

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 08/20/2014
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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: 08/20/14</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 sprinkled. The facility has a fire alarm system with smoke detection in the corridors, in areas open to the corridors and battery operated smoke detectors in all resident sleeping rooms. The facility</p>	K010000	<p>Preparation and/or execution of this plan of correction in general, or this corrective action in particular, does not constitute an admission of 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.</p> <p>Facility is requesting paper compliance for all deficiencies in this POC.</p>	

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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K010067 SS=F	<p>has a capacity of 54 and had a census of 45 at the time of this survey.</p> <p>All areas where residents have customary access were sprinkled. All areas providing facility services were sprinkled except three detached wooden storage sheds and a detached wooden storage garage.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 08/25/14.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <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>1. Based on observation, record review and interview; the facility failed to ensure 46 of 46 fire dampers were inspected and provided necessary maintenance at least every four years in accordance with NFPA 90A. LSC 9.2.1 requires air conditioning, heating, ventilating</p>	K010067	K_067F Heating, ventilating, and air conditioning. Part 1. The facility's intent is to provide necessary maintenance at least every four years by removing the fusible links, verify all dampers operate correctly by fully closing, checking the latch, and lubricate all moving parts as necessary.	09/17/2014

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	<p>ductwork (HVAC) and related equipment shall be in accordance with NFPA 90A, Standard for the Installation of Air-Conditioning and Ventilating Systems. NFPA 90A, 1999 Edition, 3.4.7, Maintenance, requires at least every 4 years, fusible links (where applicable) shall be removed; all dampers shall be operated to verify they fully close; the latch, if provided, shall be checked, and moving parts shall be lubricated as necessary. This deficient practice affects all residents in the facility.</p> <p>Findings include:</p> <p>Based on observations on 08/20/14 during a tour of the facility with the maintenance director from 10:40 a.m. to 3:30 p.m., there were forty six fuseable link fire dampers located in the facility. Based on an interview with the maintenance director on 08/20/14 at 3:00 p.m., there are no records to indicate the forty six fire dampers have been inspected. The lack of a four year fire damper inspection was verified by the maintenance director at the time of record review and acknowledged by the director of nursing at the exit conference on 08/20/14 at 3:30 p.m.</p> <p>3.1-19(b)</p>		<p>Actions Taken: Facility signed an agreement with SafeCare of Indianapolis (see attachment #1) to provide "Damper Inspections with fusible link replacement" services. The Damper Service was completed on September 15, 2014. Others Identified: All residents have the potential to be affected. Measures Taken: Maintenance Director was In-serviced (See Attachment #2) on Damper maintenance per NFPA Life Safety Code. SafeCare has contracted with the facility to begin replacing fusible links and damper maintenance on Sep 9th, 2014. How Monitored: The Maintenance Director will maintain a "Fire/Smoke Damper Maintenance Record" (see attachment #3) of all identified dampers in the facility. The Administrator will review the "Fire/Smoke Damper Maintenance Record" at the next scheduled QA meeting. Any inconsistent results will be immediately clarified and corrected appropriately. Results will be monitored and reviewed at the monthly and quarterly QA meeting for determination of ongoing monitoring. Part 2. It is the intent of this facility to maintain HVAC according to NFPA Standards. Actions taken: K67 Waiver Request Attached (see Attachment #4) Electric Company contacted for bid to install PTAC units in rooms 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13,</p>				

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	<p>2. Based on observation and interview, the facility failed to ensure 20 of 28 resident rooms and 2 of 4 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 resident in the facility who reside on the East Hall and Center nurses' station Hall.</p> <p>Findings include:</p> <p>Based on observations on 08/20/14 during a tour of the facility from 10:40 a.m. to 3:30 p.m. with the maintenance director, 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 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</p>		<p>14, 15, 17, 18, 19, 20 and 21.</p> <p>Others Identified: Only Residents in the stated rooms have the potential to be affected.</p> <p>Measures Taken: The facility had already modified the HVAC system to activate the fire alarm system shutting 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, shut off the air supply fans. Finally, the HVAC ducts do not penetrate any fire or smoke barrier walls, eliminating the need for installation of smoke dampers to prevent the transfer of smoke from one compartment to another. Nothing else needed to be done to ensure safety of residents at this time. How Monitored: The facility has an outside monitoring company which monitors the fire alarm system 24 hours per day. The facility also performs regular monthly fire drills covering all three shifts. This Plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of completion is September 19, 2014.</p>	

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	by the maintenance director at the time of observations and acknowledged by the director of nursing at the exit conference on 08/20/14 at 3:30 p.m. 3.1-19(b)				