STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	155730	A. BUILDING -- B. WING	11/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
RIPLEY CROSSING	1200 WHITLATCH WAY MILAN, IN 47031

(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. --	An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73. Survey Date: 11/06/24 Facility Number: 000420 Provider Number: 155730 AIM Number: 100266230 At this Emergency Preparedness survey, Ripley Crossing was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73. The facility has 100 certified beds. At the time of the survey, the census was 84. Quality Review completed on 11/12/24	E 0000		
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: 11/06/24 Facility Number: 000420 Provider Number: 155730 AIM Number: 100266230 At this Life Safety Code survey, Ripley Crossing was found not in compliance with Requirements	K 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Trina Johnson	Administrator	11/20/2024

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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	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 fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, in all areas open to the corridor and in all residents' sleeping rooms. The facility has a capacity of 100 and had a census of 84 at the time of this visit. All areas where residents have customary access were sprinklered. The facility has one detached building providing storage services which was not sprinklered. Quality Review completed on 11/12/24			
K 0222 SS=E Bldg. 01	NFPA 101 Egress Doors Based on observation and Interview, the facility failed to ensure 1 of over 5 delayed egress locking arrangements was installed in accordance with LSC 7.2.1.6.1(3) which states an irreversible process shall release the lock in the direction of egress within 15 seconds, or 30 seconds where approved by the authority having jurisdiction, upon application of a force to the release device required in 7.2.1.5.10 under all of the following conditions: (a) The force shall not be required to exceed 15 lbf (67 N). (b) The force shall not be required to be continuously applied for more than 3 seconds. (c) The initiation of the release process shall	K 0222	It is the intent of Ripley Crossing to provide a safe environment for all residents and staff. Corrective Action: The exit door was equipped with a 15 second delayed egress but on October 31st, maintenance disengaged this while the facility was conducting their annual Trick or Treat and failed to engage after the event was over. The door has been engaged and is working properly. To further prevent this deficiency from occurring the Maintenance	11/06/2024

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	activate an audible signal in the vicinity of the door opening. (d) Once the lock has been released by the application of force to the releasing device, relocking shall be by manual means only. This deficient practice could affect 12 residents. Findings include: Based on observations and interviews during a tour of the facility with the Maintenance Supervisor (MS) on 11/06/24 between 12:15 p.m. and 2:20 p.m., the exit door near Resident Room # 509 was equipped with a 15 second delayed egress. When the exit doors were tested, the irreversible process to release the lock was not initiated. Based on interview at the time of observation, the MS tried to activate the delay egress but stated the door would need attention. The door was able to be opened by using the code. This finding was acknowledged by the MS at the time of discovery and again at the exit conference with the MS and Administrator present. 3.1-19(b)		Supervisor and/or Designee will be testing all exits doors monthly.	
K 0324 SS=E Bldg. 01	NFPA 101 Cooking Facilities Based on observation and interview, the facility failed to provide an approved method for returning cooking appliances to where they were when the kitchen hood extinguishing equipment was designed and installed for 1 of 1 kitchen hood extinguishing system. NFPA 96 Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations Section 2011 Edition Section 12.1.2.2* Cooking appliances	K 0324	It is the intent of Ripley Crossing to provide a safe environment for all residents and staff. Corrective Action: Maintenance painted a yellow marking where all legs of the cooking appliance must be returned to ensure that they are in the correct spot for alignment for the kitchen hood	11/20/2024

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	requiring protection shall not be moved, modified, or rearranged without prior re-evaluation of the fire-extinguishing system by the system installer or servicing agent, unless otherwise allowed by the design of the fire extinguishing system. Section 12.1.2.3 The fire-extinguishing system shall not require reevaluation where the cooking appliances are moved for the purposes of maintenance and cleaning, provided the appliances are returned to approved design location prior to cooking operations, and any disconnected fire-extinguishing system nozzles attached to the appliances are reconnected in accordance with the manufacturer's listed design manual. Section 12.1.2.3.1 An approved method shall be provided that will ensure that the appliance is returned to an approved design location. The deficient practice affected 5 staff, and no residents. The findings include: Based on observations and interviews during a tour of the facility with the Maintenance Supervisor (MS) on 11/06/24 between 12:15 p.m. and 2:20 p.m., the gas wheeled four (4) burner range, flat grill and grease fryer which were located on the cooking line under the hood in the kitchen was not provided with an approved method that would ensure that the appliance was returned to an approved design location after it had been moved for maintenance and cleaning. Based on interview with the MS, the facility was not aware an approved method should be provided to ensure that the appliances were returned to an approved design location after maintenance or cleaning. This finding was acknowledged by the MS at the time of discovery and again at the exit conference		extinguishing equipment. To further prevent this deficiency from occurring the Maintenance Supervisor and/or Designee will touch up as needed.	

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	with the MS and Administrator present 3.1-19(b)			
K 0353 SS=E Bldg. 01	NFPA 101 Sprinkler System - Maintenance and Testing Based on observation and interview, the facility failed to ensure sprinkler heads in the Salon were not loaded or covered with foreign material in accordance with LSC 9.7.5. NFPA 25, 2011 edition, at 5.2.1.1.1 sprinklers shall not show signs of leakage; shall be free of corrosion, foreign materials, paint, and physical damage; and shall be installed in the correct orientation (e.g., up-right, pendent, or sidewall). Furthermore, at 5.2.1.1.2 any sprinkler that shows signs of any of the following shall be replaced: (1) Leakage (2) Corrosion (3) Physical Damage (4) Loss of fluid in the glass bulb heat responsive element (5) Loading (6) Painting unless painted by the sprinkler manufacturer. This deficient practice could affect staff and up to 3 residents and staff in the Salon. Findings include: Based on observations and interviews during a tour of the facility with the Maintenance Supervisor (MS) on 11/06/24 between 12:15 p.m. and 2:20 p.m., the sprinkler head in the Salon was covered in dust or showed signs of loading. This finding was acknowledged by the MS at the time of discovery and again at the exit conference with the MS and Administrator present 3.1-19(b)	K 0353	It is the intent of Ripley Crossing to provide a safe environment for all residents and staff. Corrective Action: Maintenance immediately cleaned the sprinkler head in the Salon from all dust. To further prevent this deficiency the Maintenance Supervisor and/or Designee will inspect the sprinkler heads weekly for 5 weeks, then monthly ongoing.	11/06/2024

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K 0363 SS=E Bldg. 01	NFPA 101 Corridor - Doors Based on observation and interview, the facility failed to ensure 1 of over 30 corridor doors had no impediment to closing and latching into the door frame and would resist the passage of smoke. This deficient practice could affect 2 staff. Findings include: Based on observations and interviews during a tour of the facility with the Maintenance Supervisor (MS) on 11/06/24 between 12:15 p.m. and 2:20 p.m. , the corridor door to the Rehab Storage room across from the Nurses Station, equipped with a self-closing device, failed to close and latch positively into the door frame. Based on interview at the time of the observations, the MS agreed the aforementioned corridor door did not close and latch into the door frame and would not resist the passage of smoke. This finding was acknowledged by the MS at the time of discovery and again at the exit conference with the MS and Administrator present. 3.1-19(b)	K 0363	It is the intent of Ripley Crossing to provide a safe environment for all residents and staff. Corrective Action: Maintenance adjusted the closure to ensure the door would close and latch. The door is working properly. To further prevent this deficiency the Maintenance Supervisor and/or Designee will test all doors to ensure they close and latch properly.	11/06/2024
K 0712 SS=E Bldg. 01	NFPA 101 Fire Drills Based on record review and interview, the facility failed to conduct fire drills on each shift for 1 of 4 quarters. LSC 19.7.1.6 states drills shall be conducted quarterly on each shift to familiarize facility personnel (nurses, interns, maintenance engineers, and administrative staff) with the signals and emergency action required under varied conditions. This deficient practice affects all staff and residents.	K 0712	It is the intent of Ripley Crossing to provide a safe environment for all residents and staff. Corrective Action: Maintenance conducted a 3rd shift fire drill on November 8, 2024. Moving forward, the Maintenance Supervisor will conduct at least 1 fire drill quarterly on each shift.	11/08/2024

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	Findings include: Based on records review and interviews with the Maintenance Supervisor (MS) on 11/06/24 between 10:10 a.m. and 12:15 p.m., the third shift during the second quarter of 2024 was missing documentation of a completed fire drill. Based on interviews at the time of record review, the MS believed the drill was completed but could not find the documentation to show the aforementioned drill was conducted. This finding was acknowledged by the MS at the time of discovery and again at the exit conference with the MS and Administrator present. 3.1-19(b) 3.1-51(c)		To further prevent this deficiency the Administrator and Maintenance will review fire drills monthly for 6 months and annually thereafter.	
K 0920 SS=E Bldg. 01	NFPA 101 Electrical Equipment - Power Cords and Extens Based on observation and interview, the facility failed to ensure 1 of 1 resident room did not use multi-plug adaptors as a substitute for fixed wiring. LSC 9.1.2 requires electrical wiring and equipment shall be in accordance with NFPA 70, National Electrical Code. NFPA 70, 2011 Edition, Article 400.8 requires that, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice affects 2 residents. Findings include: Based on observations and interviews during a tour of the facility with the Maintenance Supervisor (MS) on 11/06/24 between 12:15 p.m. and 2:20 p.m., Resident room #211 contained a	K 0920	It is the intent of Ripley Crossing to provide a safe environment for all residents and staff. Corrective Action: Maintenance immediately removed the multi-plug adapter from the resident's room. Family was educated that we are not allowed to use such adapters. To further prevent this deficiency the Maintenance Supervisor and/or Designee will be checking outlets monthly to ensure no adapters are being used.	11/06/2024

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	multi-plug adaptor powering electronic equipment. Based on interview at the time of observation, the MS agreed a mulita-plug adaptor was in use stating that the residents must have installed it recently. This finding was acknowledged by the MS at the time of discovery and again at the exit conference with the MS and Administrator present 3.1-19(b)			