

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155275	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 02/15/2012
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NAME OF PROVIDER OR SUPPLIER WATERS OF PRINCETON THE	STREET ADDRESS, CITY, STATE, ZIP CODE 1020 W VINE ST PRINCETON, IN 47670
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K0000	<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: 02/15/12</p> <p>Facility Number: 000175 Provider Number: 155275 AIM Number: 100274440</p> <p>Surveyor: Lex Brashear, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, The Waters of Princeton 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 was determined to be of Type V (000) construction and was fully</p>	K0000		
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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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	<p>sprinklered. 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 95 and had a census of 70 at the time of this survey.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 02/16/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K0056 SS=E	<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 provide sprinkler coverage for 2 of 3 areas outside and attached to the building and constructed of combustibile material. NFPA 13, 1999 Edition at 5-13.8.1 requires sprinklers be installed under combustibile exterior roofs exceeding four feet in width. This deficient practice could affect 19 residents, plus staff and visitors while exiting the East Front corridor and any number of staff and visitors while exiting the west service corridor or using the employee smoke shack.</p> <p>Findings include: Based on observations on</p>	K0056	<p>Preparation and/or execution of this plan of correction in general, or this corrective action in particular, does not constitute an admission or 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.</p> <p>K-056 NFPA 101 Life Safety Code Standard</p> <p>It is the intent of this facility to provide automated sprinkler system in accordance with NFPA standards.</p> <p>A. ACTIONS TAKEN: 1. The Maintenance Supervisor removed the employee smoke shack</p>	03/14/2012	

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	<p>02/15/12 between 10:30 a.m. and 12:30 p.m. during a tour of the facility with the Maintenance Supervisor, the East Front corridor exit had an eight foot wide canvas canopy projecting nine foot from the building which did not have a fire rating tag on the canvas canopy and there was no sprinkler coverage provided under the canopy, furthermore, the employee smoke shack outside and to the left of the west service hall exit was a ten foot by ten foot canvas tent type structure and was attached to the building. The smoke shack canvas material did not have a fire rating tag and there was no sprinkler coverage within the canvas structure. This was confirmed by the Maintenance Supervisor at the time of each observation.</p> <p>3.1-19(b)</p>		<p>outside and to the left of the West service hall exit.</p> <p>2. A licensed contractor has installed the required sprinkler(s) to the East front corridor exit and canopy area. Documentation was obtained from the maker that the canopy has the required NFPA fire rating.</p> <p>B. Others Identified:</p> <p>1. All other areas have been inspected to ensure compliance and meet all set standards.</p> <p>C. Measures taken to prevent reoccurrence:</p> <p>1. The maintenance supervisor/designee will conduct monthly inspections as part of the preventative maintenance program to meet set standards and ensure compliance.</p> <p>D. How Monitored:</p> <p>1. Audits will be discussed in the monthly Quality Assurance meetings to ensure compliance.</p> <p>E. This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is: 3-14-12</p>		

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K0062 SS=E	<p>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 3 of over 50 sprinkler heads in the west service corridor were free of corrosion. NFPA 101 Section 9.7.5 refers to NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25 2-2.1.1 requires sprinklers to be free of paint and corrosion. Any sprinkler shall be replaced that is painted or corroded. This deficient practice could affect any number of staff and visitors while in the west service corridor which included the kitchen, laundry room, maintenance room, and conference room.</p> <p>Findings include:</p> <p>Based on observation on 02/15/12 at 11:55 a.m. during a tour of the facility with the Maintenance Supervisor, all three sprinkler heads in the laundry room were covered with corrosion.</p>			K0062	<p>Preparation and/or execution of this plan of corrective action in particular, does not constitute an admissions or 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.</p> <p>K-062 NFPA 101 Life Safety Code Standard</p> <p>It is the intent of this facility to ensure that all of the sprinkler heads are free from corrosion.</p> <p>A. Actions Taken:</p> <p>1. The three sprinkler heads identified have been replaced by a licensed contractor to meet set standards.</p> <p>B. Others Identified:</p> <p>1. All the sprinklers in the laundry have been inspected to ensure compliance.</p>		03/14/2012

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	<p>This was acknowledged by the Maintenance Supervisor at the time of observation.</p> <p>3.1-19(b)</p>		<p>C. Measures taken to prevent reoccurrence:</p> <p>1. The maintenance supervisor/designee will conduct monthly inspections of all sprinkler heads as part of the preventative maintenance program to meet standards and ensure compliance.</p> <p>D. How Monitored:</p> <p>1. Audits/PM program will be discussed in the monthly Quality Assurance meeting to ensure compliance.</p> <p>E. This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is: 3-14-12</p>		