

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155280	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>02</u> B. WING _____	X3) DATE SURVEY COMPLETED 08/03/2016
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NAME OF PROVIDER OR SUPPLIER WATERS OF DILLSBORO-ROSS MANOR, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 12803 LENOVER ST DILLSBORO, IN 47018
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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
K 0000 Bldg. 02	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 08/02/16-08/03/16</p> <p>Facility Number: 000178 Provider Number: 155280 AIM Number: 100273840</p> <p>At this Life Safety Code survey, The Waters of Dillsboro-Ross Manor was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code and 410 IAC 16.2. The original Waters of Dillsboro building and Ross Manor buildings were surveyed with Chapter 19, Existing Health Care Occupancies.</p> <p>The Waters of Dillsboro-Ross Manor consisted of two separate buildings. The Waters of Dillsboro, a two story facility was determined to be of Type V (000) construction with a basement and fully sprinkled. Ross Manor, a one story</p>	K 0000	<p>Preparation and/or execution of this plan of correction in general, or this corrective action in particular, does not constitute an admission of agreement by this facility of the facts alleged or conclusions set forth in this statement of deficiencies. The plan of correction and specific corrective actions are prepared and/or executed in compliance with State and Federal Laws. Facility's date of alleged compliance is: September 2, 2016. Facility is respectfully requesting paper compliance for all deficiencies in this POC.</p>	

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

TITLE

(X6) DATE

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 90 days 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 14 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 0012 SS=F Bldg. 02	<p>facility was determined to be Type V (111) construction and fully sprinkled. Both facilities have a fire alarm system with smoke detection on all levels of the Waters of Dillsboro building and Ross Manor building including the corridors, spaces open to the corridors, and battery operated smoke detectors in all resident sleeping rooms in the Waters of Dillsboro building and the Ross Manor building. The Waters of Dillsboro-Ross Manor has a capacity of 123 and had a census of 82 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.</p> <p>Quality Review completed on 08/11/16 - DA</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Building construction type and height meets one of the following: 19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.1</p> <p>Based on observation and interview, the facility failed to ensure 1 of 2 floors was constructed with a 1 hour rated floor structure. This deficient practice affects all residents who reside in the Waters of Dillsboro building.</p> <p>Findings include:</p>	K 0012	Please see attached Life Safety Code Waiver request letter. A.ACTION TAKEN: FP&C Consultants,Inc. were retained to evaluate the building through the Fire Safety Evaluation System (FSES). Dennis Bradshaw conducted building survey on August 19, 2016. Upon completion of all minor	09/02/2016

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K 0014 SS=E Bldg. 02	<p>Based on a tour of the Waters of Dillsboro building basement on 08/02/16 from 9:35 a.m. to 10:30 a.m. with the maintenance supervisor, the basement to first floor was separated with exposed wood floor joists in the east basement storage room, the southwest basement boiler room and the northwest basement maintenance workshop room. Based on an interview with the maintenance supervisor on 08/02/16 at 10:00 a.m., the first floor is constructed of one half inch plywood with vinyl flooring throughout the first floor with no fire rated material. The basement ceiling lacking one hour construction was verified by the maintenance supervisor at the time of observations and acknowledged by the maintenance supervisor at the exit conference on 08/03/16 at 12:45 p.m.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Interior finish for means of egress, including exposed interior surfaces of buildings such as fixed or movable walls, partitions, columns, and ceilings has a flame spread rating of Class A or Class B. Interior finishes existing before December 17, 2010 that are applied directly to wall and ceilings with a thickness of less than 1/28 inch shall be permitted to remain in use without flame spread rating documentation. 10.2, 19.3.3.1, 19.3.3.2, NFPA TIA 00-2</p>				<p>deficiencies noted, the FSES has determined that the level of fire safety is at least equivalent to that prescribed by NFPA 101 , Life Safety Code, for existing health care facilities. B.OTHERS IDENTIFIED: None C.MEASURES TAKEN: No further recommendations D.HOW MONITORED: 1. The maintenance supervisor/designee will continue to monitor life safety code in the facility as required by regulations. 2. Any changes to the structure of the building will be reported to life safety for review to stay with in the required standards of the building. E.This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is September 2, 2016.</p>		

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K 0018 SS=E Bldg. 02	<p>Based on observation and interview, the facility failed to ensure 1 of 2 first floor Hope Springs Halls in the Waters of Dillsboro building was provided with an interior finish with a flame spread rating of Class A or Class B. This deficient practice could affect 14 residents who reside on the first floor Hope Springs Hall.</p> <p>Findings include:</p> <p>Based on observation on 08/02/16 during a tour of the first floor Hope Springs Hall from 11:10 a.m. to 12:00 p.m. with the maintenance supervisor, the Hope Springs Hall corridor had carpeting installed on both sides of the corridor extending four feet up from the floor. Based on an interview with the maintenance supervisor on 08/02/16 at 11:55 a.m., there is no documentation to indicate the flame spread rating of the Hope Springs Hall wall carpeting. This was verified by the maintenance supervisor at the time of observation and acknowledged by the maintenance supervisor at the exit conference on 08/03/16 at 12:45 p.m.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other</p>	K 0014	<p>A.ACTION TAKEN: Carpeting on the walls of the first floor HopeSprings hallways were removed. B.OTHERS IDENTIFIED:NoneC.ME ASURES TAKEN:No further recommendationsD.HOW MONITORED:1. The maintenance supervisor/designee will continue to monitor life safety code in the facility as required by regulations.2. Any changes to the structure of the building will be reported to life safety for review to stay with in the required standards of the building.E.This plan of correction constitutes our credible allegation of compliance with all regulatory requirements.</p>	09/02/2016

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	<p>than required enclosures of vertical openings, exits, or hazardous areas shall be substantial doors, such as those constructed of 13/4 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Clearance between bottom of door and floor covering is not exceeding 1 inch. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Doors shall be provided with a means suitable for keeping the door closed. 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 8.2.3.2.1. Roller latches are prohibited by CMS regulations in all health care facilities. 19.3.6.3</p> <p>Based on observation and interview, the facility failed to ensure the 2 of 2 clean linen corridor room doors in the Waters of Dillsboro building were provided with a suitable means for keeping the door closed. This deficient practice affects 14 residents on the first floor Hope Springs Hall and 12 residents who reside on the second floor Long Hall.</p> <p>Findings include:</p> <p>Based on observations with the maintenance supervisor on 08/02/16 during a tour of the Waters of Dillsboro building, the first floor Hope Springs Hall clean linen room and the second</p>	K 0018	<p>A.ACTION TAKEN: A positive latch mechanism was purchased and installed on the clean linen corridor room doors on the first floor of the HopeSprings hall and the second floor Long Hall.B.OTHERS IDENTIFIED:NoneC.ME ASURES TAKEN:No further recommendationsD.HO W MONITORED:1. The maintenance supervisor/designee will continue to monitor life safety code in the facility as required by</p>	09/02/2016

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K 0020 SS=E Bldg. 02	<p>floor Long Hall clean linen room each had a roller latch used to latch the doors in the door frame. This was verified by the maintenance supervisor at the time of observations and acknowledged by the maintenance supervisor at the exit conference on 08/03/16 at 12:45 p.m.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Stairways, elevator shafts, light and ventilation shafts, chutes, and other vertical openings between floors are enclosed with construction having a fire resistance rating of at least one hour. An atrium may be used in accordance with 8.2.5, 8.2.5.6, 19.3.1.1 Based on observation and interview, the facility failed to maintain the vertical opening protection for 3 of 5 stairwells. LSC 8.2.5.2 requires enclosure of vertical openings including stairwells with fire barrier walls with a fire resistance rating of at least one hour. This deficient practice could affect 36 residents who reside on the second floor of the Waters of Dillsboro building.</p> <p>Findings include:</p> <p>Based on observations on 08/02/16 during a tour of the facility with the</p>	K 0020	<p>regulations.2. Any changes to the structure of the bulding will be reported to life safety for review to stay with in the required standards of the building.E.This plan of correction constitutes our credible allegation of compliance with all regulatory requirements.</p> <p>See attached purchase order for doors specified.A.ACTION TAKEN: The second floor north and south stairway doors leading to the attic and the basement laundry room door leading to the stairway exit are being replaced with doors with proper labeling and fire resistance rating of at least one hour. B.OTHERS IDENTIFIED: None C.MEASURES TAKEN: No further recommendations D.HOW MONITORED: 1. The maintenance supervisor/designee will continue to monitor life safety code in the facility as required by regulations. 2. Any changes to the</p>	09/02/2016

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K 0025 SS=F Bldg. 02	<p>maintenance supervisor, the second floor north and south stairway doors leading to the attic and the basement laundry room door leading to the stairway exit enclosure each lacked a fire resistance label. Based on an interview with the maintenance supervisor at the time of observation, there was no documentation available to indicate the fire resistance rating of the two second floor attic access vertical opening doors and the basement laundry room vertical opening door. This was verified by the maintenance supervisor at the time of observations and interview and acknowledged by the maintenance supervisor at the exit conference on 08/03/16 at 12:45 p.m.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers shall be constructed to provide at least a one half hour fire resistance rating and constructed in accordance with 8.3. Smoke barriers shall be permitted to terminate at an atrium wall. Windows shall be protected by fire-rated glazing or by wired glass panels and steel frames. 8.3, 19.3.7.3, 19.3.7.5</p> <p>Based on observations and interview, the facility failed to ensure the smoke barriers in 4 of 6 attic smoke barriers in the Waters of Dillsboro building were constructed to provide at least a one half</p>	K 0025	<p>structure of the building will be reported to life safety for review to stay with in the required standards of the building. E.This plan of correction constitutes our credible allegation of compliance with all regulatory requirements.</p> <p>A.ACTION TAKEN: The first floor HopeSprings hall attic smoke barrier wall was reinforced with new fire rated</p>	09/02/2016

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	<p>hour fire resistance rating. LSC Section 8.3.6.1 requires the passage of building service materials such as pipe, cable wire to be protected so the space between the penetrating item and the smoke barrier shall be filled with a material capable of maintaining the smoke resistance of the smoke barrier or be protected by an approved device designed for the specific purpose. This deficient practice affects all residents who reside in the Waters of Dillsboro building.</p> <p>Findings include:</p> <p>Based on observations with the maintenance supervisor on 08/02/16 from 1:25 p.m. to 2:23 p.m., the following attic smoke barrier walls in the Waters of Dillsboro building had penetrations not fire stopped;</p> <ol style="list-style-type: none"> 1. The first floor Hope Springs Hall attic smoke barrier wall had three, two and a half inch gap around a cable bundle and electric conduit penetrations not fire stopped. 2. The first floor Hope Springs Short Hall attic smoke barrier wall had three open areas measuring two feet by two feet where the lathe plaster and drywall was missing. 3. The second floor Long Hall attic smoke barrier wall had a one inch gap around an electrical conduit penetration 		<p>insulation. The first floor HopeSprings short hall attic smoke barrier was repaired with fire resistant insulation and the dry wall was replaced. The second floor Long Hall attic smoke barrier was reinforced with fire clauk. The basement smoke barrier wall in the laundry room was sealed with mortar. The first floor HopeSprings hall, first floor HopeSprings short hall, second floor Long Hall and basement attic smoke barrier wall gaps were reinforced with insulation. B. OTHERS IDENTIFIED: None C. MEASURES TAKEN: No further recommendations D. HOW MONITORED: 1. The maintenance supervisor/designee will continue to monitor life safety code in the facility as required by</p>	

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K 0029 SS=F Bldg. 02	<p>not fire stopped.</p> <p>4. The basement smoke barrier wall at the laundry room had a four inch by four inch square area of concrete missing. The first floor Hope Springs Hall, first floor Hope Springs Short Hall, second floor Long Hall and basement attic smoke barrier wall gaps not fire stopped was verified by the maintenance supervisor at the time of observations and acknowledged by the maintenance supervisor at the exit conference on 08/02/16 at 12:45 p.m.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with o hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 Based on observations and interview, the facility failed to ensure 2 of 2 basement combustible storage room/maintenance workshop/gas fired equipment room in the Waters of Dillsboro building was provided with smoke resistant partitions and 1 of 12 corridor doors to combustible</p>	K 0029	<p>regulations.2. Any changes to the structure of the building will be reported to life safety for review to stay with in the required standards of the building.E.This plan of correction constitutes our credible allegation of compliance with all regulatory requirements.</p> <p>Please see attached Life Safety Code Waiver request letter. A.ACTION TAKEN: FP&C Consultants,Inc. were</p>	09/02/2016

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	<p>storage rooms over 50 square feet in the Waters of Dillsboro building was provided with a self closing device which would cause the door to automatically close and latch into the door frame. This deficient practice could affect all residents in the Waters of Dillsboro building.</p> <p>Findings include:</p> <p>Based on observations on 08/02/16 during a tour of the Waters of Dillsboro building from 9:35 a.m. to 2:25 p.m. with the maintenance supervisor, the following basement hazardous areas lacked smoke partitions or the doors failed to self close in the door frames:</p> <p>a. The east room in the basement, which measured thirty six hundred square feet and stored combustible resident clothing in cardboard boxes, plastic mattresses, and wooden bed frames was enclosed with a wood studded wall covered in chicken wire. Furthermore, the ceiling separation between the basement and the first floor was wooden floor joists and lacked an interior finish.</p> <p>b. The southwest room in the basement, which was used for three gas fired boilers, and the northwest room in the basement, which was used as a maintenance workshop, each lacked a ceiling separation between the basement</p>		<p>retained to evaluate the building through the Fire Safety Evaluation System (FSES). Dennis Bradshaw conducted building survey on August 19, 2016. Upon completion of all minor deficiencies noted, the FSES has determined that the level of fire safety is at least equivalent to that prescribed by NFPA 101 , Life Safety Code, for existing health care facilities. B.OTHERS IDENTIFIED:NoneC.ME ASURES TAKEN:No further recommendationsD.HOW MONITORED:1. The maintenance supervisor/designee will continue to monitor life safety code in the facility as required by regulations.2. Any changes to the structure of the building will be reported to life safety for</p>	

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K 0062 SS=E Bldg. 02	<p>and the first floor with wooden floor joists exposed.</p> <p>c. The second floor storage room, which measured one hundred sixty six square feet and stored twelve cardboard boxes of paper cleaning supplies and six shelves of plastic and paper supplies, had a self closing device on the door that failed to self close on two separate attempts and left a one inch gap along the latching side of the door.</p> <p>This was verified by the maintenance supervisor at the time of observations and acknowledged by the maintenance supervisor at the exit conference on 08/03/16 at 12:45 p.m.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>Based on observation and interview, the facility failed to ensure 1 of over 300 sprinkler heads in the Waters of Dillsboro building was maintained. This deficient practice could affect 12 residents who reside on the second floor Station 2 Hall.</p> <p>Findings include:</p>	K 0062	<p>review to stay with in the required standards of the building.E.This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is September 2, 2016.</p> <p>A.ACTION TAKEN: The sprinkler located on the second floor near the storage room on the station 2 hall was repaired by replacing the escutcheon. B.OTHERS IDENTIFIED:NoneC.ME ASURES TAKEN:No</p>	09/02/2016	

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K 0066 SS=E Bldg. 02	<p>Based on observation on 08/02/16 at 1:20 p.m. with the maintenance supervisor, the second floor storage room on the Station 2 Hall sprinkler was missing the escutcheon.</p> <p>This was verified by the maintenance supervisor at the time of observation and acknowledged by the maintenance supervisor at the exit conference on 08/03/16 at 12:45 p.m.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Smoking regulations are adopted and include no less than the following provisions:</p> <p>(1) Smoking is prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area is posted with signs that read NO SMOKING or with the international symbol for no smoking.</p> <p>(2) Smoking by patients classified as not responsible is prohibited, except when under direct supervision.</p>		<p>further recommendationsD.HO W MONITORED:1. The maintenance supervisor/designee will continue to monitor life safety code in the facility as required by regulations.2. Any changes to the structure of the bulding will be reported to life safety for review to stay with in the required standards of the building.E.This plan of correction constitutes our credible allegation of compliance with all regulatory requirements.</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155280	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>02</u> B. WING _____	X3) DATE SURVEY COMPLETED 08/03/2016
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NAME OF PROVIDER OR SUPPLIER WATERS OF DILLSBORO-ROSS MANOR, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 12803 LENOVER ST DILLSBORO, IN 47018
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	<p>(3) Ashtrays of noncombustible material and safe design are provided in all areas where smoking is permitted.</p> <p>(4) Metal containers with self-closing cover devices into which ashtrays can be emptied are readily available to all areas where smoking is permitted. 19.7.4 Based on observation, record review, and interview, the facility failed to ensure 2 of 2 areas where smoking was permitted in the Waters of Dillsboro building and 1 of 1 area where smoking was permitted in the Ross Manor building used a noncombustible ashtray and metal self closing containers for discarded smoking material. This deficient practice could affect 18 residents who smoke in the facility and use the outside locations where smoking is permitted.</p> <p>Findings include:</p> <p>Based on observations on 08/02/16 at 12:20 p.m., and 08/03/16 at 11:20 p.m. with the maintenance supervisor, the Waters of Dillsboro building front and back outside smoking location and the Ross Manor building front outside smoking location each had a non combustibile ashtray but lacked metal containers with a self closing cover for discarded smoking material. This was verified by the maintenance supervisor at the time of observations and</p>	K 0066	<p>A.ACTION TAKEN: Noncombustible ashtray's with metal self closing containers for discarding on smoking materials were placed at the 2 designated smoking areas at the Dillsboro building and 1 designated smoking area at the Ross building.B.OTHERS IDENTIFIED:NoneC.ME ASURES TAKEN:No further recommendationsD.HO W MONITORED:1. The maintenance supervisor/designee will continue to monitor life safety code in the facility as required by regulations.2. Any changes to the structure of the building will be reported to life safety for review to stay with in the required standards of the building.E.This plan of</p>	09/02/2016

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K 0071 SS=F Bldg. 02	<p>acknowledged by the maintenance supervisor at the exit conference on 08/03/16 at 12:45 p.m.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Rubbish Chutes, Incinerators and Laundry Chutes:</p> <p>(1) Any existing linen and trash chute, including pneumatic rubbish and linen systems, that opens directly onto any corridor is sealed by fire resistive construction to prevent further use or is provided with a fire door assembly having a fire protection rating of 1 hour. All new chutes comply with section 9.5.</p> <p>(2) Any rubbish chute or linen chute, including pneumatic rubbish and linen systems, is provided with automatic extinguishing protection in accordance with 9.7.</p> <p>(3) Any trash chute discharges into a trash collection room used for no other purpose and protected in accordance with 8.4.</p> <p>(4) Existing flue-fed incinerators are sealed by fire resistive construction to prevent further use. 19.5.4, 9.5, 8.4, NFPA 82</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 laundry chute in the Waters of Dillsboro building used the basement discharge location for no other purpose. This deficient practice could affect all residents in the Waters of</p>	K 0071	<p>correction constitutes our credible allegation of compliance with all regulatory requirements.</p> <p>A.ACTION TAKEN: Walls and a door with a fire rating of at least one hour will be constructed around the laundry chute</p>	09/02/2016

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K 0143 SS=E Bldg. 02	<p>Dillsboro building.</p> <p>Findings include:</p> <p>Based on observation with the maintenance supervisor on 08/02/16 at 10:35 a.m., the Waters of Dillsboro building basement laundry chute discharged into the east room in the basement, which measured thirty six hundred square feet and was used as a combustible storage room for combustible resident clothing in cardboard boxes, plastic mattresses, and wooden bed frames. This was verified by the maintenance supervisor at the time of observation and acknowledged by the maintenance supervisor at the exit conference on 08/03/16 at 12:45 p.m.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Transferring of liquid oxygen from one container to another shall be accomplished at a location specifically designated for the transferring that is as follows:</p> <p>(a) separated from any portion of a facility wherein patients are housed, examined, or treated by a</p>				<p>area.B.OTHERS IDENTIFIED:NoneC.ME ASURES TAKEN:No further recommendationsD.HOW MONITORED:1. The maintenance supervisor/designee will continue to monitor life safety code in the facility as required by regulations.2. Any changes to the structure of the building will be reported to life safety for review to stay with in the required standards of the building.E.This plan of correction constitutes our credible allegation of compliance with all regulatory requirements.</p>		

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	<p>separation of a fire barrier of 1-hour fire-resistive construction; and (b) the area that is mechanically ventilated, sprinklered, and has ceramic or concrete flooring; and (c) in an area that is posted with signs indicating that transferring is occurring, and that smoking in the immediate area is not permitted in accordance with NFPA 99 and Compressed Gas Association.</p> <p>8-6.2.5.2 (NFPA 99) Based on observation and interview, the facility failed to ensure 1 of 1 oxygen storage/transfer location in the Waters of Dillsboro building was provided a sign indicating oxygen is being transferred. This deficient practice affects 14 residents who reside on the first floor Hope Springs Hall.</p> <p>Findings include:</p> <p>Based on observation with the maintenance supervisor on 08/02/16 at 11:30 a.m., the first floor Hope Springs Hall liquid oxygen storage room, where six full liquid oxygen containers were stored, lacked a posted sign indicating oxygen is being transferred. Based on an interview with the maintenance supervisor at the time of observation, the nursing staff transfers liquid oxygen into smaller containers in the Hope Springs Hall liquid oxygen storage room. The lack of a sign indicating oxygen is being</p>	K 0143	<p>A.ACTION TAKEN: Signage was placed outside the oxygen storage/transfer location in the Dillsboro building (HopeSprings) indicating when oxygen is being transferred. B.OTHERS IDENTIFIED:All signage outside of oxygen storage/transfer locations in the Dillsboro and Ross buildings were updated with new signage.C.MEASURES TAKEN:No further recommendationsD.HOW MONITORED:1. The maintenance supervisor/designee will continue to monitor life safety code in the facility as required by regulations.2. Any</p>	09/02/2016

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K 0000 Bldg. 03	<p>transferred in the Hope Springs Hall liquid oxygen storage room was verified by the maintenance supervisor at the time of observation and acknowledged by the maintenance supervisor at the exit conference on 08/03/16 at 12:45 p.m.</p> <p>3.1-19(b)</p> <p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 08/02/16-08/03/16</p> <p>Facility Number: 000178 Provider Number: 155280 AIM Number: 100273840</p> <p>At this Life Safety Code survey, The Waters of Dillsboro-Ross Manor was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code and 410 IAC 16.2. The</p>	K 0000	<p>changes to the structure of the bulding will be reported to life safety for review to stay with in the required standards of the building.E.This plan of correction constitutes our credible allegation of compliance with all regulatory requirements.</p> <p>Preparation and/or execution of this plan of correction in general, or this corrective action in particular, does not constitute an admission of agreement by this facility of the facts alleged or conclusions set forth in this statement of deficiencies. The plan of correction and specific corrective actions are prepared and/or executed in compliance with State and Federal Laws. Facility's date of alleged compliance is:</p>		

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	<p>2010 Therapy Wing addition, located to the south of the original Ross Manor building and consisted of a single room used for therapy with a two hour separation from the original building, was surveyed with Chapter 18, New Health Care Occupancies.</p> <p>This 2010 Therapy Wing addition to the one story Ross Manor building was determined to be Type V (111) construction and fully sprinkled. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors, and battery operated smoke detectors in all resident sleeping rooms. The facility has a capacity of 123 and had a census of 82 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.</p> <p>Quality Review completed on 08/11/16 - DA</p>		September 2, 2016. Facility is respectfully requesting paper compliance for all deficiencies in this POC.		