

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155409	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 12/06/2013
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NAME OF PROVIDER OR SUPPLIER WATERS OF INDIANAPOLIS THE	STREET ADDRESS, CITY, STATE, ZIP CODE 3895 S KEYSTONE AVE INDIANAPOLIS, IN 46227
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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
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K010000	<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: 12/06/13</p> <p>Facility Number: 000537 Provider Number: 155409 AIM Number: 100267270</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, The Waters of Indianapolis was found in substantial 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 (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This one story facility was determined to be of Type V (000) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and in all areas open to the corridor. The facility has battery operated</p>	K010000	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.	
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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>smoke detectors in all resident sleeping rooms. The facility has a capacity of 81 and had a census of 67 at the time of this visit.</p> <p>All areas where residents have customary access were sprinklered. The facility has one detached building providing storage and a detached smoking shed which were each not sprinklered.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 12/09/13.</p> <p>The facility was found in substantial compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K010025 SS=B	<p>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</p> <p>Based on observation and interview, the facility failed to ensure 1 of 2 smoke barriers were protected to maintain the smoke resistance of each smoke barrier. LSC Section 8.3.6.1 requires the passage of building service materials such as pipe, cable or wire to be protected so the space between the penetrating item and the smoke barrier shall be filled with a material capable of maintaining the smoke resistance of the smoke barrier or be protected by an approved device designed for the specific purpose. This deficient practice could affect at least 34 residents, staff and visitors if smoke from a fire were to infiltrate the protective barriers.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Supervisor during a tour of the facility from 11:20 a.m. to 1:30 p.m.</p>	K010025	<p>I. All penetrated areas identified in the attic smoke barrier wall located on Love Hall were properly sealed with an approved material that meets the current life safety code standards. II. All residents, visitors and staff who reside on Love Hall had the potential to be effected by this practice. All attic smoke barrier walls were inspected for penetrations and/or incorrect material. No other areas were found. III. The Director of Maintenance has received information regarding proper smoke barrier sealing products and techniques. The Director of Maintenance will observe all attic smoke barriers for proper penetration sealing during facility preventative maintenance rounds monthly and as work is completed in attic. IV. The results of these observations will be reported to the Quality Assurance Committee monthly to ensure continued compliance. V. This plan of</p>	12/15/2013	

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	<p>on 12/06/13, ten exposed penetrations in the attic smoke barrier wall above the corridor door set by Room L4 were firestopped or sealed with expandable foam which is not an approved material for maintaining the smoke resistance of a smoke barrier. In addition, a four inch in diameter opening for four cables and a one inch in diameter opening for one cable was noted in the aforementioned attic smoke barrier wall which were not smoke resistant. Based on interview at the time of observation, the Maintenance Supervisor acknowledged the unprotected openings and the use of expandable foam at the aforementioned attic smoke barrier wall.</p> <p>3.1-19(b)</p>		<p>correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is: December 15, 2013</p>	