

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155483	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 04/26/2012
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NAME OF PROVIDER OR SUPPLIER WATERS OF RISING SUN THE	STREET ADDRESS, CITY, STATE, ZIP CODE 405 RIO VISTA LN RISING SUN, IN 47040
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED 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
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: 04/26/12</p> <p>Facility Number: 000405 Provider Number: 155483 AIM Number: 100273800</p> <p>Surveyor: Mark Bugni, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, The Waters of Rising Sun 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 sprinklered. The facility has a fire alarm system with smoke detection in the corridors, areas open to the corridors and single station smoke detection in all resident sleeping rooms. The facility has</p>	K0000		

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>a capacity of 58 and had a census of 55 at the time of this survey.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 04/27/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>				

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K0067 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2</p> <p>Based on observation and interview, the facility failed to ensure 2 of 6 egress corridors and 8 of 28 resident rooms were not being used as a portion of a return air system/plenum for heating, ventilating, or air conditioning (HVAC) ductwork serving adjoining areas. NFPA 90A, Standard for the Installation of Air Conditioning and Ventilation Systems at 2-3.11.1 requires egress corridors shall not be used as a potion of a supply return or exhaust air system serving adjoining areas. This deficient practice affects 16 resident who reside on the Pine Hall.</p> <p>Findings include:</p> <p>Based on observations on 04/26/12 during a tour of the Pine Hall from 12:00 p.m. to 12:40 p.m. with the maintenance supervisor, resident rooms 1, 2, 3, 4, 5, 6, 7 and 8 used the two Pine Hall egress corridors as a return air system, however, the facility has modified the HVAC system so activation of the fire alarm system will stop the supply air fans. Additionally, the supply air fans have duct detectors located downstream of the</p>	K0067	See attached request for waiver.	05/24/2012			

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	<p>air filters that when activated, shut down the fans operations. Finally, the air conditioning and heating duct work did not penetrate any fire or smoke barrier walls, eliminating the need for the installation of smoke dampers to prevent the transfer of smoke from one smoke compartment to another. Based on an interview with the maintenance supervisor at the time of observations, the maintenance supervisor acknowledged the Pine Hall resident rooms 1, 2, 3, 4, 5, 6, 7, and 8 were using the two egress corridors for a return air system. This was acknowledged by the director of nursing at the exit conference on 04/26/12 at 12:55 p.m.</p> <p>3.1-19(b)</p>			