

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155275	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 06/29/2015
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NAME OF PROVIDER OR SUPPLIER WATERS OF PRINCETON, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 1020 W VINE ST PRINCETON, IN 47670
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(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
K 0000 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: 06/29/15</p> <p>Facility Number: 000175 Provider Number: 155275 AIM Number: 100274440</p> <p>At this Life Safety Code survey, The Waters of Princeton 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 detectors in the corridors and spaces open to the corridors, plus battery operated smoke detectors in all resident sleeping rooms. The facility has a capacity of 97 and had a census of 68 at the time of this</p>	K 0000		

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 0021 SS=E Bldg. 01	<p>survey.</p> <p>All areas where residents have customary access were sprinklered and all areas providing facility services were sprinklered, except one detached wood shed and one detached metal pod, both structures used for facility storage.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Any door in an exit passageway, stairway enclosure, horizontal exit, smoke barrier or hazardous area enclosure is held open only by devices arranged to automatically close all such doors by zone or throughout the facility upon activation of:</p> <p>a) the required manual fire alarm system;</p> <p>b) local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and</p> <p>c) the automatic sprinkler system, if installed. 19.2.2.2.6, 7.2.1.8.2</p> <p>1. Based on observation and interview, the facility failed to ensure 2 of 5 sets of smoke barrier doors was held open only by a device arranged to automatically close upon activation of the fire alarm system. This deficient practice could affect up to 31 residents, as well as staff and visitors while in the East Front and East Back (201-230) corridors.</p> <p>Findings include:</p>	K 0021	Preparation and/or execution of this plan of correction in general, or this corrective action in particular, does not constitute and admission of agreement by this facility of the facts alleged or conclusions set forth in this state of deficiencies. The plan of correction and specific corrective actions are prepared and/or executed in compliance with State and Federal Laws. A: The East Front set of smoke barrier doors are not blocked. The East	07/15/2015

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	<p>Based on observations on 06/29/15 between 10:45 a.m. and 12:15 p.m. during a tour of the facility with the Maintenance Supervisor, the East Front set of smoke barrier doors were blocked open with a food cart and a housekeeping cleaning cart, furthermore, the East Back set of smoke barrier doors were blocked open with a medical cart. With these smoke barrier doors blocked open it would not allow the doors to close automatically and fully if the fire alarm system was actuated. This was acknowledged by the Maintenance Supervisor at the time of each observation.</p> <p>3.1-19(b)</p> <p>2. Based on observation and interview, the facility failed to ensure 1 of 12 hazardous area room doors, such as a kitchen service door, was held open only by a device arranged to automatically close upon activation of the fire alarm system. This deficient practice could affect mostly staff and visitors while in the service corridor.</p> <p>Findings include:</p> <p>Based on observation on 06/29/15 at 11:25 a.m. during a tour of the facility</p>		<p>Back set of smoke barrier doors are not blocked. Kitchen Service door functions properly. B: Staff have been inserviced regarding fire safety and importance of keeping fire doors free from objects. C: Maintenance or designee will monitor fire doors to assure they are free from obstructions 5 times a week for 3 months, then weekly thereafter inspections at random times throughout the day. D: Maintenance or designee will bring results of audit to QA meeting for review. DOC: July 15, 2015.</p>	

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K 0147 SS=D Bldg. 01	<p>with the Maintenance Supervisor, the door between the kitchen and service corridor was held wide open because the door was wedged tight against the floor. This was acknowledged by the Maintenance Supervisor at the time of observation.</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</p> <p>Based on observation and interview, the facility failed to ensure power strips were not used as a substitute for fixed wiring in 1 of 7 smoke compartments. LSC 19.5.1 requires utilities to comply with Section 9.1. LSC 9.1.2 requires electrical wiring and equipment to comply with NFPA 70, National Electrical Code, 1999 Edition. 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 2 residents in room 123.</p> <p>Findings include:</p> <p>Based on observation on 06/29/15 at 11:45 a.m. during a tour of the facility the Maintenance Supervisor, resident room</p>	K 0147	<p>Preparation and/or execution of this plan of correction in general, or this corrective action in particular, does not constitute an admission of 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. A: Power strips have been removed from room 123. B: Maintenance or designee has performed a facility wide assessment to assure no power strips are in facility. C: Maintenance or designee will perform rounds 5 times weekly for 3 months, then weekly thereafter inspections at random times to assure no power strips are in facility. D: Audits will be brought to QA for review. DOC: July 15, 2015.</p>	07/15/2015			

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	123 had a oxygen concentrator and nebulizer plugged into a power strip. This was acknowledged by the Maintenance Supervisor at the time of observation. 3.1-19(b)				