safety Code survey, Riveroaks Health Campus was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.90(a), Life Safety from Fire and the 2012 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 one story facility was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with hard wired smoke detectors in the corridors, spaces open to the corridors, and all resident sleeping rooms. The facility has a capacity of 68 and had a census of 60 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered and all areas providing facility services were sprinklered, except a small plastic shed used for facility storage.</p> <p>Quality Review completed on 10/25/24</p> <p>NFPA 101 Fire Alarm System - Testing and Maintenance</p> <p>Based on record review and interview, the facility failed to ensure complete documentation was available to show at least 12 smoke detectors on the Skilled Care Unit (28 total failed smoke detectors in the facility) that failed sensitivity testing have been replaced and tested for sensitivity within one year of installation. NFPA 72, National Fire Alarm Code, 2010 Edition, Section 14.4.5.3.1 states detector sensitivity shall be checked within 1 year of installation, and every alternate year thereafter. After the second required calibration test, if sensitivity tests</p>			K 0345	<p>its obligation to provide legally and medically necessary care and services to its residents in an economic and efficient manner. The facility hereby maintains it is in substantial compliance with all state and federal requirements governing the management of this facility. It is thus submitted as a matter of statute only. The facility respectfully requests from the department a desk review for substantial compliance.</p> <p>K-345</p> <p>Compliance Date 11/1/2024</p> <p>Immediate intervention</p> <p>The Director of Plant Operation contacted the facilities fire alarm system inspection vendor, Koorsen, to provide the facility with a full report, including an itemized list of the smoke</p>		11/01/2024

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	<p>indicate that the detector has remained within its listed and marked sensitivity range, the length of time between calibration tests shall be permitted to be extended to a maximum of 5 years. If the frequency is extended, records of detector caused nuisance alarms and subsequent trends of these alarms shall be maintained. In zones or areas where nuisance alarms show an increase over the previous year, calibration tests shall be performed. To ensure that each smoke detector is within its listed and marked sensitivity range, it shall be tested using any of the methods:</p> <p>(1) Calibrated test method.</p> <p>(2) Manufacturer's calibrated sensitivity test instrument.</p> <p>(3) Listed control equipment arranged for the purpose.</p> <p>(4) Smoke detector/fire alarm control unit arrangement whereby the detector causes a signal at the control unit where its sensitivity is outside its listed sensitivity range.</p> <p>(5) Other calibrated sensitivity method acceptable to the authority having jurisdiction.</p> <p>Detectors found to have sensitivity outside the listed and marked sensitivity range shall be cleaned and recalibrated, or replaced.</p> <p>The detector sensitivity cannot be tested or measured using any spray device that administers an unmeasured concentration of aerosol into the detector. This deficient practice could affect all residents, staff, and visitors in the facility.</p> <p>Findings include:</p> <p>Based on record review on 10/23/24 between 10:15 a.m. and 12:45 p.m. with the Director of Plant Operations (DPO) and Facility Maintenance Support (FMS) person present, the most recent smoke detector sensitivity test report was dated 04/26/23 from the facility's fire alarm system</p>				<p>detectors replaced and tested for sensitivity. Also, to include the sensitivity testing results for each smoke detector replaced.</p> <p>The Director of Plant Operations was educated by the Executive Director on K-345 Fire Alarm System – Testing and Maintenance NFPA 101, 2012 edition. A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72</p> <p>The Director of Plant Operations will review the Fire Alarm System Inspections with the Executive Director monthly X 3 months assuring that the facility is meeting the standard of NFPA 101, 2012 edition and NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72</p> <p>Results of these reviews will be</p>		

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K 0000 Bldg. 02	<p>inspection/testing vendor. The report indicated 28 total smoke detectors had failed the sensitivity test, which included at least 12 smoke detectors on the Skilled Care Unit. There was a follow up report dated 05/31/24 from the same vendor which stated "Devices were tested for sensitivity and functionality. Devices passed both.". The follow up report from 05/31/24 did not include an itemized list of smoke detectors replaced and tested for sensitivity. Furthermore, it did not provide the sensitivity testing results for each smoke detector replaced. Based on interview at the time of record review, the FMS confirmed documentation was not complete for the smoke detectors that were replaced in the facility.</p> <p>This finding was reviewed with the Executive Director, DPO, and FMS during the exit conference.</p> <p>3.1-19(b)</p> <p>A Life Safety Code Certification and State Licensure Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a).</p> <p>The new addition to the 300 Hall includes resident rooms 313 through 323, with a total of 15 certified beds.</p> <p>Survey Date: 10/23/24</p> <p>Facility Number: 004130 Provider Number: 155732 AIM Number: 200491050</p>			K 0000	<p>presented by the Executive Director to the QAPI committee for further recommendations and continue until the Quality Assurance Team determines substantial compliance has been achieved.</p> <p>This deficient practice could affect all residents, staff, and visitors in the facility.</p> <p>The submission of this plan of correction does not indicate an admission by Riveroaks Health Campus that the findings and allegations contained herein are accurate, true representation of the quality of care provided, and the living environment provided to the residents of Riveroaks Health Campus. The facility recognizes its obligation to provide legally and medically necessary care and services to its residents in an economic and efficient manner. The facility hereby maintains it is</p>		

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K 0345 SS=F Bldg. 02	<p>At this Life Safety Code survey, Riveroaks Health Campus was found not in compliance with Requirements for Participation in Medicare, 42 CFR Subpart 483.90(a), Life Safety from Fire and the 2012 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 18, New Health Care Occupancies.</p> <p>The new 300 Hall addition is a one story facility and was determined to be of Type V (111) construction and was fully sprinklered. This portion of the facility has a fire alarm system with hard wired smoke detectors in the corridors, spaces open to the corridors, and all resident sleeping rooms. The facility has a capacity of 68 certified beds and had a census of 60 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered and all areas providing facility services were sprinklered, except a small plastic shed used for facility storage.</p> <p>Quality Review completed on 10/25/24</p> <p>NFPA 101 Fire Alarm System - Testing and Maintenance</p> <p>Based on record review and interview, the facility failed to ensure complete documentation was available to show at least 12 smoke detectors on the Skilled Care Unit (28 total failed smoke detectors in the facility) that failed sensitivity testing have been replaced and tested for sensitivity within one year of installation. NFPA 72, National Fire Alarm Code, 2010 Edition, Section 14.4.5.3.1 states detector sensitivity shall be checked within 1 year of installation, and every alternate year thereafter. After the second required calibration test, if sensitivity tests</p>			K 0345	<p>in substantial compliance with all state and federal requirements governing the management of this facility. It is thus submitted as a matter of statute only. The facility respectfully requests from the department a desk review for substantial compliance.</p> <p>K-345</p> <p>Compliance Date 11/1/2024</p> <p>Immediate intervention</p> <p>The Director of Plant Operation contacted the facilities fire alarm system inspection vendor, Koorsen, to provide the facility with a full report, including an itemized list of the smoke</p>		11/01/2024

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