

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/25/2016
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155678 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01, 02 B. WING _____ | (X3) DATE SURVEY COMPLETED 07/19/2016 |
|--|---|---|---|---|
| NAME OF PROVIDER OR SUPPLIER WATERFORD PLACE HEALTH CAMPUS | | | STREET ADDRESS, CITY, STATE, ZIP CODE 800 ST JOSEPH DR KOKOMO, IN 46901 | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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 |
| K 000 | <p>INITIAL COMMENTS</p> <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: 07/19/16</p> <p>Facility Number: 002667 Provider Number: 155678 AIM Number: 200300090</p> <p>At this Life Safety Code survey, Waterford Place Health Campus was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire, the 2000 edition of the NFPA (National Fire Protection Association) 101, LSC (Life Safety Code) and 410 IAC 16.2. The original building (1)consisting of 100, 200, 300, 400 and 600 halls was surveyed with Chapter 19, Existing Health Care Occupancies.</p> <p>This one story facility was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, hard wired smoke detectors resident sleeping rooms and spaces open to the corridors. The kitchen was located on the assisted living side separated from the rest of the facility with a two hour fire wall. The facility has a capacity of 103 and had a census of 77 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered. All areas providing facilities services were sprinklered.</p> | K 000 | | |
| 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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| K 000 | Continued From page 1 | K 000 | | | |
| K 000 | <p>Quality Review completed on 07/22/16 - DA</p> <p>INITIAL COMMENTS</p> <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: 07/19/16</p> <p>Facility Number: 002667 Provider Number: 155678 AIM Number: 200300090</p> <p>At this Life Safety Code survey, The Legacy at Waterford Place Health Campus was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire, the 2000 edition of the NFPA (National Fire Protection Association) 101, LSC (Life Safety Code) and 410 IAC 16.2. Rooms 201 to 208 on 200 hall of the new building (2) which is open to the rest of the Legacy building was surveyed with Chapter 18, New Health Care Occupancies.</p> <p>This one story facility was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors and hard wired smoke detectors in all resident rooms. The facility has a capacity of 103 and had a census of 77 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered. All areas providing facilities services were sprinklered.</p> | K 000 | | | |

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| K 000 | Continued From page 2 Quality Review completed on 07/22/16 - DA | K 000 | | | |