STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155760	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED 07/12/2012
NAME OF PROVIDER OR SUPPLIER MAPLES AT WATERFORD CROSSING HEALTH CAMPUS		STREET ADDRESS, CITY, STATE, ZIP CODE 1332 WATERFORD CIR GOSHEN, IN 46526	

(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	A Life Safety Code Recertification, State Licensure and Quality Assurance Walk-thru Survey were conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 07/12/12 Facility Number: 011150 Provider Number: 155760 AIM Number: 200831020 Surveyor: Phillip Komsiski, Life Safety Code Specialist At this Life Safety Code survey, Maples at Waterford Crossing Health Campus 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 18, New Health Care Occupancies and 410 IAC 16.2. This one story facility was determined to be of Type V (111) construction and was fully sprinklered except for two eight foot outside overhangs. The facility has a fire alarm system with smoke detection in the	K0000	This is the requested Plan of Correcction for the Life Safety Code Recertification, State Licensure and Quality Assurance Walk-thru Survey Survey Event ID 12PX21. This constitutes the written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet the requirements established by state and federal law.The Maples at Waterford Crossing Health Campus desires this Plan of Correction to be considered as the facility's allegation of compliance. Compliance is effective August 11, 2012.The Maples at Waterford Crossing Health Campus respectfully requests this Plan of Correction be submitted as desk review for compliance for the deficiencies cited.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	corridors, resident sleeping rooms, spaces open to the corridors and hard wired smoke detectors in all the resident rooms. The facility has a capacity of 71 and had a census of 59 at the time of this survey. The facility was found not in compliance with state law in regard to sprinkler coverage, but it was found in compliance with state law in regard to smoke detector coverage. All areas where the residents have customary access were sprinklered except for two exterior overhangs. All areas providing facility services were sprinklered. Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 07/19/12. The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:			

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K0051 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection, or extinguishing system operation. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72, National Fire Alarm Code, and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 18.3.4, 9.6 Based on observation and interview, the facility failed to ensure 3 of 3 smoke detectors in the front lounge, 1 of 1 smoke detectors in activities, and 1 of 1 smoke detectors in private dining was installed in a location which would allow the smoke detector to function to its fullest capability. NFPA 72, 2-3.5.1 requires in spaces served by air handling systems, detectors shall not be located where air flow prevents operation of the detectors. This deficient practice could affect 1 resident observed in the front lounge, 8 residents observed in activities and 5 residents observed in center hall adjacent to private dining as well as visitors and staff.	K0051	It is the intent of the Maples at Waterford Crossing to operate and maintain the operation of a fire alarm system with approved components, devices, or equipment that is installed according to NFPA 72, to provide effective warning of fire n ay part of the building.1. All smoke detectors alleged to not be properly installed by location were identified during a tour of the building by the Life Safety inspector and listed in this report and communicated to the director of Plant Operations and executive Director at time of survey.2. The Executive Director and Director of Plant Operations again toured the campus to assure all smoke detectors were located within safe distance from air supply ducts for proper function of the smoke	08/11/2012

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	Findings include: Based on observation on 07/12/12 during the tour between 1:20 p.m. and 2:25 p.m. with the Maintenance Supervisor, the following smoke detectors were within three feet of an air diffuser: a. Three smoke detectors in the front lounge were within one foot of a ceiling supply vent b. One smoke detector in activities was within two feet of a ceiling supply vent c. One smoke detector in private dining was within two feet of a ceiling supply vent Based on interview on 07/12/12 concurrent with each observation with the Maintenance Supervisor, it was acknowledged the aforementioned smoke detector were installed within three feet of an air supply duct in the ceiling which would interfere with the smoke detector's ability to detect smoke to its fullest capability. 3.1-19(b)		detector itself. Those smoke detectors identified as being too closely located to the air supply ducts were identified to be moved.3. The identified smoke detectors will be moved by contracted qualified individuals to assure proper functioning of smoke detectors to assure rsident safety. 4. These changes in location will be monitored by the Director of Plant Operations for completion on or before August 11, 2012.5. A check off list for smoke detectors identified will be provided to the Quality Assurance Committee, reviewed during the August meeting, and visually identified to be corrected by the committee.6.. Date of Completion August 11, 2012	

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K0056 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD There is an automatic sprinkler system, installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, with approved components, devices, and equipment, to provide complete coverage of all portions of the facility. The system is maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. There is a reliable, adequate water supply for the system. The system is equipped with waterflow and tamper switches which are connected to the fire alarm system. 18.3.5.			
	Based on observations and interview, the facility failed to ensure a complete automatic sprinkler system was provided for 2 of 4 exits with outside canopies in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. NFPA 13, 1999 Edition, Section 5-13.8.1 requires sprinklers shall be installed under exterior combustible roofs or canopies exceeding four feet in width. This deficient practice could affect any resident, staff and visitor utilizing the 100 hall or 300 hall exits. Findings include: Based on observation on 07/12/12 during the tour between 2:18 p.m. and 3:30 p.m. with the Maintenance Supervisor, there was an unsprinklered canopy which was	K0056	It is the intent of the Maples at Waterford Crossing to ensure complete automatic sprinkler systems be installed with approved components, devices, or equipment that is installed according to NFPA 13, to provide complete coverage of all portions of the facility.1. A complete automatic sprinkler was alleged to not be present at two (2) of four (4) identified exits. These areas were identified during a tour of the building by the Life Safety inspector and listed in this report and communicated to the director of Plant Operations and EExecutive Director at time of survey.2. The Executive Director and Director of Plant Operations again toured the campus to assure sprinklers were installed properly under all exterior combustible roofs or canopies exceeding four (4) feet in width. Areas two (2) of four (4) were	08/11/2012

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	attached to the building and extended eight feet wide from the outside of the 100 hall exit and another at the 300 hall exit. Based on interview on 07/12/12 concurrent with each observation it was acknowledged by the Maintenance Supervisor, the aforementioned canopies were not sprinklered. The canopies were constructed of an aluminum ceiling with wood supports and the roof was covered with asphalt shingles. 3.1-19(b) 3.1-19(ff)		identified to have complete automatic sprinkler systems be installed with approved components no later than August 11, 2012. 3. The identified missing complete automatic sprinklere will be installed by contracted qualified individuals to assure proper functioning of automatic sprinkler system to assure resident safety. 4. This insstallation of automatic sprinklers will be monitored by the Director of Plant Operations for completion on or before August 11, 2012.5. A check off list for complete automatic sprinklers as required by this survey will be provided to the Quality Assurance Committee, reviewed during the August meeting, and visually identified to be corrected by the committee.6.. Date of Completion August 11, 2012	