

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155483	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  06/27/2013
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NAME OF PROVIDER OR SUPPLIER  WATERS OF RISING SUN THE	STREET ADDRESS, CITY, STATE, ZIP CODE 405 RIO VISTA LN RISING SUN, IN 47040
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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: 06/27/13</p> <p>Facility Number: 000405 Provider Number: 155483 AIM Number: 100273800</p> <p>Surveyor: Mark Bugni, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, The Waters of Rising Sun 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 (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 was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, areas open to the corridors and battery operated smoke detectors in all resident sleeping rooms. The facility has</p>	K010000		

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>a capacity of 54 and had a census of 48 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. All areas providing facility services were sprinklered except three detached wooden storage sheds, a detached wooden storage garage, and a metal staff smoking shed.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 06/28/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>				

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K010067 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2</p> <p>Based on observation and interview, the facility failed to ensure 20 of 28 resident rooms and 2 of 4 resident room egress corridors were not being used as a portion of a return air system/plenum for heating, ventilating, or air conditioning (HVAC) ductwork serving adjoining areas. NFPA 90A, Standard for the Installation of Air Conditioning and Ventilation Systems at 2-3.11.1 requires egress corridors shall not be used as a portion of a supply return or exhaust air system serving adjoining areas. This deficient practice affects forty residents in the facility who reside on the East Hall and Center nurses' station Hall.</p> <p>Findings include:</p> <p>Based on observations on 06/27/13 during a tour of the facility from 10:40 a.m. to 3:30 p.m. with the administrator and maintenance supervisor, resident rooms one, two, three, four, five, six, seven, eight, nine, ten, eleven, twelve, thirteen, fourteen, fifteen, seventeen, eighteen, nineteen, twenty, and twenty one used the East Hall and Center nurses' station Hall egress corridors as a return air system for</p>	K010067	<p>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. K0067 HVA It is the intent of this facility to maintain HVAC according to NFPA Standards. 1. ACTIONS TAKEN: A: Electric Company contacted for bid to install PTAC units in rooms, one, two, three, four, five, six, seven, eight, nine, ten, eleven, twelve, thirteen, fourteen, fifteen, seventeen, eighteen, nineteen, twenty and twenty one. 2. RESIDENTS AFFECTED: B: Only residents in the stated room are affected. 3. MEASURES TAKEN A: The facility had already modified the HVAC system so activation of the fire alarm system shuts off the air supply fans. Additionally, duct work connected to the air supply fans is equipped with duct smoke detectors located downstream of the air filters, and when activated,</p>	07/10/2013			

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	<p>the heating, ventilating and air conditioning system in the facility. The lack of a return air duct in each of the twenty resident rooms listed above was verified by the administrator and maintenance supervisor at the time of observations, and acknowledged by the administrator at the exit conference on 06/27/13 at 3:30 p.m.</p> <p>3.1-19(b)</p>		<p>shut off the air supply fans. Finally, the HVAC ducts did not penetrate any fire or smoke barrier walls, eliminating the need for the installation of smoke dampers to prevent the transfer of smoke from one smoke compartment to another. Nothing else needed to be done to ensure safety of residents at this time. Electric company contacted to obtain bids to install PTAC units and adding any new breaker boxes. 4: HOW MONITORED: A: The facility has an outside monitoring company which monitors the fire alarm system 24 hours a day. The facility also performs regular monthly fire drills covering all three shifts. 5. This plan of correction constitutes our credible allegation of compliance with all regulatory requirements.</p>	

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K010144 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.</p> <p>Based on record review and interview, the facility failed to ensure a monthly load test for the emergency generator was conducted using one of the three following methods: under operating temperature conditions, at not less than 30% of the Emergency Power Supply (EPS) nameplate rating, or loading which maintains the minimum exhaust gas temperatures as recommended by the manufacturer for 11 of the past 12 months. Chapter 3-4.4.1.1 of NFPA 99 requires monthly testing of the generator serving the emergency electrical system to be in accordance with NFPA 110. Chapter 6-4.2 of NFPA 110 requires generator sets in Level 1 and Level 2 service to be exercised at least once monthly, for a minimum of 30 minutes, using one of the following methods:</p> <p>a. Under operating temperature conditions or at not less than 30 percent of the EPS nameplate rating.</p> <p>b. Loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer.</p> <p>The date and time of day for required testing shall be decided by the owner, based on facility operations.</p>	K010144	<p>We are respectfully requesting a paper review It is the intent of this facility that the generator is inspected weekly and exercised underload for 30 minutes per month in accordance with HFPA 99. 3.4.4.1. A: ACTIONS TAKEN: Parts ordered for generator upgrade. B: OTHERS IDENTIFIED: Only one generator in facility. C: MEASURES TAKEN: Generator was upgraded so it would be able to generate a, not less than ,30% load test according to HFPA 99.3.4.4.1. D: HOW MONITORED: Maintenance/Designee will inspect weekly and exercise generator underload for 30 minutes per month in accordance with HFPA 99. 3.4.4.1.Maintenance will immediately notify CEO/Designee for any complications. Will be reviewed in monthly QA meetings and Quarterly QA meetings with Physician. E:This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is July 10,2013.</p>	07/10/2013

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	<p>This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on a review of the Emergency Generator Monthly Test Log with the administrator and maintenance supervisor on 06/27/13 at 10:55 a.m., thirty percent of the emergency power system's nameplate rating was listed on a calculation showing the nameplate rating of the emergency generator as a fifty two kilowatt (KW) generator divided by thirty three percent equaling a minimum thirty percent nameplate rating monthly load test of fifteen point six KW.</p> <p>Furthermore, the following monthly load tests over the past year documented less than the fifteen point six KW minimum thirty percent nameplate rating; 07/20/12, seven point three KW; 08/31/12, seven KW; 09/28/12, six KW; 10/26/12, five KW; 11/9/12, five KW; 12/28/12, five KW; 01/04/13, three KW; 02/08/13, five KW; 04/15/13, fifteen KW; 05/17/13, seven KW; and 06/07/13, thirteen KW.</p> <p>The lack of a minimum thirty percent monthly load test for the above listed months was verified by the maintenance supervisor and administrator during record review of the Emergency Generator Monthly Test Log and acknowledged by the administrator at the</p>			

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	exit conference on 06/27/13 at 3:30 p.m.  3.1-19(b)				