

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 04/08/2025
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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 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: 04/08/25</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 47.</p> <p>Quality Review completed on 04/10/25</p>	E 0000	The submission of this plan of correction does not indicate an admission by North River Health Campus that the findings and allegations contained herein are accurate, true representation of the quality of care provided and the living environment provided to the residents of North River Health Campus. The facility recognizes its obligation to provide legally and medically necessary care and services to its residents in an economic and efficient manner. The facility hereby maintains it is in substantial compliance with all state and federal requirements governing the management of this facility. It is thus submitted as a matter of statute only.	
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: 04/08/25</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	The submission of this plan of correction does not indicate an admission by North River Health Campus that the findings and allegations contained herein are accurate, true representation of the quality of care provided and the living environment provided to the residents of North River Health Campus. The facility recognizes its obligation to provide legally and medically necessary care and services to its residents in an	

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

TITLE

(X6) DATE

Mikayla Watkins

Administrator

04/24/2025

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 0351 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 47 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 04/10/25</p> <p>NFPA 101 Sprinkler System - Installation</p> <p>Based on observation and interview, the facility failed to ensure the sprinkler system piping was properly secured in the attic area of 1 of 6 smoke compartments. NFPA 13, 2010 Edition, Installation of Sprinkler Systems, Section 9.2.3.7 states Sprigs 4 feet or longer shall be restrained against lateral movement. This deficient practice could affect all residents, staff, and visitors.</p> <p>Findings include:</p> <p>Based on observations on 04/08/25 at 1:00 p.m. during a tour of the facility with the Director of Plant Operations and Regional Maintenance Support, there were at least 10 or more sprinkler pipe sprigs in the attic space above the center</p>	K 0351	<p>economic and efficient manner. The facility hereby maintains it is in substantial compliance with all state and federal requirements governing the management of this facility. It is thus submitted as a matter of statute only.</p> <p>The Director of Plant Operations has contacted Firetech Sprinkler and Backflow Service, LLC to have the sprinkler pipe sprigs in the attic area properly restrained against lateral movement. The Director of Plant Operations was educated by the Executive Director on NFPA 13, 2010 Edition, Installation of Sprinkler Systems, Section 9.2.3.7. The Director of Plant Operations and/or designee will audit the deficient sprinkler system located in the attic area for proper installation 1x per week x4 weeks</p>	05/09/2025

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

PRINTED: 04/29/2025

FORM APPROVED

OMB NO. 0938-039

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	<p>corridor and kitchen area that were not restrained against lateral movement. The sprinkler pipe sprigs were all at least 8 feet tall. Based on interview at 1:00 p.m. this was acknowledged by the Director of Plant Operations and Regional Maintenance Support.</p> <p>This finding was reviewed with the Administrator, Director of Plant Operations and Regional Maintenance Support during the exit conference.</p> <p>3.1-19(b)</p>		<p>x1 month.</p> <p>Results of this audit will be presented by the Executive Director to the QAPI committee for further recommendations and continue until substantial compliance has been achieved. This deficient practice could affect all residents, staff and visitors.</p>	