

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155223	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 05/21/2015
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NAME OF PROVIDER OR SUPPLIER WATERS OF COVINGTON, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 1600 E LIBERTY ST COVINGTON, IN 47932
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K 000 Bldg. 01	<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: 05/21/15</p> <p>Facility Number: 000128 Provider Number: 155223 AIM Number: 100289650</p> <p>At this Life Safety Code survey, The Waters of Covington 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 hard wired smoke detection in the corridors and spaces open to the corridors. Resident sleeping rooms are equipped with battery powered smoke detectors. The facility has the capacity for 119 and had a census of 97 at the time</p>	K 000	<p>The Creation and submission of this plan of correction does not constitute an admission of by this provider or any conclusion set forth in the statement of deficiencies, or any violation of regulation. Provider desires that the 2567 plan of correction be considered the letter of credible compliance and requests a desk review certification of compliance on or after June 20, 2015</p>	
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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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K 025 SS=E Bldg. 01	<p>of this survey.</p> <p>All areas with resident access were sprinklered. All areas providing facility services were sprinklered except a detached smoke hut and storage shed.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4</p> <p>Based on observation and interview, the facility failed to ensure 2 of 2 openings in a smoke partition, such as a ceiling and wall, were sealed to limit the transfer of smoke. LSC 8.2.4.1 requires smoke partitions shall limit the transfer of smoke. This deficient practice could affect visitors, staff and 10 or more residents on the Fountainview wing.</p> <p>Findings include:</p>	K 025	<p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? The cutout in the drywall in fountain wing mechanical room ceiling has been properly sealed. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken?</p> <p>The maintenance director and HFA shall examine all areas of the</p>	06/20/2015

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K 064 SS=E Bldg. 01	<p>Based on observation with the maintenance director on 05/21/15 at 11:45 p.m., the cutout in the drywall for four pipe penetrations in the Fountainview mechanical room ceiling was unsealed leaving a three by six inch gap into the attic above. A three inch pipe penetration in the same mechanical room wall was sealed with unrated expandable foam. The maintenance director acknowledged at the time of observation, the penetrations had not been properly sealed.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10 Based on observation, the facility failed to ensure portable fire extinguishers in 1 of 11 smoke compartments were installed as required. NFPA 10, the Standard for Portable Fire Extinguishers, Chapter 1, 1-6.10 requires that the top of portable fire extinguishers weighing 40 pounds or less should be no more than five feet (60 inches) above the floor and those weighing more than 40 pounds should be no more than three and one half feet (42</p>	K 064	<p>building to ensure there are no other penetrations. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur? The maintenance director shall conduct monthly rounds to ensure there are no penetrations. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place? The maintenance director shall report any issues to the Quality Assurance Committee. The Quality Assurance Committee shall provide suggestions if necessary. What date the systemic changes will be completed? June 20, 2015</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? The portable fire extinguisher in the exit corridor near room 28 has been moved to 60 inches above the finished floor. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken? The maintenance director and HFA</p>	06/20/2015			

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K 074 SS=E Bldg. 01	<p>inches) above the floor. This deficient practice affects visitors, staff and 10 or more residents in the south Fountain smoke compartment.</p> <p>Findings include:</p> <p>Based on observation with the maintenance director on 05/21/15 at 11:00 a.m., the portable fire extinguisher in the exit corridor near room 28 was mounted 66 inches above the finished floor. The maintenance director acknowledged at the time of observation, the fire extinguisher exceeded the minimum height allowed.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Draperies, curtains, including cubicle curtains, and other loosely hanging fabrics and films serving as furnishings or decorations in health care occupancies are in accordance with provisions of 10.3.1 and NFPA 13, Standards for the Installation of Sprinkler Systems. Shower curtains are in accordance with NFPA 701.</p> <p>Newly introduced upholstered furniture within health care occupancies meets the criteria specified when tested in accordance</p>		<p>shall examine all portable fire extinguishers to ensure all extinguishers are no more than 60 inches above the finished floor.</p> <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur? The maintenance director shall conduct monthly rounds to ensure that all portable fire extinguishers are no more than 60 inches above the finished floor. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place? The maintenance director shall report any issues to the Quality Assurance Committee. The Quality Assurance Committee shall provide suggestions if necessary. What date the systemic changes will be completed? June 20, 2015</p>				

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	<p>with the methods cited in 10.3.2 (2) and 10.3.3. 19.7.5.1, NFPA 13</p> <p>Newly introduced mattresses meet the criteria specified when tested in accordance with the method cited in 10.3.2 (3) , 10.3.4. 19.7.5.3</p> <p>Based on observation, the facility failed to provide privacy curtains in 2 of 8 smoke compartments in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. This deficient practice affects visitors, staff and 10 or more residents on Fountain hall.</p> <p>Findings include: Based on observation with the maintenance director on 05/21/15 between 11:00 a.m. and 1:45 p.m., privacy curtains installed in resident rooms 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81 and 82 each lacked 1/2 in. (1.3 cm) diagonal mesh or a 70 percent open weave top panel extending 18 in. (46 cm) below the sprinkler deflectors. The maintenance director acknowledged at the time of observations the mesh was not 1/2 inch open weave.</p> <p>3.1-19(b)</p>	K 074	<p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? New privacy curtains with ½ in diagonal mesh or a 70 percent open weave extending 18 in have been ordered for room 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81 and 82. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken? The maintenance director, housekeeping supervisor and HFA shall examine all privacy curtains to ensure ½ diagonal mesh or a 70 percent open weave. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur? The maintenance director shall conduct monthly rounds to ensure all privacy have ½ in diagonal mesh or a 70 percent open weave extending 18 in . How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place? The maintenance director</p>	06/20/2015	

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K 147 SS=E Bldg. 01	<p>NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p> <p>Based on observation and interview, the facility failed to ensure 2 of 2 flexible cords were not used as a substitute for fixed wiring. NFPA 70 National Electrical Code, 1999 Edition, Article 400-8 requires that, 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 visitors, staff and 10 or more residents on the Fountainview wing.</p> <p>Findings include:</p> <p>Based on observation with the maintenance director on 05/21/15 between 11:00 a.m. and 1:45 p.m. a power strip extension cord was located under the resident room bed in room 29 to power an oxygen concentrator and in resident room 13 to power a nebulizer. The maintenance director acknowledged</p>	K 147	<p>shall report any issues to the Quality Assurance Committee. The Quality Assurance Committee shall provide suggestions if necessary. What date the systemic changes will be completed? June 20, 2015</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? The power strip in room 29 has been removed. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken? The maintenance director and HFA shall examine all rooms to ensure that power strips are not being used to power medical equipment. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur? The maintenance director shall conduct monthly rounds to ensure power strips are not being used to power medical equipment. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place? The maintenance</p>	06/20/2015

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	at the time of observations, the power strips were being used to power medical equipment. 3.1-19(b)		director shall report any issues to the Quality Assurance Committee. The Quality Assurance Committee shall provide suggestions if necessary. What date the systemic changes will be completed? June 20, 2015		