STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155280	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING	(X3) DATE SURVEY COMPLETED 05/23/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERS OF DILLSBORO-ROSS MANOR THE	12803 LENOVER ST DILLSBORO, IN 47018

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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
K020000	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). Survey Date: 05/22/13 and 05/23/13 Facility Number: 000178 Provider Number: 155280 AIM Number: 100273840 Surveyor: Mark Bugni, Life Safety Code Specialist At this Life Safety Code survey, The Waters of Dillsboro-Ross Manor 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 and 410 IAC 16.2. The original Waters of Dillsboro building and the Ross Manor building were surveyed with Chapter 19, Existing Health Care Occupancies. The Waters of Dillsboro-Ross Manor consisted of two separate buildings: The Waters of Dillsboro, a two story facility determined to be of Type II (000)	K020000		

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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NAME OF PROVIDER OR SUPPLIER WATERS OF DILLSBORO-ROSS MANOR THE		STREET ADDRESS, CITY, STATE, ZIP CODE 12803 LENOVER ST DILLSBORO, IN 47018	

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	construction with a basement and fully sprinklered and Ross Manor, a one story facility determined to be Type V (111) construction and fully sprinklered. Both facilities have a fire alarm system with smoke detection on all levels of the Waters of Dillsboro building and Ross Manor building including the corridors, spaces open to the corridors, and battery operated smoke detectors in all resident sleeping rooms in the Waters of Dillsboro building and the Ross Manor building. The Waters of Dillsboro-Ross Manor has a capacity of 123 and had a census of 85 at the time of this visit. All areas where residents have customary access were sprinklered and all areas providing facility services were sprinklered. Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 05/30/13. The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:			

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WATERS OF DILLSBORO-ROSS MANOR THE	12803 LENOVER ST DILLSBORO, IN 47018

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K020012 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Building construction type and height meets one of the following. 19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.1 Based on observation and interview, the facility failed to ensure 1 of 2 floors was constructed with a 1 hour rated floor structure. This deficient practice affects 85 residents who reside in the Waters of Dillsboro building. Findings include: Based on a tour of the Waters of Dillsboro building basement on 05/23/13 from 8:20 a.m. to 10:20 a.m. with the maintenance supervisor, the basement and first floor were separated with a floor built with exposed wood floor joists throughout the entire basement with no interior finish covering the wooden floor joists. The basement was used as a maintenance workshop, storage location, and laundry. Based on an interview with the maintenance supervisor on 05/23/13 at 9:15 a.m., the floor for the first floor of the building is constructed of one half inch plywood with vinyl flooring throughout the first floor with no fire rated material. This was verified by the administrator at the exit conference on 05/23/13 at 1:30 p.m. 3.1-19(b)	K020012	**The facility respectfully requests paper compliance for this citation.** K0012 **Life Safety Code Standard Building Construction type and Height requirments** It is the intent of this facility to meet the Life Safety Code Standards as required **1. Actions Taken: a. FP&C consultants, Inc. were retained to evaluate the building through the Fire Safety Evaluation System (FSES) Based on the passing scores achieved inthe FSES form, we are of the understanding that this facility will be provided the level of fire safety at least equivalent to that prescribed by the Life Safety Code. FP&C report attached 2. Others Identified: a**. No residents were affected.Addendum: **3. Measures Taken: This has been redone by FP&C consultants, Inc should receive report Monday 6/24/13** **a**. FP&C consultants, Inc. were retained to evaluate the building through the Fire Safety Evaluation System (FSES) Based on the passing scores achieved in the FSES form, we are of the understanding that this facility will be provided the level of fire safety at least equivalent to that	06/24/2013

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			prescribed by the Life Safety Code. **4. How Monitored: a. Maintence Supervisor will continue to monitor Life Safety Code in the facility as required by regulations. Any changes to the stucture of the building will be reported to Life Safety for review to stay with-in required standards of the building.** **5.** This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is 06.24.13.	

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K020025 SS=B	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 Based on observations and interview, the facility failed to ensure 1 of 1 basement smoke barrier walls was constructed to provide at least a one half hour fire resistance rating. This deficient practice does not affect any residents but affects maintenance staff and laundry staff who work in the basement of the Waters of Dillsboro building. Findings include: Based on observation with the maintenance supervisor on 05/23/13 at 9:10 a.m., the basement smoke barrier wall which separates the laundry area from the basement general storage area had sixteen, three inch to six inch areas open around electrical conduit penetrations and water piping penetrations with no fire stopping material. This was verified by the maintenance supervisor at the time of	K020025	**The facility respectfully requests paper compliance for this citation.** K0025 Smoke barriers It is the intent of this facility to provide at least a one half hour fire resistance rating in accordance with Life Safety Code requirments. **1. Actions Taken:** **a.** Basement smoke barrier wall repaired to ensure the wall will provide at least a one half hour fire resistance rating. **2. Others Identified:** **a**. No residents were affected and or Staff members. **3. Measures Taken:** **a**. Basement smoke barrier wall repaired to ensure the wall will provide at least a one half hour fire resistance rating. **4. How Monitored:** **a. The Maintance supervisor will ensure that when any work is done that requires the integurity of the fire barrier is compramized the Maintance supervisor will ensure the the smoke barrier was will be**	06/24/2013

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	observation and confirmed by the administrator at the exit conference on 05/23/13 at 1:20 p.m. 3.1-19(b)		**repaired immediatly to meet the requred one half hour fire resistance rating.** **5.** This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is 06.24.13.	

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K020027 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Door openings in smoke barriers have at least a 20-minute fire protection rating or are at least 1¾-inch thick solid bonded wood core. Non-rated protective plates that do not exceed 48 inches from the bottom of the door are permitted. Horizontal sliding doors comply with 7.2.1.14. Doors are self-closing or automatic closing in accordance with 19.2.2.2.6. Swinging doors are not required to swing with egress and positive latching is not required. 19.3.7.5, 19.3.7.6, 19.3.7.7 Based on observation and interview, the facility failed to ensure 1 of 8 sets of smoke barrier doors in the Waters of Dillsboro building would restrict the movement of smoke for at least 20 minutes. LSC Section 19.3.7.6 requires doors in smoke barriers shall comply with LSC Section 8.3.4. LSC Section 8.3.4.1 requires doors in smoke barriers to close the opening leaving only the minimum clearance necessary for proper operation which is defined as 1/8 inch to restrict the movement of smoke. This deficient practice could affect 40 residents who reside on the first floor Short Hall and Long Hall in the Waters of Dillsboro building who use the center dining room. Findings include: Based on observation with the maintenance supervisor on 05/23/13 at 11:20 a.m., the first floor dining room set	K020027	**The facility respectfully requests paper compliance for this citation.** K0027 Door opening in smoke barriers have at least a 20 minute fire protection rating or are at least 13/4 inch thick solid bonded wood core. **1. Actions Taken:** **a.** Doors were adjusted and checked to assure doors were closing with in regulations. **2. Others Identified:** **a**. No residents were affected. **3. Measures Taken:** **a**. Doors were adjusted and checked to assure doors were closing with in regulations **4. How Monitored:** **a.** During monthly fire drills when doors are activated the doors will be checked by Maintenance staff to assure they are closing with in regulations. **5.** This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is 06.24.13.	06/24/2013

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	of smoke barrier doors did not close completely leaving a one inch gap where the doors came together. This was verified by the maintenance supervisor at the time of observation and confirmed by the administrator at the exit conference on 05/23/13 at 1:20 p.m. 3.1-19(b)			

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K020029 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 Based on observation and interview, the facility failed to ensure 3 of 5 corridor doors to the soiled utility rooms in the Waters of Dillsboro building, which were hazardous areas, were provided with self closing devices causing the doors to automatically close and latch into the door frame. This deficient practice could affect 20 residents who reside on the first floor North Unit Hall, 12 residents who reside on the first floor Short Hall, and 16 residents who reside on the second floor Station 3 Hall. Findings include: Based on an observation with the maintenance supervisor on 05/23/13 from 8:10 a.m. to 1:20 p.m., the first floor North Unit Hall soiled utility room door, the first floor Short Hall soiled utility room door, and the second floor Station 3	K020029	**The facility respectfully requests paper compliance for this citation.** K0029 **One hour fire rated construction (with3/4 hour fire-rated doors) or an approved automatic fire extingishing system in accordance with regualations that protects hazardous areas.** **1. Actions Taken:** **a.**. Two of the doors were adjusted and so they would close and latch, the other area will be cleaned out of the soiled hopper removed and all chemicals and any other hazardous materals will be removed and this area will no longer be used as a soiled utility room. **2. Others Identified:** **a**. No residents were affected. **3. Measures Taken:** **a**. Two of the doors were adjusted and so they would close and latch, the other area will be cleaned out of the soiled hopper removed and all chemicals and any other	06/24/2013

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	Hall soiled utility room door did self close but failed to latch into the frame, leaving between a one half inch and one inch gap. This was verified by the maintenance supervisor at the time of observations and confirmed by the administrator at the exit conference on 05/23/13 at 1:20 p.m. 3.1-19(b)		hazardous materals will be removed and this area will no longer be used as a soiled utility room. **4. How Monitored:** **a.** Maintenance will check these doors as needed and then monthly with their PML's checks **5.** This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is 06.24.13.	

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K020067 SS=E	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 Based on observation, record review and interview; the facility failed to ensure 1 of 1 fire dampers located in the Waters of Dillsboro building was inspected and provided necessary maintenance at least every four years in accordance with NFPA 90A. LSC 9.2.1 requires air conditioning, heating, ventilating 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 4 residents who reside on the second floor East Hall in resident rooms 36 and 37, near the second floor East Hall elevator equipment room. Findings include: Based on observation on 05/23/13 at	K020067	**The facility respectfully requests paper compliance for this citation.** K0067 . **1. Actions Taken: a.** Fire dampers will be inspected by equipment safety contractors and added to the inspection reports. **2. Others Identified: a**. No residents were affected. **3. Measures Taken: a**. Fire dampers will be inspected by equipment safety contractors and added to the inspections reports. **4. How Monitored: a. Firs dampers will be added to the annual inspections done by our equipment safety contractors and reported in their annual reports. 5.** This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is 06.24.13.	06/24/2013

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	11:45 a.m. with the maintenance supervisor, the second floor East Hall elevator equipment room wall had a labeled fire damper located in the wall above the door. Based on an interview with the maintenance supervisor on 05/23/13 at 11:55 a.m., there are no records to indicate the fire damper had been inspected. The lack of a four year fire damper inspection was verified by the maintenance supervisor at the time of observation and confirmed by the administrator at the exit conference on 05/23/13 at 1:20 p.m. 3.1-19(b)			

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K020074 SS=F	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. Newly introduced upholstered furniture within health care occupancies meets the criteria specified when tested in accordance with the methods cited in 10.3.2 (2) and 10.3.3. 19.7.5.1, NFPA 13 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			
	Based on observation and interview, the facility failed to ensure window curtains in 100 of 100 residents rooms were flame resistant. This deficient practice could affect all resident in the Waters of Dillsboro building and the Ross Manor building. Findings include: Based on observations with the maintenance supervisor during a tour of the Ross Manor building on 05/22/13 from 9:00 a.m. to 1:45 p.m., and the Waters of Dillsboro building on 05/23/13 from 8:00 a.m. to 1:20 p.m., the window curtains in twenty five resident rooms in	K020074	**The facility respectfully requests paper compliance for this citation.** K0074 It is the intent of this facility to meet all regulatory standards in that all decorations, draperies, curtains including cubicle curtains are treated with a flame resistant chemical. **1. Actions Taken: a.** All required curtains and draperies, have been treated with a fame resistant chemical. **2. Others Identified: a**. No residents were affected. **3. Measures Taken: a**. All required curtains and draperies have been treated with a fame resistant chemical **4. How Monitored: a.** All required curtains and draperies will be treated with a fame resistant	06/24/2013

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	the Ross Manor building and in the seventy five resident rooms in the Waters of Dillsboro building lacked attached documentation they were inherently flame resistant. Based on interview at the time of observations with the maintenance supervisor, there was no documentation regarding flame resistance for all resident room window curtains available for review. This was confirmed by the administrator at the exit conference on 05/23/13 at 1:20 p.m. 3.1-19(b)		chemical and logged so that the items can be tracked for re-appling as needed and recording application of chemical **5.** This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is 06.24.13.	

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NAME OF PROVIDER OR SUPPLIER WATERS OF DILLSBORO-ROSS MANOR THE		STREET ADDRESS, CITY, STATE, ZIP CODE 12803 LENOVER ST DILLSBORO, IN 47018	

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K020160 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD All existing elevators, having a travel distance of 25 ft. or more above or below the level that best serves the needs of emergency personnel for fire fighting purposes, conform with Firefighter's Service Requirements of ASME/ANSI A17.3, Safety Code for Existing Elevators and Escalators. 19.5.3, 9.4.3.2 Based on observation and interview, the facility failed to ensure 2 of 2 sprinklered elevator equipment rooms were provided with an automatic means for disconnecting the main line power supply. NFPA 13, 5-13.6.2 states automatic sprinklers in elevator machine rooms shall be ordinary or intermediate temperature rating. ASME/ANSI A17.1 permits sprinklers in elevator machine rooms when there is a means for disconnecting the main line power supply to the affected elevator automatically upon or prior to the application of water from the sprinkler located in the elevator machine room. This deficient practice could affect 22 residents who reside on the first floor Short Hall near the first floor south elevator equipment room and 4 residents who reside on the second floor East Hall near the East Hall elevator equipment room in the Waters of Dillsboro building. Findings include:	K020160	**The facility respectfully requests paper compliance for this citation.** K0160 It is the intent of this facility to meet and required regulations of the Life Safety Code Standard. **1. Actions Taken: Electrician has been in as of 6/20/13 an estimate will be return and the electrical shunt will be installed by 7/1/13 a. Last year automatic sprinklers were added to the elevator equipment rooms at that time there was no regualation cited for not having means for disconnecting the main line power supply. Also our elevators do not travel more than 25ft. Also the elevator company stated that they were not aware of this regulation being passed and required at this time.** . **2. Others Identified:** **a**. No residents were affected. **3. Measures Taken:** **a**. Last year automatic sprinklers were added to the elevator equipment rooms at the time there was no regualtion cited for not having means for	07/01/2013

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155280	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING	(X3) DATE SURVEY COMPLETED 05/23/2013
NAME OF PROVIDER OR SUPPLIER WATERS OF DILLSBORO-ROSS MANOR THE		STREET ADDRESS, CITY, STATE, ZIP CODE 12803 LENOVER ST DILLSBORO, IN 47018	

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	Based on observation of the first floor Short Hall and second floor East Hall elevator equipment rooms on during the tour on 05/23/13 from 8:00 a.m. to 1:20 p.m. with the maintenance supervisor, each elevator equipment room was provided with sprinkler coverage. Based on an interview and observation of the main elevator electrical equipment in the basement on 05/23/13 at 11:30 a.m. with the maintenance supervisor, there was no indication in the basement electrical service area a shunt trip was provided for each elevator equipment room. Based on an interview with the maintenance supervisor on 05/23/13 at 11:35 a.m., it was further verified the two elevator equipment rooms lacked a shunt trip to automatically disconnect the main line power supply while sprinklers were activated. This was verified by the administrator at the exit conference on 05/23/13 at 1:20 p.m. 3.1-19(b)		disconnecting the main line power supply. also our elevators do not travel more than 25ft. Also the elevator company stated that they were not aware of this regulation being passed and required at this time. **4. How Monitored:** **a. When clarified with the regulation the facility will have the contractors place shunt trips where needed to meet regulation standards** **5.** This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is 06.24.13.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155280	(X2) MULTIPLE CONSTRUCTION A. BUILDING 03 B. WING	(X3) DATE SURVEY COMPLETED 05/23/2013
NAME OF PROVIDER OR SUPPLIER WATERS OF DILLSBORO-ROSS MANOR THE		STREET ADDRESS, CITY, STATE, ZIP CODE 12803 LENOVER ST DILLSBORO, IN 47018	

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K030000	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). Survey Date: 05/22/13 and 05/23/13 Facility Number: 000178 Provider Number: 155280 AIM Number: 100273840 Surveyor: Mark Bugni, Life Safety Code Specialist At this Life Safety Code survey, The Waters of Dillsboro-Ross Manor 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 and 410 IAC 16.2. The 2010 Therapy Wing addition, located to the south of the original Ross Manor building and consisting of a single room used for therapy with a two hour separation from the original building, was surveyed with Chapter 18, New Health Care Occupancies. This 2010 Therapy Wing addition to the	K030000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155280	(X2) MULTIPLE CONSTRUCTION A. BUILDING 03 B. WING	(X3) DATE SURVEY COMPLETED 05/23/2013
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	one story Ross Manor building was determined to be Type V (111) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors, and battery operated smoke detectors in all resident sleeping rooms. The facility has a capacity of 123 and had a census of 85 at the time of this visit. All areas where residents have customary access were sprinklered and all areas providing facility services were sprinklered.			