

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 09/05/2012
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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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(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
S0000	<p>A Quality Assurance Walk-thru Survey was conducted by the Indiana State Department of Health.</p> <p>Survey Date: 09/05/12</p> <p>Facility Number: 000178 Provider Number: 155280 AIM Number: 100273840</p> <p>Surveyor: Mark Bugni, Life Safety Code Specialist</p> <p>At this Quality Assurance Walk-thru survey, The Waters of Dillsboro-Ross Manor was found not in compliance with 410 IAC 16.2-3.1-19(ff).</p> <p>The Waters of Dillsboro-Ross Manor consisted of two separate buildings. The Waters of Dillsboro, a two story facility was determined to be of Type II (000) construction with a basement and sprinklered except the kitchen air handler room, the new elevator mechanical room, and Station 3 housekeeping closet. Ross Manor, a one story facility was determined to be Type V (111) construction and fully sprinklered. Both facilities have a fire alarm system with smoke detection on all levels of the Waters of Dillsboro building and Ross</p>	S0000	Enclosed please find the Plan of Correction for The Waters of Dillsboro-Ross Manor Quality Assurance Walk-Thru Survey dated 9/5/2012	

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>Manor building including the basement, the corridors, spaces open to the corridors, and battery operated smoke detectors in all resident sleeping rooms. The facility has a capacity of 123 and had a census of 97 at the time of this visit.</p> <p>The facility was not in compliance with state law in regard to sprinkler coverage and in compliance with state law in regard to smoke detector coverage.</p> <p>All areas where residents have customary access were sprinklered in both buildings and all areas providing facility services were sprinklered except the kitchen air handler room, the new elevator mechanical room, and Station 3 housekeeping closet in the Waters of Dillsboro building.</p> <p>Quality Review by Robert Booher, REHS, Life Safety Code Specialist-Medical Surveyor on 09/07/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>				

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S9999	<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:</p> <p>Based on observation and interview, the facility failed to ensure 3 of 83 first floor rooms in the Waters of Dillsboro building were provided with complete automatic sprinkler system coverage. This deficient practice could affect 57 residents in the facility who use the main dining room, 26 residents who reside on Station 3 near the new elevator mechanical room and housekeeping closet, as well as visitors or staff.</p> <p>Findings include:</p> <p>Based on observation on 09/05/12 during a tour of the Waters of Dillsboro building from 9:40 a.m. to 12:00 p.m. with the administrator and maintenance</p>			S9999	<p>It is the intent of this facility to be in compliance with State Law in regards to sprinkler coverage. Sprinkler Provider Company will install sprinkler system to the 3 areas named in the survey those being the first floor kitchen air handler room, the first floor new elevator mechanical room, and the station 3 housekeeping closet these sprinkler systems will be completed by 10/19/2012. No other residents were found to be affected by the sighted deficient practice. Sprinkler Provider Company will continue to monitor our sprinkler system and with the State Survey process any new changes to regulation will be noted and repairs or replacement done as required. Sprinkler Provider company will continue to monitor our sprinkler system and with the State Survey process any new changes to regulation will be noted and repairs or replacements done as required. The Maintenance Department will maintain the reports from the Sprinkler Provider company and report any findings at the monthly QA meetings. To be in compliance by 10/19/2012</p>		10/19/2012

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	<p>supervisor, the first floor kitchen air handler room, the first floor new elevator mechanical room, and the Station 3 housekeeping closet were not provided with sprinkler coverage. This was verified by the administrator and maintenance supervisor at the time of observations.</p> <p>3.1-19(ff)</p>			