

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155066	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 09/26/2013
--	---	--	---

NAME OF PROVIDER OR SUPPLIER EDGEWATER WOODS	STREET ADDRESS, CITY, STATE, ZIP CODE 1809 N MADISON AVE ANDERSON, IN 46011
---	---

(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
K010000	<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: 09/26/13</p> <p>Facility Number: 000026 Provider Number: 155066 AIM Number: 100274820</p> <p>Surveyor: Phillip Komsiski, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Edgewater Woods 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 (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This one story facility with a basement was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors and battery powered smoke detectors in all resident sleeping</p>	K010000		

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155066	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 09/26/2013
NAME OF PROVIDER OR SUPPLIER EDGEWATER WOODS			STREET ADDRESS, CITY, STATE, ZIP CODE 1809 N MADISON AVE ANDERSON, IN 46011		
(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	
	<p>rooms. The facility has a capacity of 125 and had a census of 73 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered. The facility has one detached shed which is used for facility storage which was not sprinklered.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 10/01/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155066		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 09/26/2013	
NAME OF PROVIDER OR SUPPLIER EDGEWATER WOODS				STREET ADDRESS, CITY, STATE, ZIP CODE 1809 N MADISON AVE ANDERSON, IN 46011			
(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			
K010038 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1</p> <p>Based on observation and interview, the facility failed to ensure exit access was arranged so 1 of 7 exits was readily accessible at all times in accordance with LSC Section 7.1. LSC Section 7.1.10.1 requires means of egress shall be continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. LSC Section 7.1.6.4 requires walking surfaces shall be slip resistant under foreseeable conditions. This deficient practice could affect 24 residents on 300 hall north as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observation on 09/26/13 at 2:22 p.m. with the Maintenance Supervisor, the cement walkway used to discharge 300 hall north residents was cracked and partly in rubble before entering the public way. Based on interview on 09/26/13 at 2:25 p.m. with the Maintenance Supervisor, it was acknowledged the facility had a quote for the repair of the concrete walk just outside the 300 hall north exit because it was cracked with rubble creating an uneven slippery surface</p>	K010038	<p>A. Additional bids were received for the concrete work required for the north exit. A bid was accepted and required concrete work for the identified section outside the north emergency exit was initiated on October 11, 2013. B. A review of the remaining concrete sidewalks was completed to assure that areas required for egress were free of all obstructions or impediments to full instant use in the case of an emergency. Additional bids were received for the concrete work required for the north exit. A bid was accepted and required concrete work for the identified section outside the north emergency exit was initiated on October 11, 2013. C. Items related to the exterior sidewalks and drives were added to the Environmental Continuous Quality Improvement (CQI) checklist for inclusion in the Monthly CQI and Safety Meetings. Items of concern from that checklist will be addressed by the Director of Maintenance and the Executive Director as soon as they are identified. D. The Environmental CQI will be completed by the Director of Maintenance and the Executive Director monthly for 6 months then quarterly thereafter. Any/all</p>	10/21/2013			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155066	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 09/26/2013
NAME OF PROVIDER OR SUPPLIER EDGEWATER WOODS			STREET ADDRESS, CITY, STATE, ZIP CODE 1809 N MADISON AVE ANDERSON, IN 46011		
(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	
	for residents to walk on while evacuating the building, however, no invoice could be found. 3.1-19(b)		concerns discovered by the CQI committee will be promptly addressed by the committee. The ED and Medical Director will review and oversee the CQI committee's corrections.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155066	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 09/26/2013
NAME OF PROVIDER OR SUPPLIER EDGEWATER WOODS			STREET ADDRESS, CITY, STATE, ZIP CODE 1809 N MADISON AVE ANDERSON, IN 46011		
(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	
K010056 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5</p> <p>Based on observation and interview, the facility failed to ensure 4 of 8 armover sprinkler pipes observed in the facility were installed in accordance with the requirements of NFPA 13, Standard for the Installation of Sprinkler Systems. NFPA 13, 1999 edition, Section 6-2.3.4 states the cumulative horizontal length of an unsupported armover to a sprinkler, sprinkler drop, or sprig-up shall not exceed 24 inches for steel pipe or 12 inches for copper tube. This deficient practices could affect 24 residents on 300 north hall, 10 residents on 300 west hall and 6 residents observed in the Dining room adjacent to the Kitchen as well as staff or visitors.</p> <p>Findings include:</p>	K010056	<p>A. Sprinkler system contractor (PIPE) was contacted immediately regarding the 4 identified armover sprinklers identified. Correction was completed by adding supports assuring that a span of greater than 24 inches does not exist. PIPE completed the work on under-supported sprinklers identified on October 10, 2013. B. Sprinkler system contractor (PIPE) completed a building wide assessment of all sprinklers for compliance with K056. Additional sprinklers were identified and work was completed to correct on October 10, 2013. Correction was completed by adding supports assuring that a span of greater than 24 inches does not exist. C. Proper supports for the sprinklers was added to the Preventative Maintenance</p>	10/21/2013	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155066		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 09/26/2013	
NAME OF PROVIDER OR SUPPLIER EDGEWATER WOODS				STREET ADDRESS, CITY, STATE, ZIP CODE 1809 N MADISON AVE ANDERSON, IN 46011			
(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			
	<p>Based on observations on 09/26/13 during the tour between 2:36 p.m. and 3:22 p.m. with the Maintenance Supervisor, the following areas had unsupported steel armover sprinkler pipes which exceeded twenty four inches in length:</p> <p>a. An unsupported steel armover sprinkler pipe which was measured to be twenty six inches in length and was located by the exit on 300 north, first floor.</p> <p>b. An unsupported steel armover sprinkler pipe which was measured to be thirty six inches in length and was located in the Activities room on 300 hall west, first floor.</p> <p>c.. An unsupported steel armover sprinkler pipe which was measured to be twenty eight inches in length and was located in the Activities room closet on 300 hall west, first floor.</p> <p>d. An unsupported steel armover sprinkler pipe which was measured to be thirty two inches in length and was located in the Kitchen next to the freezer unit on 100 hall east, first floor.</p> <p>Based on interview on 09/26/13 concurrent with the observations with the Maintenance Supervisor, it was acknowledged the aforementioned armover steel sprinkler pipes exceeded twenty four inches in length and were unsupported.</p>		<p>Checklist for Monthly Review. Proper supports for the sprinklers was also added to the Physical Environment Continuous Quality Improvement (CQI) for inclusion in the Monthly CQI meeting. Sprinkler system contractor (PIPE) was contacted immediately regarding the 4 identified armover sprinklers identified. Correction was completed by adding supports assuring that a span of greater than 24 inches does not exist. PIPE completed the work on under-supported sprinklers identified on October 10, 2013. D. The revised Physical Environment CQI will be completed by the Director of Maintenance monthly for 6 consecutive months, then quarterly thereafter. Any/all concerns discovered by the CQI committee will be promptly addressed by the committee. The ED and Medical Director will review and oversee the CQI committee's corrections.</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155066	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 09/26/2013
--	---	--	---

NAME OF PROVIDER OR SUPPLIER EDGEWATER WOODS	STREET ADDRESS, CITY, STATE, ZIP CODE 1809 N MADISON AVE ANDERSON, IN 46011
---	---

(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
	3.1-19(b)			