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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155854 | X2) MULTIPLE CONSTRUCTION A. BUILDING: -- B. WING: _____ | X3) DATE SURVEY COMPLETED 02/02/2023 |
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| NAME OF PROVIDER OR SUPPLIER NORTH RIVER HEALTH CAMPUS | STREET ADDRESS, CITY, STATE, ZIP COD 811 E BASELINE ROAD EVANSVILLE, IN 47725 |
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| (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 |
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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: 02/02/23</p> <p>Facility Number: 013703 Provider Number: 155854 AIM Number: 300025690</p> <p>At this Emergency Preparedness survey, North River 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 58 certified beds. At the time of the survey, the census was 43.</p> <p>Quality Review completed on 02/06/23</p> | E 0000 | <p>Please reference the enclosed 2567 as "Plan of Correction" for our Annual Life Safety Survey that was conducted at North River health Campus. The plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or conclusion set forth in the statement of deficiencies. This plan of correction is prepared and/or executed as a requirement of the provision of the Federal State laws. The Plan of Correction submitted on 2/16/2023 serves as our allegation of compliance. The facility respectfully requests from the department a desk review for substantial compliance.</p> | |
| 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: 02/02/23</p> <p>Facility Number: 013703 Provider Number: 155854 AIM Number: 300025690</p> <p>At this Life Safety Code survey, North River Health Campus was found not in compliance with</p> | K 0000 | <p>Please reference the enclosed 2567 as "Plan of Correction" for our Annual Life Safety Survey that was conducted at North River health Campus. The plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or conclusion set forth in the statement of deficiencies. This plan of correction is prepared and/or executed as a requirement of the provision of the Federal</p> | |

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
| Shelly Miller | Executive Director | 02/16/2023 |

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 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 0353 SS=F 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 one story facility was determined to be of Type V (111) 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 58 and had a census of 43 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.</p> <p>Quality Review completed on 02/06/23</p> <p>NFPA 101 Sprinkler System - Maintenance and Testing Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available.</p> <p>a) Date sprinkler system last checked _____</p> <p>b) Who provided system test _____</p> <p>c) Water system supply source _____</p> <p>Provide in REMARKS information on coverage for any non-required or partial</p> | | <p>State laws. The Plan of Correction submitted on 2/16/2023 serves as our allegation of compliance. The facility respectfully requests from the department a desk review for substantial compliance.</p> | | |

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| | <p>automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 Based on observation and interview, the facility failed to ensure 2 of 2 private fire hydrants were continuously maintained in reliable operating condition and inspected and tested periodically. NFPA 25, 2011 Edition, the Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, Table 7.1.1.2 requires wet and dry barrel hydrants to be inspected annually and after each operation. This deficient practice affects all residents in the facility.</p> <p>Findings include:</p> <p>Based on interview during record review on 02/02/23 at 12:15 p.m. with the Director of Plant Operations present, it was determined the facility had two fire hydrants on the facility property with both fire hydrants being privately owned by the facility. The most recent documentation available for an annual inspection of the privately owned fire hydrants was dated 04/23/21, which over a year and a half past due for inspection. The lack of an annual inspection for the privately owned fire hydrants was acknowledged by the Director of Plant Operations at the time of record review.</p> <p>This finding was reviewed with the Director of Plant Operations during the exit conference.</p> <p>3.1-19(b)</p> | K 0353 | <p>K 353 Sprinkler System - Maintenance and Testing CFR(s): NFPA 101 Sprinkler System</p> <ol style="list-style-type: none"> No residents were affected by the alleged deficient practice. All residents could have been affected by the alleged deficient practice. On 2/7/2023, testing and inspection of the identified fire hydrants were completed with no concerns identified. See invoice for completed inspection and testing by licensed provider. ED will validate that the required fire hydrant testing is posted on the TELS system to trigger completion annually. The Director of Plant Operations was educated by the Executive Director on NFPA 25, 2011 Edition, the standard for the Inspection, Testing, and Maintenance of Water-Based System, Table 7.1.1.2. As a quality measure, the ED or designee will review any findings and corrective action at least monthly x6 months and x1 per quarterly until 100% compliance is achieved. All findings will be reviewed in the monthly in the Quality Assurance Performance Improvement | 02/16/2023 |

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

PRINTED: 02/21/2023
FORM APPROVED
OMB NO. 0938-039

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