

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155183	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 03/13/2012
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NAME OF PROVIDER OR SUPPLIER WATERS OF MARTINSVILLE THE	STREET ADDRESS, CITY, STATE, ZIP CODE 2055 HERITAGE DR MARTINSVILLE, IN 46151
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED 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
K0000	<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: 03/13/12</p> <p>Facility Number: 000096 Provider Number: 155183 AIM Number: 100290890</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, The Waters of Martinsville 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 (111) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and areas open to the corridors. The facility has battery operated smoke detection in all resident sleeping rooms.</p>	K0000	Preparation and/or execution of this Plan of Correction in general, or this corrective action plan 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. This Plan of Correction constitutes our credible allegation of compliance with regulatory requirements. Our date of compliance is 4/12/2012.	

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>The facility has a capacity of 103 and had a census of 89 at the time of this visit.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 03/15/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>				

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K0067 SS=F	<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 egress corridors were not used as a portion of a return air system serving adjoining rooms for 75 of 75 rooms. LSC 19.5.2.1 requires air conditioning, heating, ventilating ductwork and related equipment to be installed in accordance with NFPA 90A, the Standard for the Installation of Air Conditioning and Ventilating Systems. NFPA 90A, Section 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 could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on observations with the Director of Maintenance during the tour of the facility from 11:30 a.m. to 12:55 p.m. on 03/13/12, all of the resident rooms and support offices were using the egress corridor as a return air system, however, the facility has modified the HVAC (Heating, Ventilation, and Air Conditioning) system so activation of the</p>	K0067	<p>It is the intent of this facility to maintain HVAC according to NFPA standards. Actions taken: The facility reviewed the matter, there is no threat to residents health or safety. Due to the fact the facility is a fully sprinkled building, fully operational fire alarm system with smoke detection throughout the facility, smoke duct detection installed on the air handlers affected which will activate the fire alarm system and shut down the air handlers upon activation, and has staff members and central alarm company monitoring the system 24 hours per day. To replace the affected air handlers and its duct work would be a financial hardship for the facility due to the fact that the building has completely finished out living areas. Others Identified: This is the only area of the building that has an HVAC system designed utilizing the corridor as a portion of the cold air return. Measures taken: Waiver to be requested, letter attached. How monitored: Administrator to monitor approval of waiver. As identified, the issues/concerns will be reviewed by the QA</p>	04/12/2012			

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	<p>fire alarm system will stop the supply air fans. Additionally, the supply air fans have duct detectors located downstream of the air filters that when activated, shut down the fans operation. Finally, smoke dampers interconnected to the fire alarm system were located to prevent the transfer of smoke from one compartment to other smoke compartments. Based on interview at the time of the observations, the Director of Maintenance acknowledged resident rooms and support offices were using the egress corridor as a return air system.</p> <p>3.1-19(b)</p>		<p>Committee during quarterly QA Committee meetings. Completi on Date: 4/12/12</p>		