						PRINT	ΓED: 11/13/2024	
DEPARTMENT	FORM APPROVED							
ENTERS FOR	MEDICARE & MEDIC	AID SERVICES				OMB NO. 0938-039		
STATEMEN	T OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) MU	X2) MULTIPLE CONSTRUCTION (X3) DAT			SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER	A. BUILDING			COMPLETED		
		155732	B. WING		10/23/2024			
NAME OF PROVIDER OR SUPPLIER RIVEROAKS HEALTH CAMPUS				1244 V	ADDRESS, CITY, STATE, ZIP COD AIL ST ETON, IN 47670			•
(X4) ID	SUMMARY S	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)	•
DDEELY	(EACH DEFICIEN	CV MUST BE PRECEDED BY FULL	l ı	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE		COMPLETION	

RIVERO	AKS HEALTH CAMPUS	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						
Bidg	An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73. Survey Date: 10/23/24 Facility Number: 004130 Provider Number: 155732 AIM Number: 200491050 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 The facility has 68 certified beds, with a current census of 60. Quality Review completed on 10/25/24	E 0000	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.			
K 0000						
Bldg. 01	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). Survey Date: 10/23/24 Facility Number: 004130 Provider Number: 155732 AIM Number: 200491050	K 0000	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			

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

TITLE

(X6) DATE

Aaron Stephens Executive Director, HFA 11/04/2024

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclo 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 X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155732		(X2) MULTIPLE CO A. BUILDING B. WING	ONSTRUCTION 01	(X3) DATE SURVEY COMPLETED 10/23/2024			
NAME OF PROVIDER OR SUPPLIER RIVEROAKS HEALTH CAMPUS		1244 V	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 APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE			
	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. 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. 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. Quality Review completed on 10/25/24		its obligation to provide legally medically necessary care and services to its residents in an economic and efficient manne. The facility hereby maintains i in substantial compliance with state and federal requirements governing the management of facility. It is thus submitted as matter of statute only. The face respectfully requests from the department a desk review for substantial compliance.	r. t is all s t this a cility			
K 0345 SS=F Bldg. 01	NFPA 101 Fire Alarm System - Testing and Maintenance Based on record review and interview, the facility	K 0345	K-345	11/01/2024			
	failed to ensure complete documentation was available to show at least 12 smoke detectors on the Skilled Care Unit (28 total failed smoke	12 35 .5	Compliance Date 11/1/2024	11/01/2021			
	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		Immediate intervention The Director of Plant Operation contacted the facilities fire alar system inspection vendor, Koorsen, to provide the facility with a full report, including an itemized list of the smoke	rm			

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STATEMENT OF DEFICIENCIES		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER	A. BUILDING	01	COMPLETED	
		155732	B. WING		10/23/2024	
		<u> </u>	-	ADDRESS CITY COLUMN		
NAME OF P	ROVIDER OR SUPPLIEI	3	1244 V	ADDRESS, CITY, STATE, ZIP COD		
	AKS HEALTH CAM	DUS		AIL ST ETON, IN 47670		
KIVERU/	ANS FEALTH CAIN		PRINC	ETON, IN 47070		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE	ID	PROVIDER'S PLAN OF CORRECTION	(X5)	
PREFIX	`	ICY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE COMPLETION	
TAG		R LSC IDENTIFYING INFORMATION	TAG	DEFICIENCY)	DATE	
		tector has remained within its		detectors replaced and tested		
		ensitivity range, the length of		sensitivity. Also, to include the		
		ration tests shall be permitted		sensitivity testing results for ea	ach	
		maximum of 5 years. If the		smoke detector replaced.		
		led, records of detector caused				
		d subsequent trends of these		The Director of Plant Operation		
		ntained. In zones or areas		was educated by the Executiv	e	
		rms show an increase over the		Director on K-345 Fire Alarm		
		oration tests shall be performed.		System – Testing and		
		smoke detector is within its		Maintenance NFPA 101, 2012	2	
		ensitivity range, it shall be		edition. A fire alarm system is		
	tested using any of			tested and maintained in		
	(1) Calibrated test 1			accordance with an approved		
		calibrated sensitivity test		program complying with the		
	instrument.	10.4		requirements of NFPA 70,		
		quipment arranged for the		National Electric Code, and N	FPA	
	purpose.	/C 1		72, National Fire Alarm and		
	` '	/fire alarm control unit		Signaling Code. Records of		
	-	by the detector causes a signal		system		
		where its sensitivity is outside		acceptance, maintenance and		
	its listed sensitivity	_		testing are readily available.	D.4	
	* *	l sensitivity method acceptable		9.6.1.3, 9.6.1.5, NFPA 70, NF	PA	
	to the authority hav			72		
		have sensitivity outside the		The Dimester of Disease On 1		
		ensitivity range shall be		The Director of Plant Operatio		
	cleaned and recalib	-		will review the Fire Alarm Syst		
		ivity cannot be tested or y spray device that administers		Inspections with the Executive	;	
		centration of aerosol into the		Director monthly X 3 months		
		centration of aerosol into the cient practice could affect all		assuring that the facility is		
		visitors in the facility.		meeting the standard of NFPA		
	residents, starr, and	visitors in the facility.		101, 2012 edition and NFPA 7		
	Findings include:			National Electric Code, and N	rfa	
	r manigs include:			72, National Fire Alarm and		
	Based on record review on 10/23/24 between 10:15			Signaling Code. Records of	noo	
		with the Director of Plant		system acceptance, maintena		
	-	and Facility Maintenance		and testing are readily availab 9.6.1.3, 9.6.1.5, NFPA 70, NF		
		son present, the most recent		9.6.1.3, 9.6.1.5, NFPA 70, NF		
		sitivity test report was dated		12		
	SHIOKE GETECTOL SELL	oming was report was dated	1	i	l l	

04/26/23 from the facility's fire alarm system

Results of these reviews will be

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION 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	(EACH DEFICIEN REGULATORY OR	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE		
	28 total smoke detectest, which included on the Skilled Care report dated 05/31/2 stated "Devices wer functionality. Devicup report from 05/3 list of smoke detectes ensitivity. Further sensitivity testing rereplaced. Based on review, the FMS conot complete for the replaced in the facil	endor. The report indicated ctors had failed the sensitivity at least 12 smoke detectors. Unit. There was a follow up to 4 from the same vendor which we tested for sensitivity and ces passed both.". The follow 1/24 did not include an itemized for sereplaced and tested for more, it did not provide the esults for each smoke detector interview at the time of record infirmed documentation was a smoke detectors that were ity.		presented by the Executive Director to the QAPI committe further recommendations and continue until the Quality Assurance Team determines substantial compliance has be achieved. This deficient practice could a all residents, staff, and visitors the facility.	een ffect		
K 0000							
Bldg. 02	Licensure Survey w Department of Heal 483.90(a). The new addition to	04130 155732	K 0000	The submission of this plan of correction does not indicate at admission by Riveroaks Healt Campus that the findings and allegations contained herein a accurate, true representation of the quality of care provided, at the living environment provide the residents of Riveroaks Healt Campus. The facility recognizits obligation to provide legally medically necessary care and services to its residents in an economic and efficient manner The facility hereby maintains in	n h re of nd d to alth res r and		

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155732		(X2) MULTIPLE CO A. BUILDING B. WING	ONSTRUCTION 02	(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	(EACH DEFICIEN REGULATORY OR	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	DATE			
	Campus was found Requirements for Pa CFR Subpart 483.90 the 2012 edition of Association (NFPA Chapter 18, New Ho The new 300 Hall a and was determined construction and was	Code survey, Riveroaks Health not in compliance with articipation in Medicare, 42 D(a), Life Safety from Fire and the National Fire Protection 101, Life Safety Code (LSC), ealth Care Occupancies. ddition is a one story facility to be of Type V (111) as fully sprinklered. This		in substantial compliance with state and federal requirements governing the management of facility. It is thus submitted as matter of statute only. The factorespectfully requests from the department a desk review for substantial compliance.	s this a			
	hard wired smoke d spaces open to the c sleeping rooms. Th certified beds and h of this survey.	ry has a fire alarm system with etectors in the corridors, orridors, and all resident e facility has a capacity of 68 ad a census of 60 at the time						
	were sprinklered an							
K 0345 SS=F Bldg. 02	NFPA 101 Fire Alarm System Maintenance	n - Testing and riew and interview, the facility	V 0245	K-345	11/01/2024			
	failed to ensure com available to show at the Skilled Care Un	plete documentation was least 12 smoke detectors on it (28 total failed smoke	K 0345	Compliance Date 11/1/2024	11/01/2024			
	testing have been resensitivity within or 72, National Fire Al Section 14.4.5.3.1 s be checked within 1 alternate year therea	lity) that failed sensitivity placed and tested for ne year of installation. NFPA larm Code, 2010 Edition, tates detector sensitivity shall year of installation, and every after. After the second test, if sensitivity tests		Immediate intervention The Director of Plant Operatio contacted the facilities fire ala system inspection vendor, Koorsen, to provide the facility with a full report, including an itemized list of the smoke	rm			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155732		A. BU	(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	(EACH DEFICIEN REGULATORY OF	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	TE	(X5) COMPLETION DATE	
	indicate that the det listed and marked s time between calibit to be extended to a frequency is extend nuisance alarms shall be main where nuisance alarms any of (1) Calibrated test in (2) Manufacturer's sinstrument. (3) Listed control expurpose. (4) Smoke detector arrangement where at the control unit with the control unit with listed sensitivity. (5) Other calibrated to the authority have Detectors found to listed and marked scleaned and recalib The detector sensiti measured using any an unmeasured condetector. This deficit residents, staff, and Findings include: Based on record revalum. and 12:45 p.m.	ector has remained within its ensitivity range, the length of ration tests shall be permitted maximum of 5 years. If the ed, records of detector caused d subsequent trends of these ntained. In zones or areas rms show an increase over the ration tests shall be performed. smoke detector is within its ensitivity range, it shall be the methods: nethod. calibrated sensitivity test quipment arranged for the fire alarm control unit by the detector causes a signal where its sensitivity is outside range. I sensitivity method acceptable ing jurisdiction. have sensitivity outside the ensitivity range shall be			detectors replaced and tested sensitivity. Also, to include the sensitivity testing results for easmoke detector replaced. The Director of Plant Operation 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 Ni 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, NFI 72 The Director of Plant Operation will review the Fire Alarm System assuring that the facility is meeting the standard of NFPA 101, 2012 edition and NFPA 7 National Electric Code, and Ni 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenant and testing are readily available and testing are readily available.	for ach ns e FPA PA ns em c o FPA nce le.		
	Support (FMS) pers smoke detector sens	son present, the most recent sitivity test report was dated acility's fire alarm system			9.6.1.3, 9.6.1.5, NFPA 70, NFI 72 Results of these reviews will b			

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

PRINTED: 11/13/2024 FORM APPROVED OMB NO. 0938-039

AND PLAN OF CORRECTION IDENTIFICATION NUMBER		A. BU	(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	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	ΓE	(X5) COMPLETION DATE	
	28 total smoke dete test, which included on the Skilled Care report dated 05/31/2 stated "Devices wer functionality. Devi up report from 05/3 list of smoke detect sensitivity. Further sensitivity testing replaced. Based on review, the FMS conot complete for the replaced in the facil	endor. The report indicated etors had failed the sensitivity at least 12 smoke detectors. Unit. There was a follow up 24 from the same vendor which re tested for sensitivity and ces passed both.". The follow 1/24 did not include an itemized for seplaced and tested for more, it did not provide the esults for each smoke detector interview at the time of record infirmed documentation was a smoke detectors that were ity. Viewed with the Executive FMS during the exit			presented by the Executive Director to the QAPI committee further recommendations and continue until the Quality Assurance Team determines substantial compliance has be achieved. This deficient practice could af all residents, staff, and visitors the facility.	en fect		

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