

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155183	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  07/20/2012
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NAME OF PROVIDER OR SUPPLIER  WATERS OF MARTINSVILLE THE	STREET ADDRESS, CITY, STATE, ZIP CODE 2055 HERITAGE DR MARTINSVILLE, IN 46151
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K0000	<p>A Quality Assurance Walk-thru Survey was conducted by the Indiana State Board of Health.</p> <p>Survey Date: 07/20/12</p> <p>Facility Number: 000096 Provider Number: 155183 AIM number: 100290890</p> <p>Surveyor: Dennis Austill, Life Safety Code Supervisor</p> <p>At this Quality Assurance Walk-thru survey, The Waters of Martinsville was found not in compliance with 410 IAC 16.2-3.1-19(ff).</p> <p>This one story facility was determined to be of Type V (111) construction and was fully sprinklered except for the canopies at the main entrance and at the end of each wing. 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 50 resident rooms. The facility has a capacity of 103 and had a census of 92 at the time of this survey.</p> <p>The facility was found not in compliance with state law in regard to sprinkler</p>	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 laws. This plan of correction constitutes our credible allegation of compliance with regulatory requirements. Our date of compliance is 8/18/2012.	

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>coverage and in compliance with state law in regard to smoke detector coverage.</p> <p>The facility has a three sided wood frame shelter with aluminum siding and roof where the residents have customary access which was not sprinklered. The facility has a metal shed providing facility services such as storage of beds, wheelchairs and equipment which was not sprinklered.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 07/27/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>				

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K9999	<p>State Findings</p> <p>3.1-19 ENVIRONMENT AND PHYSICAL STANDARDS</p> <p>3.1-19(ff) A health facility licensed under 16-28 and this rule must do the following:</p> <p>(1) Have an automatic sprinkler system installed throughout the facility before July 1, 2012.</p> <p>(2) If an automatic sprinkler system is not installed throughout the health care facility before July 1, 2010, submit before July 1, 2010 a plan to the department for completing the installation of the automatic sprinkler system before July 1, 2012.</p> <p>(3) Have a battery operated or hard-wired smoke detector in each resident's room before July 1, 2012.</p> <p>This State Rule has not been met as evidenced by: Based on observation and interview, the facility failed to ensure a complete automatic sprinkler system was installed throughout the facility before July 1, 2012. This deficient practice could affect all least 92 residents in the facility.</p> <p>Findings include:</p>	K9999	<p>It is the intent of this facility to ensure we have a complete automatic sprinkler system throughout the facility. 1. Actions Taken: a. All five canopy areas will have sprinklers installed by a licensed contractor to meet set standards by 8/18/2012. 2. How other residents were identified: a. The facility has only one sprinkler system. 3. System in Place: a. Licensed contractor will inspect all canopy areas as a part of their quarterly sprinkler inspections. 4. How Monitored: a. Inspection results will be reviewed by the QA committee during quarterly QA committee meetings. Completion Date: 8/18/2012</p>	08/18/2012			

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	<p>Based on observation with the Administrator on 07/20/12 from 2:15 p.m. to 3:15 p.m., there were five canopies of combustible wood frame construction exceeding four feet in width that were not sprinklered. Based on interview during the time of observation, the Administrator acknowledged the canopies were not provided with sprinkler coverage.</p> <p>3.1-19(ff)</p>				