

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

PRINTED: 05/23/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155165		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING		X3) DATE SURVEY COMPLETED 04/25/2023	
NAME OF PROVIDER OR SUPPLIER RIVERVIEW VILLAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 586 EASTERN BLVD CLARKSVILLE, IN 47129			
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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: 04/25/23</p> <p>Facility Number: 000082 Provider Number: 155165 AIM Number: 100289640</p> <p>At this Emergency Preparedness survey, Riverview Village was found not in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73.</p> <p>The facility has 130 certified beds. At the time of the survey, the census was 78.</p> <p>Quality Review completed on 05/01/23</p> <p>The requirement at 42 CFR, Subpart 483.73 is NOT MET as evidenced by:</p>			E 0000	<p>Please accept this plan of correction as the facility's credible allegation of compliance for LIFE SAFETY ANNUAL SURVEY dated April 25, 2023.</p> <p>Please note facility respectfully requests paper compliance review for this survey.</p>		
E 0041 SS=F Bldg. --	<p>482.15(e), 483.73(e), 485.625(e) Hospital CAH and LTC Emergency Power §482.15(e) Condition for Participation: (e) Emergency and standby power systems. The hospital must implement emergency and standby power systems based on the emergency plan set forth in paragraph (a) of this section and in the policies and procedures plan set forth in paragraphs (b)(1) (i) and (ii) of this section.</p> <p>§483.73(e), §485.625(e) (e) Emergency and standby power systems.</p>						

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

TITLE

(X6) DATE

Tina Martin

Executive Director

05/18/2023

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 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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	<p>The [LTC facility and the CAH] must implement emergency and standby power systems based on the emergency plan set forth in paragraph (a) of this section.</p> <p>§482.15(e)(1), §483.73(e)(1), §485.625(e)(1) Emergency generator location. The generator must be located in accordance with the location requirements found in the Health Care Facilities Code (NFPA 99 and Tentative Interim Amendments TIA 12-2, TIA 12-3, TIA 12-4, TIA 12-5, and TIA 12-6), Life Safety Code (NFPA 101 and Tentative Interim Amendments TIA 12-1, TIA 12-2, TIA 12-3, and TIA 12-4), and NFPA 110, when a new structure is built or when an existing structure or building is renovated.</p> <p>482.15(e)(2), §483.73(e)(2), §485.625(e)(2) Emergency generator inspection and testing. The [hospital, CAH and LTC facility] must implement the emergency power system inspection, testing, and [maintenance] requirements found in the Health Care Facilities Code, NFPA 110, and Life Safety Code.</p> <p>482.15(e)(3), §483.73(e)(3), §485.625(e)(3) Emergency generator fuel. [Hospitals, CAHs and LTC facilities] that maintain an onsite fuel source to power emergency generators must have a plan for how it will keep emergency power systems operational during the emergency, unless it evacuates.</p> <p>*[For hospitals at §482.15(h), LTC at §483.73(g), and CAHs §485.625(g):] The standards incorporated by reference in this section are approved for incorporation by reference by the Director of the Office of the</p>						

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	<p>Federal Register in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. You may obtain the material from the sources listed below. You may inspect a copy at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html. If any changes in this edition of the Code are incorporated by reference, CMS will publish a document in the Federal Register to announce the changes.</p> <p>(1) National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02169, www.nfpa.org, 1.617.770.3000.</p> <p>(i) NFPA 99, Health Care Facilities Code, 2012 edition, issued August 11, 2011.</p> <p>(ii) Technical interim amendment (TIA) 12-2 to NFPA 99, issued August 11, 2011.</p> <p>(iii) TIA 12-3 to NFPA 99, issued August 9, 2012.</p> <p>(iv) TIA 12-4 to NFPA 99, issued March 7, 2013.</p> <p>(v) TIA 12-5 to NFPA 99, issued August 1, 2013.</p> <p>(vi) TIA 12-6 to NFPA 99, issued March 3, 2014.</p> <p>(vii) NFPA 101, Life Safety Code, 2012 edition, issued August 11, 2011.</p> <p>(viii) TIA 12-1 to NFPA 101, issued August 11, 2011.</p> <p>(ix) TIA 12-2 to NFPA 101, issued October 30, 2012.</p> <p>(x) TIA 12-3 to NFPA 101, issued October 22, 2013.</p>						

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	<p>(xi) TIA 12-4 to NFPA 101, issued October 22, 2013.</p> <p>(xiii) NFPA 110, Standard for Emergency and Standby Power Systems, 2010 edition, including TIAs to chapter 7, issued August 6, 2009..</p> <p>Based on record review and interview, the facility failed to implement the emergency power system inspection, testing, and maintenance requirements found in the Health Care Facilities Code, NFPA 110, and Life Safety Code in accordance with 42 CFR 483.73(e)(2).</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 emergency generator was provided with an alarm annunciator in a location readily observed by operating personnel at a regular work station such as a nurses' stations. NFPA 99, 2012 Edition, Health Care Facilities Code, at 6.4.1.1.17 requires a remote annunciator that is storage battery powered shall be provided to operate outside of the generating room in a location readily observed by operating personnel at a regular work station. The annunciator shall be hard-wired to indicate alarm conditions of the emergency or auxiliary power source as follows:</p> <p>(1) Individual visual signals shall indicate:</p> <ul style="list-style-type: none"> a. When the emergency or auxiliary power source is operating to supply power to load. b. When the battery charger is malfunctioning. <p>(2) Individual visual signals plus a common audible signal to warn of an engine-generator alarm condition shall indicate:</p> <ul style="list-style-type: none"> a. Low lubricating oil pressure. b. Low water temperature. c. Excessive water temperature. d. Low fuel when the main fuel storage tank contains less than a 4-hour operating supply. e. Overcrank (failed to start). f. Overspeed. 	E 0041	<p>1.) There was no specific resident identified as being affected. A remote generator alarm annunciator panel will be installed at nurse station that is supervised 24 hours a day.</p> <p>2.) All residents residing in the facility have the potential to be affected. A remote generator alarm annunciator panel will be installed at nurse station that is supervised 24 hours a day.</p> <p>3.) A remote generator alarm annunciator panel will be installed at nurse station that is supervised 24 hours a day. All staff will be in-serviced on the generator alarm annunciator panel.</p> <p>4.) Operation of remote generator annunciator will be monitored through monthly preventative maintenance program and reported to facility ED during monthly facility QAPI meeting.</p>		05/25/2023		

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K 0000	<p>Where a regular work station will be unattended periodically, an audible and visual derangement signal, appropriately labeled, shall be established at a continuously monitored location. This derangement signal shall activate when any of the conditions in 6.4.1.1.17(1) and (2) occur but need not display these conditions individually. This deficient practice could affect all residents, as well as visitors and staff in the facility.</p> <p>Findings include:</p> <p>Based on observations on 04/25/23 between 12:00 p.m. and 2:30 p.m. during a tour of the facility with the Maintenance Director, the remote generator annunciator panel was located at the first floor center Nurses' Station which was not currently in operation. When asked, the Maintenance Director said this Nurses' Station is currently closed and has been for a while. The nearest Nurses' Station was located in Auguste's Cottage, which was in the smoke compartment adjacent to center Nurses' Station and separated by a set of smoke barrier doors from the center Nurses' Station. When the Maintenance Director tested the audible alarm on the remote generator annunciator panel it could not be heard at the Auguste's Cottage Nurses' Station. Based on interview at the time of observation, the Maintenance Director confirmed the only remote generator annunciator panel was located at the center Nurses' Station which was not currently in use.</p> <p>This finding was reviewed with the Administrator and Maintenance Director during the exit conference.</p>						

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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: 04/25/23</p> <p>Facility Number: 000082 Provider Number: 155165 AIM Number: 100289640</p> <p>At this Life Safety Code survey, Riverview Village 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 two story facility was determined to be of Type II (111) construction and fully sprinkled. The facility has a fire alarm system with smoke detection on both levels including the corridors and spaces open to the corridors, plus battery operated smoke alarms in all resident sleeping rooms. The facility has a capacity of 130 and had a census of 78 at the time of this visit.</p> <p>All areas where residents have customary access were sprinkled and all areas providing facility services were sprinkled except the detached laundry building.</p> <p>Quality Review completed on 05/01/23</p>			K 0000	<p>Please accept this plan of correction as the facility's credible allegation of compliance for LIFE SAFETY ANNUAL SURVEY dated April 25, 2023.</p> <p>Please note facility respectfully requests paper compliance review for this survey.</p>		
K 0321 SS=E Bldg. 01	<p>NFPA 101 Hazardous Areas - Enclosure Hazardous Areas - Enclosure</p>						

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	<p>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 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 the corridor door to 1 of over 10 hazardous area doors, such as storage room door, was provided with a self closing device. This deficient practice could affect mostly staff in the second floor D Hall, plus any residents while in the same smoke compartment.</p>			K 0321	<p>1.) There was no specific resident identified as being affected. A self-closing device was installed on the memory care storage room door.</p> <p>2.) There are no residents residing on D Hall. All other hazardous area doors were</p>		05/25/2023

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K 0363 SS=E Bldg. 01	<p>Findings include:</p> <p>Based on observations on 04/25/23 between 12:00 p.m. and 2:30 p.m. during a tour of the facility with the Maintenance Director, the Memory Care Storage Room was over 50 square feet in size and was full of combustible items such as cardboard boxes, totes, plus paper and plastic items. The corridor door to this room was not provided with a self closing device to ensure the door would close automatically. Based on interview at the time of observation, the Maintenance Director confirmed the Memory Care Storage Room corridor door was not provided with a self closing device.</p> <p>This finding was reviewed with the Administrator and Maintenance Director during the exit conference.</p> <p>3.1-19(b)</p> <p>NFPA 101 Corridor - Doors Corridor - Doors Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas resist the passage of smoke and are made of 1 3/4 inch solid-bonded core wood or other material capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Corridor doors and doors to rooms containing flammable or combustible materials have positive latching hardware. Roller latches are prohibited by CMS regulation. These requirements do not apply to auxiliary spaces that do not contain flammable or combustible material.</p>				<p>checked by the Maintenance Director to ensure self-closing devices were functional.</p> <p>3.) Automatic closure was placed on door date of identification 4-25-23. Doors will be checked monthly or as needed based on construction and repairs to ensure self-closing devices are functional.</p> <p>4.) 100% of facility doors that are used for storage have been reviewed to ensure automatic closures are in place. Doors will be monitored monthly through facility preventative maintenance program and results will be reported to facility ED during monthly QAPI meeting.</p>		

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	<p>Clearance between bottom of door and floor covering is not exceeding 1 inch. Powered doors complying with 7.2.1.9 are permissible if provided with a device capable of keeping the door closed when a force of 5 lbf is applied. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies.</p> <p>19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485</p> <p>Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc.</p> <p>Based on observation and interview, the facility failed to ensure 5 of 18 resident room corridor doors on the C Hall would close completely and latch, and resist the passage of smoke. This deficient practice could affect up to 30 residents, as well as staff and visitors.</p> <p>Findings include:</p> <p>Based on observations on 04/25/23 between 12:00 p.m. and 2:30 p.m. during a tour of the facility with the Maintenance Director, the following was noted:</p> <p>a. Room 211 corridor door did not latch into its door frame.</p>			K 0363	<p>1.) There was no specific resident identified as being affected. The doors on C hall now close completely and latch. Room 211, 213, 217, 218 and 212 have been adjusted to latch and to close so that there are no gaps in the door when closed to prevent smoke penetration.</p> <p>2.) Residents residing on C hall have the potential to be affected including staff and visitors. All doors in the facility were checked by the</p>		05/25/2023

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K 0916 SS=F Bldg. 01	<p>b. Room 213 corridor door had a one half inch gap at the top of the door when closed fully.</p> <p>c. Room 217 corridor door did not close completely leaving a one inch gap between the entire length of the latching side of the door.</p> <p>d. Room 218 corridor door had a one half inch gap at the top of the door when closed fully.</p> <p>e. Room 212 corridor door did not latch into its door frame.</p> <p>Based on interview at the time of observations, the Maintenance Director agreed these doors did not close completely and latch and were not smoke resistant when closed fully.</p> <p>This finding was reviewed with the Administrator and Maintenance Director during the exit conference.</p> <p>3.1-19(b)</p> <p>NFPA 101 Electrical Systems - Essential Electric Syste Electrical Systems - Essential Electric System Alarm Annunciator A remote annunciator that is storage battery powered is provided to operate outside of the generating room in a location readily observed by operating personnel. The annunciator is hard-wired to indicate alarm conditions of the emergency power source. A centralized computer system (e.g., building information system) is not to be substituted for the alarm annunciator.</p> <p>6.4.1.1.17, 6.4.1.1.17.5 (NFPA 99) Based on observation and interview, the facility failed to ensure 1 of 1 emergency generator was provided with an alarm annunciator in a location readily observed by operating personnel at a regular work station such as a nurses' stations. NFPA 99, 2012 Edition, Health Care Facilities</p>			K 0916	<p>maintenance director to ensure all resident room corridor doors close completely and latch.</p> <p>3.) Room 211, 213, 217, 218 and 212 have been adjusted to latch and to close so that there is no gaps in the door when closed to prevent smoke penetration.</p> <p>4.) All corridor doors will be checked monthly by the Maintenance Director for proper closure for 3 months and quarterly thereafter and documented in facility preventative maintenance logs. Results will be reviewed during facility monthly QAPI meeting.</p> <p>.) There was no specific resident identified as being affected. A remote generator alarm annunciator panel will be installed at nurse station that is supervised 24 hours a</p>		05/25/2023

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	<p>Code, at 6.4.1.1.17 requires a remote annunciator that is storage battery powered shall be provided to operate outside of the generating room in a location readily observed by operating personnel at a regular work station. The annunciator shall be hard-wired to indicate alarm conditions of the emergency or auxiliary power source as follows:</p> <p>(1) Individual visual signals shall indicate:</p> <p>a. When the emergency or auxiliary power source is operating to supply power to load.</p> <p>b. When the battery charger is malfunctioning.</p> <p>(2) Individual visual signals plus a common audible signal to warn of an engine-generator alarm condition shall indicate:</p> <p>a. Low lubricating oil pressure.</p> <p>b. Low water temperature.</p> <p>c. Excessive water temperature.</p> <p>d. Low fuel when the main fuel storage tank contains less than a 4-hour operating supply.</p> <p>e. Overcrank (failed to start).</p> <p>f. Overspeed.</p> <p>Where a regular work station will be unattended periodically, an audible and visual derangement signal, appropriately labeled, shall be established at a continuously monitored location. This derangement signal shall activate when any of the conditions in 6.4.1.1.17(1) and (2) occur but need not display these conditions individually. This deficient practice could affect all residents, as well as visitors and staff in the facility.</p> <p>Findings include:</p> <p>Based on observations on 04/25/23 between 12:00 p.m. and 2:30 p.m. during a tour of the facility with the Maintenance Director, the remote generator annunciator panel was located at the first floor center Nurses' Station which was not currently in operation. When asked, the Maintenance Director said this Nurses' Station is currently</p>				<p>day.</p> <p>2.) All residents residing in the facility have the potential to be affected. A remote generator alarm annunciator panel will be installed at nurse station that is supervised 24 hours a day.</p> <p>3.) A remote generator alarm annunciator panel will be installed at nurse station that is supervised 24 hours a day. All staff will be in-serviced on the generator alarm annunciator panel.</p> <p>4.) Operation of remote generator annunciator will be monitored through monthly preventative maintenance program and reported to facility ED during monthly facility QAPI meeting.</p>		

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155165		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING		X3) DATE SURVEY COMPLETED 04/25/2023	
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	<p>closed and has been for a while. The nearest Nurses' Station was located in Auguste's Cottage, which was in the smoke compartment adjacent to center Nurses' Station and separated by a set of smoke barrier doors from the center Nurses' Station. When the Maintenance Director tested the audible alarm on the remote generator annunciator panel it could not be heard at the Auguste's Cottage Nurses' Station. Based on interview at the time of observation, the Maintenance Director confirmed the only remote generator annunciator panel was located at the center Nurses' Station.</p> <p>This finding was reviewed with the Administrator and Maintenance Director during the exit conference.</p> <p>3.1-19(b)</p>						