

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

PRINTED: 04/10/2023
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155630		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING		X3) DATE SURVEY COMPLETED 03/09/2023	
NAME OF PROVIDER OR SUPPLIER FLATROCK RIVER LODGE				STREET ADDRESS, CITY, STATE, ZIP COD 904 E 11TH ST RUSHVILLE, IN 46173			
(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>A Post Survey Revisit (PSR) to the Emergency Preparedness Survey conducted on 02/02/23 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73.</p> <p>Survey Date: 03/09/23</p> <p>Facility Number: 001126 Provider Number: 155630 AIM Number: 200011300</p> <p>At this PSR Emergency Preparedness survey, Flatrock River Lodge 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 63 certified beds. At the time of this PSR survey, the census was 34.</p> <p>Quality Review completed on 03/10/23</p>			E 0000			
K 0000 Bldg. 01	<p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 02/02/23 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a).</p> <p>Survey Date: 03/09/23</p> <p>Facility Number: 001126 Provider Number: 155630 AIM Number: 200011300</p>			K 0000			

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

TITLE

(X6) DATE

Chad Smyth

RDO

03/28/2023

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined 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 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 0321 SS=E Bldg. 01	<p>At this PSR Life Safety Code survey, Flatrock River Lodge 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 (000) construction and fully sprinkled. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors, and hard-wired smoke detectors in all resident sleeping rooms. The facility has Assisted Living rooms on the 400 Hall which are not separated by latching fire doors and some Assisted living rooms on the same corridor with Skilled Nursing rooms. The facility has a capacity of 63 and had a census of 34 at the time of this PSR survey.</p> <p>All areas where residents have customary access were sprinkled and all areas providing facility services were sprinkled. The facility had a detached garage used for storage which was not sprinkled.</p> <p>Quality Review completed on 03/10/23</p> <p>NFPA 101 Hazardous Areas - Enclosure Hazardous Areas - Enclosure Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4 hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1 or 19.3.5.9. When the approved automatic fire extinguishing system option is used, the areas shall be separated</p>						

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	<p>from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door.</p> <p>Describe the floor and zone locations of hazardous areas that are deficient in REMARKS. 19.3.2.1, 19.3.5.9</p> <p>Area Automatic Sprinkler Separation N/A</p> <p>a. Boiler and Fuel-Fired Heater Rooms b. Laundries (larger than 100 square feet) c. Repair, Maintenance, and Paint Shops d. Soiled Linen Rooms (exceeding 64 gallons) e. Trash Collection Rooms (exceeding 64 gallons) f. Combustible Storage Rooms/Spaces (over 50 square feet) g. Laboratories (if classified as Severe Hazard - see K322)</p> <p>Based on observation and interview, the facility failed to ensure 2 of over 10 hazardous area doors, such as storage rooms, were provided with properly working self-closing devices. This deficient practice could affect 4 residents, as well as staff and visitors.</p> <p>Findings include:</p> <p>Based on observations during the facility tour and interview with the Director of Nursing on 03/09/23 between 10:15 a.m. and 11:15 a.m., the following was noted:</p> <p>A) Room 416, greater than 50 square feet, had</p>			K 0321	<p>Flatrock River Lodge respectfully requests desk review for the following alleged deficiency. This plan of correction is to serve as Flatrock River Lodge's credible allegation of compliance on 3-10-2023. Submission of this plan of correction does not constitute an admission by Flatrock River that the allegations contained in the survey report are true and accurate portrayal of the provision of nursing care and other services in this facility. Neither does this submission constitute an</p>		03/10/2023

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	<p>loveseats and chairs stored inside the room. The room was not equipped with a self-closing device or self-closing hinges.</p> <p>B) Room 404, greater than 50 square feet, contained 20 plus wheelchairs and other combustible items. The room was not equipped with a self-closing device or self-closing hinges.</p> <p>This finding was acknowledged by the Director of Nursing at the time of discovery and again at the exit conference with the Director of Nursing present.</p> <p>This deficiency was cited on 02/02/23. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>3.1-19(b)</p>				<p>agreement or admission of the survey allegations.</p> <p>The facility installed self-closing hinges rooms on rooms 404 and 416 on March 10, 2023. Routine audits have been taking place and no other enclosed areas requiring self-closures have been identified. The facility will ensure doors protecting hazardous area corridor openings are self-closing or automatic closing. Rooms larger than 50 square feet and storing quantities of combustible materials are classified as hazardous areas. Ongoing, the Administrator or designee will monitor hazardous area corridor doors to ensure they remain self-closing or automatic closing for continued compliance. Results of the monitoring will be reviewed during the facility's Quality Assurance meeting; monitoring will be ongoing.</p>		