STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155275	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 07/09/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERS OF PRINCETON THE	1020 W VINE ST PRINCETON, IN 47670

(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
F0000	This visit was for the Investigation of Complaint IN00111600. Complaint #IN00111600- Substantiated. Federal/State deficiencies related to the allegations are cited at F257. Survey dates: July 6, 8, 9, 2012 Facility number: 000175 Provider number: 155275 AIM number: 100274440 Survey team:. Jodi Meyer, RN Census bed type: SNF/NF: 70 Total: 70 Census payor type: Medicare: 7 Medicaid: 49 Other: 14 Total: 70 Sample: 3 This deficiency also reflect State findings cited in accordance with 410 IAC 16.2. Quality review completed 7/10/12 Cathy Emswiller RN	F0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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F0257 SS=E	483.15(h)(6) COMFORTABLE & SAFE TEMPERATURE LEVELS The facility must provide comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 - 81° F Based on observation and interview, the facility failed to provide residents with comfortable air temperatures in 4 of 4 common shower rooms, and in the adjoining hallways to the East and West resident units, the temperature exceeded 81 degrees Fahrenheit [F]. Findings include: 1. During the environmental tour on 7/6/12 at 3:45 p.m., the west unit shower room A was observed unattended, resident clothes, and personal effects were left in the room, the room registered 85 degrees Fahrenheit [F]. The exhaust type ceiling fan was on at the time. The room did not have any other type of ventilation or ability to cool the area. The common shower room contained two shower stalls, one hand washing sink, and one toilet. Shower room B was occupied at that time. The Director of Nurses indicated on 7/6/12 at 4:05 p.m., that due to the extreme hot weather the showers for the	F0257	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	08/08/2012

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	evenings have been rescheduled to early morning or late evening. One resident did just have a shower in shower room B on the west unit, per their request. "The resident used luke warm water, due to the heat." The shower room B was observed at 5:05 p.m. on 7/6/12, the temperature registered 100 degrees [f], the exhaust ceiling fan was not on, all lights in the room were on, the resident's shower was completed one hour earlier. 2. The east unit shower room C and D were observed on 7/6/12 at 5:10 p.m. and 5:15 p.m.,. they registered 85 degrees [f]. 3. The LPN #1 indicated at 3:40 p.m. on 7/6/12, that the nurse stations, and all hallways do not have air conditioning. 4. During an interview on 7/6/12 at 4:30 p.m.,with the Administrator, he indicted the company was receiving three bids for installation of air conditioning to the kitchen, hallways, shower rooms, laundry area. He also indicated those areas have never been air conditioned in the past. The Administrator also indicated fans were available in the hallways in the past, but had been removed sometime ago, prior to the his return to the facility.		state and federal laws. **F-257: Comfortable & Safe Temperature** **Levels** It is the intention of the facility to provide residents with comfortable air temperatures in shower rooms, the service hall, and in adjoining hallways to the East and West resident units. A. **Actions Taken**: 1. Bids were obtained to install air conditioning to the kitchen, hallways, shower rooms, and laundry	

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	5. The hallways located to the back of the building, east and west halls used to access the outside building used for the eight residents who smoke cigarettes, registered 85 degrees [F] at 4:20 p.m. on 7/6/12. 6. The Maintenance employee #1 was interviewed on 7/9/12 at 3:00 p.m., he indicated that he had not tested the air temperature during the last several weeks of high temperatures outside. This federal tag relates to complaint IN00111600. 3.1-19(h)		areas. Ten 12,000 BTU AC units were purchased to ensure compliance. 2. Fans were purchased by the facility and used as necessary. B. **Others Affected**: 1. All residents would be affected. C. **Measures Put In Place**: 1. Evening showers were re-scheduled for early morning and late evening, unless resident preferred a different Schedule. This change was	

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			discussed with the resident council to meet their approval. 2. Exhaust fans will be utilized at all times and lighting will be adjusted to reduce adding to heat of the room. 3. Maintenance Department will be Educated/in-serviced to monitor facility temperatures on a scheduled basis when extreme heat is identified outdoors to maintain resident comfort inside the facility. 4. All staff in-serviced on Extreme Heat Precautions to ensure the comfort and	

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			safety of all residents. D. **How Monitored**: 1. Maintenance Department will monitor facility Temperature on a scheduled basis (daily until air conditioning is installed and per CEO directive after, to ensure the comfort of all residents. 2. Air Conditioning will be installed in all identified Areas as quickly as possible. 3. CEO/Designee will review facility Temperature Log in daily QA stand-up meeting to ensure Compliance and resident comfort; in monthly QA meeting with IDT to monitor	

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			compliance; and with the Medical Director in the quarterly QA meeting for review of results and compliance with QA process. E. **This plan of correction constitutes our credible** **allegation of with all regulatory requirements.** **Our date of compliance is August 8 th , 2012.**	