STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155669	A. BUILDING **02** B. WING _____	R **09/06/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERVIEW TCU	**395 WESTFIELD RD TCU** **NOBLESVILLE, IN 46060**

(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
{E 000}	Initial Comments Paper compliance to the Emergency Preparedness Survey conducted on 08/20/18 was completed on 09/06/18. Review Date: 09/06/18 Facility Number: 011046 Provider Number: 155669 AIM Number: NA Riverview TCU was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.73, Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers.	{E 000}		
{K 000}	INITIAL COMMENTS Paper compliance to the Life Safety Code Recertification and State Licensure Survey conducted on 08/20/18 was completed on 09/06/18 Review Date: 09/06/18 Facility Number: 011046 Provider Number: 155669 AIM Number: NA Based on review of the Fire Safety Evaluation System (FSES) Survey conducted on 07/31/2018, Riverview TCU was found in compliance with NFPA (National Fire Protection Association) 101A, Chapter 4, Fire Safety Evaluation System for Health Care Occupancies in regard to the PSR to the Life Safety Recertification and State Licensure Survey. Achieving a passing score on	{K 000}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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{K 000}	Continued From page 1 the FSES Survey for Health Care Occupancies found in Chapter 4 of NFPA 101A, Alternative Approaches to Life Safety, 2013 Edition, shows the facility provides a level of Life Safety at least equivalent to that prescribed by NFPA 101, Life Safety Code (LSC) and 410 IAC 16.2.	{K 000}		
{K 225} SS=F	Stairways and Smokeproof Enclosures CFR(s): NFPA 101 Stairways and Smokeproof Enclosures Stairways and Smokeproof enclosures used as exits are in accordance with 7.2. 18.2.2.3, 18.2.2.4, 19.2.2.3, 19.2.2.4, 7.2 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to provide a continuous protected path of travel to an exit discharge for 3 of 3 exits in accordance with LSC sections 7.2.3.5. LSC 7.2.3.5.1 requires every smoke proof enclosure shall discharge into a public way, into a yard or court having direct access to a public way, or into an exit passageway. Such exit passageways shall be without openings other than the entrance from the smoke proof enclosure and the door to the outside yard, court, or public way. The exit passageway shall be separated from the remainder of the building by a two hour fire resistance rating. This deficient practice affects all residents, staff and visitors. Findings include: Based on observations on 08/20/18 at 12:50 p.m.	{K 225}	Correction Obviated - Passed FSES	

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{K 225}	Continued From page 2 with the Director of T.C.U. and the Engineering Supervisor, the fourth floor on which the TCU is located is divided into two smoke compartments and has three stairwell exits. Additionally, the fire resistance rating of the three exit enclosures on the first floor of the hospital to the exit discharge door is less than two hours. Based on interview at the time of the observations, the Director of T.C.U. and the Engineering Supervisor acknowledged each of the three exit discharge passageways are not separated from the remainder of the building by a two hour fire resistance rating. The Engineering Supervisor stated that they (the facility) had an F.S.E.S. for this deficient practice, and that it would be submitted with their plan of correction.	{K 225}		
{K 252} SS=F	3.1-19(b) Number of Exits - Corridors CFR(s): NFPA 101 Number of Exits - Corridors Every corridor shall provide access to not less than two approved exits in accordance with Sections 7.4 and 7.5 without passing through any intervening rooms or spaces other than corridors or lobbies. 18.2.5.4, 19.2.5.4 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure 2 of 2 smoke compartments were provided with at least one exit providing a continuous path of travel to an exit discharge.	{K 252}	Correction Obviated - Passed FSES	

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{K 252}	Continued From page 3 This deficient practice affects all residents, staff and visitors. Findings include: Based on observations on 08/20/18 at 12:52 p.m. with the Director of T.C.U. and the Engineering Supervisor, the TCU has two emergency exits. One exit is a horizontal exit into the adjacent smoke compartment. The adjacent smoke compartment has two exit stairwells. The second exit is an exit stairwell which does not connect to an exit discharge directly to the exterior. Based on interview at the time of the observations, the Director of T.C.U. and the Engineering Supervisor acknowledged each smoke compartment is not provided with at least one exit discharging directly to the exterior of the building. The Engineering Supervisor then stated that they (the facility) had an F.S.E.S. for this deficient practice, and that it would be submitted with their plan of correction. 3.1-19(b)	{K 252}		