STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155280	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING	(X3) DATE SURVEY COMPLETED 02/09/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERS OF DILLSBORO-ROSS MANOR THE	12803 LENOVER ST DILLSBORO, IN 47018

(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	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). Survey Date: 02/08/12 and 02/09/12 Facility Number: 000178 Provider Number: 155280 AIM Number: 100273840 Surveyor: Mark Bugni, Life Safety Code Specialist 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. The Waters of Dillsboro-Ross Manor consisted of two separate buildings: The Waters of Dillsboro, a two story building determined to be of Type II (000)	K0000	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 law. This plan of correction constitutes our credible allegation of compliance with regulatory requirements. Our date of compliance is March 9, 2012.	

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155280	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING	(X3) DATE SURVEY COMPLETED 02/09/2012
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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	construction with a basement and fully sprinklered and Ross Manor, a one story building determined to be Type V (111) construction and fully sprinklered. Both buildingss 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 single station smoke detection 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 95 at the time of this visit. Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 02/16/12. The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING / B. WING	X3) DATE SURVEY COMPLETED
	155280	02	02/09/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERS OF DILLSBORO-ROSS MANOR THE	12803 LENOVER ST DILLSBORO, IN 47018

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K0012 SS=F	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 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 in the Waters of Dillsboro building. Findings include: Based on a tour of the Waters of Dillsboro building basement on 02/09/12 from 9:10 a.m. to 11:40 a.m. with the maintenance supervisor and administrator, the basement and first floor were separated with exposed wood floor joists throughout the entire basement with no interior finish covering the wooden floor joists. The basement was used as a maintenance workshop, storage location, and laundry. Based on an interview with the maintenance supervisor on 02/09/12 at 11:55 a.m., the first floor is constructed of one half inch plywood with vinyl flooring throughout the first floor with no fire rated material. 3.1-19(b)	K0012	Please see the attachment labeled K 012(8 pages) Fire safety evaluation system (FSES), plus the Life Safety Code Waiver Request form and letter. (11 total pages of attachment). Based on the passing scores achieved in the FSES form, we are of the understanding that this facility will be provided the level of fire safety at least equivalent to that prescribed by the Life Safety Code. In addition to the above information, we have an enginering firm scheduled to perform an updated FSES on Friday, March 16, 2012. This report will be available for review upon our revisit.	03/09/2012

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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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K0025 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4 Based on observations and interview, the facility failed to ensure 2 of 2 attic smoke barriers in the Ross Manor building were constructed to provide at least a one half hour fire resistance rating. This deficient practice affects all residents in the Ross Manor building. Findings include: Based on observation with the maintenance supervisor on 02/08/12 at 2:00 p.m., the following smoke barrier walls above smoke barrier doors in the Ross Manor building had penetrations not fire stopped or missing drywall: a. The South Hall attic smoke barrier wall had a four foot by four foot area of drywall missing in the center of the wall, and four, one inch penetrations around sprinkler water piping and electrical conduit with no fire stopping material.	K0025	It is the intent of this facility to ensure the attic smoke barriers in the Ross building are constructed to provide fire resistance rating to meet set standards. 1. Actions taken The two attic smoke barriers in the Ross building have been repaired to meet set standards. 2. Other residents identified The maintenance supervisor has completed 100% audit of all other attic smoke barriers throughout the facility with no other issues identified. 3. Systems in placeThe maintenance supervisor and/or designee will inspect all attic smoke barrier walls as a part of the facility's monthly preventative maintenance program. 4. Monitoring Results of the monthly inspections will be reviewed by the Administrator and/or designee with the QA committee during Quarterly QA meetings. 5. Date of compliance 3-9-12.	03/09/2012

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	b. The West Hall attic smoke barrier wall had an eight inch gap in the center of the smoke barrier wall around a cable bundle with no fire stopping material, and two, one inch gaps around electrical conduit with no fire stopping material. This was verified by the maintenance supervisor at the time of observations and acknowledged by the administrator at the 02/09/12 exit conference at 5:00 p.m. 3.1-19(b)			

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K0051 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, National Fire Alarm Code, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection or extinguishing system operation. Pull stations in patient sleeping areas may be omitted provided that manual pull stations are within 200 feet of nurse's stations. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72 and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 19.3.4, 9.6 Based on observation and interview, the facility failed to ensure 1 of 4 fire alarm control panels, located in an area that was not continuously occupied, was provided with automatic smoke detection to ensure notification of a fire at that location before it is incapacitated by fire. LSC 9.6.2.10 refers to NFPA 72, the National Fire Alarm Code. NFPA 72 at 1-5.6 requires an automatic smoke detector be provided at the location of each fire alarm control	K0051	It is the intent of this facility to ensure all of the fire alarm control panels located in an area that is not continuously occupied are provided with automatic smoke detection to meet set standards. 1. Actions takenThe facility had a licensed contractor install electronically supervised smoke detector in the Ross building communication room. 2. Other residents identified No other residents identified. 3. System in place The maintenance supervisor and/or designee will inspect the main fire panel in the Ross building communication room as part of the monthly preventative maintenance program... 4. Monitoring Results	03/09/2012

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	unit which is not located in an area continuously occupied to provide notification of a fire in that location. This deficient practice could affect all residents, staff, and visitors in the Ross Manor building. Findings include: Based on observation on 02/08/12 at 12:15 p.m. during a tour of the facility with the Maintenance Supervisor, the fire alarm control panel phone dialer was located in the communication room and was not electrically supervised by a smoke detector. This was verified by the maintenance supervisor at the time of observation and acknowledged by the administrator at the 02/09/12 exit conference at 5:00 p.m. 3-1.19(b)		of the monthly inspections will be reviewed by the Administrator and/or designee and the QA committee during quarterly QA meetings. 5. Date of Compliance 3-9-12.	

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K0054 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD All required smoke detectors, including those activating door hold-open devices, are approved, maintained, inspected and tested in accordance with the manufacturer's specifications. 9.6.1.3 Based on observation and interview, the facility failed to ensure 1 of 28 system based smoke detectors in the Waters of Dillsboro building and 1 of 19 system based smoke detectors in the Ross Manor building were not located where airflow could prevent the operation of the detector. LSC 9.6.1.3 says the provisions of 9.6 cover the basic functions of a fire alarm system and 9.6.1.4 refers to NFPA 72. NFPA 72, 2-3.5.1 requires, in spaces served by air handling systems, detectors shall not be located where airflow prevents operation of the detectors. This deficient practice could affect 10 residents who reside on the Station 3 Hall in the Waters of Dillsboro building and 20 residents who reside on the South Hall in the Ross Manor building. Findings include:	K0054	It is the intent of this facility to ensure that all facility system based smoke detectors meet set standards. 1. Actions taken All smoke detectors in question have been relocated to meet set standards per licensed contractors. 2. Other residents identified 100% audit of both facilities to assure all smoke detectors meet standards. No other residents identified. 3. Systems in place The maintenance supervisor and/or designee will inspect all smoke detectors in both buildings as part of the facility's monthly preventative maintenance program. 4. Monitoring Results of the monthly inspections will be reviewed by the Administrator and the QA Committee during Quarterly QA meetings. 5. Date of compliance 3-9-12.	03/09/2012

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	Based on observation on 02/08/12 at 2:45 p.m. with the maintenance supervisor, the Ross Manor building laundry room smoke detector was located six inches from a supply air duct. Furthermore, on 02/09/12 at 3:50 p.m., the Waters of Dillsboro building Station 3 Hall smoke detector near the smoke barrier door set was located one foot from a return air duct. This was verified by the maintenance supervisor at the time of observations and acknowledged by the administrator at the 02/09/12 exit conference at 5:00 p.m. 3.1-19(b)			

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K0056 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD 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			
	Based on observation and interview, the facility failed to ensure 1 of 2 attics, 1 of 3 stairways, and 1 of 1 elevator mechanical rooms were completely sprinklered. This deficient practice could affect 20 residents who reside on the Station 2 Hall in the Waters of Dillsboro building and 20 resident who reside on the West Hall in the Ross Manor building. Findings include: Based on observations on 02/08/12 at 9:40 a.m. with the maintenance supervisor, the Ross Manor building sprinkler riser room, located in the kitchen, had a two foot by two foot dead end area to the west of the door where the sprinkler could not provide coverage. Furthermore, based on observation on 02/09/12 during a tour of the Waters of	K0056	It is the intent of this facility to ensure all areas of both buildings are completely sprinklered. 1. Actions taken The facility has had a licensed contractor repair all areas in question to meet set standards. 2. Other residents identified The licensed contractor conducted a 100% audit of both buildings' sprinkler system coverage areas to meet set standards. 3. Systems in place The sprinkler system coverag areas will be inspected quarterly as a part of its controlled quarterly inspections by the sprinkler contractor to meet set standards. 4. Monitoring The results of the quarterly inspections will be reviewed by the Administrator and the QA committee during Quarterly QA meetings. 5. Date of compliance 3-9-12.	03/09/2012

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	Dillsboro building from 11:00 a.m. to 5:00 p.m. with the maintenance supervisor, the Station 2 Hall stairway leading to the basement was not provided with sprinkler coverage from the first landing to the top of the stairway, the basement elevator mechanical room below the first floor Station 2 Hall was not provided with sprinkler coverage, and the attic area above the Station 2 Hall was not provided with sprinkler coverage. The areas not provided with sprinkler coverage were verified by the maintenance supervisor at the time of observation and acknowledged by the administrator at the 02/09/12 exit conference at 5:00 p.m. 3.1-19(b)			

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K0000	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). Survey Date: 02/08/12-02/09/12 Facility Number: 000178 Provider Number: 155280 AIM Number: 100273840 Surveyor: Mark Bugni, Life Safety Code Specialist 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 2010 Therapy Wing addition, located to the south of the original Ross Manor building consisting 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. This 2010 Therapy Wing addition to the	K0000	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 law. This plan of correction constitutes our credible allegation of compliance with regulatory requirements. Our date of compliance is March 9, 2012.	

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	one story Ross Manor building was determined to be Type V (111) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors, and single station smoke detection in all resident sleeping rooms. The facility has a capacity of 123 and had a census of 95 at the time of this visit.			