

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  11/19/2014
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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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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: 11/19/14</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 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 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 smoke detectors in all resident</p>	K010000	<p><b>Preparation and/or execution of this plan of correction in general, or this corrective action in particular, does not constitute an admission or</b></p> <p><b>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.</b></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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K010051 SS=F	<p>sleeping rooms. The facility has a capacity of 81 and had a census of 54 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 Dennis Austill, Life Safety Code Specialist on 11/26/14.</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 A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, National Fire Alarm Code, 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 in patient sleeping areas may be omitted provided that manual pull stations are within 200 feet of nurse's stations. 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</p>			

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	<p>are maintained in accordance with NFPA 72 and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 19.3.4, 9.6</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 fire alarm systems fire alarm signal was transmitted to a central monitoring station. This deficient practice affects all residents, staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on observations with the Maintenance Supervisor during a tour of the facility from 11:00 a.m. to 1:40 p.m. on 11/19/14, the off site fire alarm system monitoring company did not receive a fire alarm system signal to ensure emergency forces notification when the facility's fire alarm system was activated by a manual pull box located at the south exit at 1:00 p.m. and at 1:05 p.m. Based on interview at the time of the observations, the Maintenance Supervisor stated the facility's fire alarm system is continuously monitored by SafeCare which did not receive alarm signals when contacted for signal receipt verification after the system was activated on 11/19/14. In addition, the Maintenance Supervisor stated the facility's telephone system was replaced with a Jivetell Ticket System telephone system within</p>	K010051	<p><b>K051</b></p> <p><b>I. The fire alarm system was repaired on November 19, 2014 by Safe Care and is now sending appropriate signals to the fire alarm monitoring company.</b></p> <p><b>II. All residents, visitors and staff who reside on in the facility had the potential to be effected by this practice.</b></p> <p><b>III. An additional audible alarm was added to the fire alarm panel to alert the facility of system troubles which includes signal relay between facility and fire monitoring company. Additionally the fire panel is tested monthly to ensure working order.</b></p> <p><b>IV. The Director of Maintenance or his designee will audit monthly tests and report findings monthly</b></p>	12/19/2014

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K010062 SS=F	<p>the last one to two weeks. Based on interview with SafeCare's central monitoring station technician at 1:15 p.m., SafeCare sends testing signals every 24 hours at 4 a.m. to ensure system operation but did not receive system response signals sent since 11/10/14. Based on interview at the time of the telephone call, the Maintenance Supervisor stated he had not received notification from SafeCare that system response signals had not been received since 11/10/14 and acknowledged the off site fire alarm system monitoring company did not receive a fire alarm system signal when the facility's fire alarm system was activated at 1:00 p.m. and 1:05 p.m.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>Based on record review, observation and interview; the facility failed to ensure 1 of 1 automatic sprinkler systems was inspected every five years as required by NFPA 25, Standard for the Inspection, Testing and Maintenance of Water-Based Fire Protection Systems. NFPA 25,</p>	K010062	<p><b>to the Quality Assurance committee.</b></p> <p><b>V. This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is:</b></p> <p><b>December 19, 2014</b></p> <p><b>K062</b></p> <p><b>I. An internal pipe inspection for the facilities automatic sprinkler system was completed on November 25, 2014 and is in full</b></p>	12/19/2014			

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	<p>Section 10-2.2 states systems shall be examined internally for obstructions where conditions exist that could cause obstructed piping. If the condition has not been corrected or the condition is one that could result in obstruction of piping despite any previous flushing procedures that have been performed, the system shall be examined internally for obstructions every 5 years. This deficient practice could affect all residents, staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on review of Safe Care's "Report of Inspection" and "Service Notes" documentation dated 08/20/14 during record review with the Maintenance Supervisor from 9:00 a.m. to 11:00 a.m. on 11/19/14, documentation of an internal pipe inspection for the facility's automatic sprinkler system within the most recent five year period was not available for review. Item 9 of the "Report of Inspection" documentation stated the "Date dry system piping last checked for stoppage" was "06/15/09." In addition, the "Service Notes" documentation stated "system is due for an internal pipe inspection" and "schedule day to perform I.P.I." Based on observation with the Maintenance Supervisor during a tour of the facility</p>		<p><b>working order.</b></p> <p><b>II. All residents, visitors and staff who reside on in the facility had the potential to be effected by this practice.</b></p> <p><b>III. The Director of Maintenance has implemented a monitoring log to ensure timely completion of inspection every five years.</b></p> <p><b>IV. The Director of Maintenance or his designee will audit reoccurring contracted service maintenance logs for timeliness and report findings monthly to the Quality Assurance meeting.</b></p> <p><b>V. This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is:</b></p> <p><b>December 19, 2014</b></p>	

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K010067 SS=F	<p>from 11:00 a.m. to 1:40 p.m. on 11/19/14, no evidence of the most recent internal pipe inspection date was recorded at the sprinkler system riser. Based on interview at the time of record review and of the observation, the Maintenance Supervisor stated an internal pipe inspection has not be scheduled and acknowledged documentation of an internal pipe inspection for the facility's automatic sprinkler system within the most recent five year period was not available for review.</p> <p>3.1-19(b)</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>Based on record review, observation and interview; the facility failed to ensure all fire dampers in the facility were inspected and provided necessary maintenance at least every four years in accordance with NFPA 90A. LSC 9.2.1 requires heating, ventilating and air conditioning (HVAC) ductwork and related equipment shall be in accordance with NFPA 90A, Standard for the Installation of Air-Conditioning and</p>	K010067	<p><b>K067</b></p> <p><b>I. All Fire Dampers have received required Maintenance which included inspection and removal of fusible links, all dampers were operated to verify they fully close, the latch and all moving parts were cleaned and lubricated as necessary.</b></p>	12/19/2014

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	<p>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 could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of "Fire/Smoke Damper Maintenance Record" documentation dated 07/09/10 with the Maintenance Supervisor during record review from 9:00 a.m. to 11:00 a.m. on 11/19/14, it has been more than four years since the most recent documented fire damper inspection and maintenance was performed. The aforementioned documentation stated 122 fire dampers were located in the facility. Based on interview at the time of record review, the Maintenance Supervisor stated no additional fire damper inspection and maintenance documentation within the most recent four year period was available for review and acknowledged it has been greater than four years since fire damper inspection and maintenance has been performed. Based on observation with the Maintenance Supervisor during</p>		<p><b>II. All residents, visitors and staff who reside on in the facility had the potential to be effected by this practice.</b></p> <p><b>III. The Director of Maintenance has implemented a monitoring log to ensure timely completion of inspection every four years.</b></p> <p><b>IV. The Director of Maintenance or his designee will audit maintenance logs for timeliness and report findings monthly to the Quality Assurance committee.</b></p> <p><b>V. This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is:</b></p> <p><b>December 19, 2014</b></p>	

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K010144 SS=C	<p>a tour of the facility from 11:00 a.m. to 1:40 p.m. on 11/19/14, a fire damper was observed installed in the Maintenance Office and no documentation was affixed to the fire damper indicating the date of the most recent inspection and maintenance.</p> <p>3.1-19(b)</p> <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 for 2 of 12 months 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 that maintains the minimum exhaust gas temperatures as recommended by the manufacturer. Chapter 3-4.4.1.1 of NFPA 99 requires monthly testing of generators 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</p>	K010144	<p><b>K144</b></p> <p><b>I. The monthly generator testing was completed on December 10, 2013 and August 14, 2014. The results have been retrieved from a daily operational sheet. The information has been added to the monthly generator testing log.</b></p> <p><b>II. All residents, visitors and staff who reside on in the facility had the potential to be effected by this practice.</b></p> <p><b>III. The Director of Maintenance was educated on generator testing</b></p>	12/19/2014

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	<p>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. NFPA 99, 3-5.4.2 requires a written record of inspection, performance, exercising period and repairs shall be regularly maintained and available for inspection by the authority having jurisdiction. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of "Emergency Generator-Monthly Test Log" documentation with the Maintenance Supervisor during record review from 9:00 a.m. to 11:00 a.m. on 11/19/14, documentation of monthly load testing for December 2013 and August 2014 was not available for review. Based on interview at the time of record review, the Maintenance Director stated no additional monthly load testing documentation was available for review and acknowledged documentation of monthly load testing for December 2013</p>		<p><b>and the use of the current monitoring system on December 11, 2014.</b></p> <p><b>IV. The Director of maintenance or his designee will audit maintenance logs for completion and report findings monthly to the Quality Assurance committee.</b></p> <p><b>V. This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is:</b></p> <p><b>December 19, 2014</b></p>	

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K010147 SS=E	<p>and August 2014 was not available for review.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 Based on observation and interview, the facility failed to ensure 1 of 1 extension cords including power strips and non-fused multiplug adapters were not used as a substitute for fixed wiring. NFPA 70, Article 400-8 requires, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice could affect twenty four residents, staff and visitors in Hope Hall.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Supervisor during a tour of the facility from 11:00 a.m. to 1:40 p.m. on 11/19/14, two electrical fixtures for pipe heating elements were plugged into a multiplug adaptor in the attic above Room H5 in Hope Hall. Based on interview at the time of the observation, the Maintenance Supervisor stated drinking water pipes which run in the attic above Hope Hall are heated with</p>	K010147	<p><b>K147</b></p> <p><b>I. A four receptacle outlet has been installed to accommodate electrical needs. The multiplug adapter has been removed.</b></p> <p><b>II. All residents, staff and visitors on the identified hall have the potential to be effected.</b></p> <p><b>III. The Director of Maintenance inspected the remainder of the attic to ensure no additional multiplug adapters existed. No additional multiplug adapters were identified. The Director of Maintenance will inspect attic monthly. Additionally the attic will be inspected upon completion of all repair work where the attic has been accessed.</b></p>	12/19/2014			

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	electrical pipe heating elements and acknowledged a multiplug adaptor was being utilized as a substitute for fixed wiring in the attic above Hope Hall.  3.1-19(b)				<p><b>IV. The Director of Maintenance or his designee will report findings of his monthly attic inspections to the Quality Assurance committee.</b></p> <p><b>V. . This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is:</b></p> <p><b>December 19, 2014</b></p>		