

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

PRINTED: 02/20/2025

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155849	X2) MULTIPLE CONSTRUCTION A. BUILDING -- _____ B. WING _____	X3) DATE SURVEY COMPLETED 02/05/2025
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NAME OF PROVIDER OR SUPPLIER RIVER TERRACE HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP COD 120 PRESBYTERIAN AVE MADISON, IN 47250
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(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>An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73.</p> <p>Survey Date: 02/05/25</p> <p>Facility Number: 013535 Provider Number: 155849 AIM Number: 300018660</p> <p>At this Emergency Preparedness survey, River Terrace Health Campus 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 57 certified beds. At the time of the survey, the census was 33.</p> <p>Quality Review completed on 02/07/25</p>	E 0000		
K 0000 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: 02/05/25</p> <p>Facility Number: 013535 Provider Number: 155849 AIM Number: 300018660</p> <p>At this Life Safety Code survey, River Terrace Health Campus was found not in compliance with</p>	K 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Rhonda Gibson	Executive Director	02/18/2025

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 disclosed 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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K 0712 SS=C Bldg. 01	<p>Requirements for Participation in Medicare, 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 facility was located on the first and second floors of a four story building with a basement and was determined to be of Type I (332) 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 in all resident sleeping rooms. The facility has a capacity of 57 and had a census of 33 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered, and all areas providing facility services were sprinklered, except two detached buildings housing the facility's emergency generators.</p> <p>Quality Review completed on 02/07/25</p> <p>NFPA 101 Fire Drills</p> <p>Based on record review and interview, the facility failed to conduct quarterly fire drills on unexpected days and at unexpected times under varying conditions. This deficient practice could affect all residents, staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on records review and interview with the Chief Engineer (CE) and Facilities Support Representative on 02/05/25 between 10:30 a.m. and 12:35 p.m., 5 of 12 quarterly fire drills were</p>	K 0712	Preparation or execution of this plan of correction does not constitute admission or agreement of provider of the truth of the facts alleged or conclusions set forth on the Statement of Deficiencies. The Plan of Correction is prepared and executed solely because it is required by the position of Federal and State Law. The Plan of Correction is submitted to respond to the allegations of	02/19/2025

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	<p>conducted near the end of the month, around the 28th day of the month. These conditions do not allow fire drills to be conducted on unexpected and unpredictable days.</p> <p>This finding was acknowledged by the CE at the time of discovery and again at the exit conference with the CE and Facilities Support Representative present.</p> <p>3.1-19(b)</p>		<p>noncompliance cited during the Annual Life Safety Survey conducted February 5th, 2025. Please accept this Plan of Correction as the provider's credible allegation of compliance as of February 19th, 2025. The provider respectfully requests desk review with paper compliance to be considered in establishing that the provider is in substantial compliance.</p> <p>K712- Fire Drills Compliance Date 2/19/25</p> <p>1 What corrective action will be accomplished for those residents found to have been affected by the deficient practice? The Director of Plant Operations was educated by the Executive Director on NFPA 101 Fire Drills. Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held on unexpected days and unpredictable times under varying conditions, at least quarterly on each shift. The Director of Plant Operations conducted fire drills on all 3 shifts</p> <p>2 How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken?</p>	

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			<p>The deficient practice could affect all residents, staff and visitors in the facility.</p> <p>3 What measures will be put into place, and what systemic changes will be made to ensure the deficient practice does not occur?</p> <p>The Director of Plant Operations will inspect drills 1 x per month x 6 months for proper varying timing of fire drills.</p> <p>4 How the corrective action(s) will be monitored to ensure the deficient practice will not recur?</p> <p>Results of these inspections will be presented by the Executive Director to the QAPI committee for further recommendations and continue until the Quality Assurance Team determines substantial compliance has been achieved.</p>	