

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155066	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 07/29/2014
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NAME OF PROVIDER OR SUPPLIER EDGEWATER WOODS	STREET ADDRESS, CITY, STATE, ZIP CODE 1809 N MADISON AVE ANDERSON, IN 46011
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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: 07/29/14</p> <p>Facility Number: 000026 Provider Number: 155066 AIM Number: 100274820</p> <p>Surveyor: Phillip Komsiski, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Edgewater Woods 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 with a basement was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, in spaces open to the corridors and battery powered smoke detectors in all resident</p>	K010000	The creation and submission of this plan of correction does not constitute and admission by the provider of any conclusion set forth in the statement of deficiencies, or of any violation or regulations The provider respectfully request that the 2567 Plan of Correction be considered the letter of credible allegation and request a post certification desk review in lieu of a post survey re-visit on or after August 28, 2014	

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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K010018 SS=E	<p>sleeping rooms. The facility has a capacity of 81 and had a census of 72 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered. The facility has one detached shed which is used for facility storage which was not sprinklered.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 08/07/14.</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 Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¼ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the</p>						

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	<p>closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities. Based on observation and interview, the facility failed to ensure 1 of 1 sets of double leaf corridor doors could latch independently into the door frame. This deficient practice could affect 32 residents in adjacent 200 hall as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observation on 07/29/14 at 1:00 p.m. with the Maintenance Supervisor, the set of double leaf corridor doors leading into the Marketing Admissions office adjacent to 200 hall required one door to be latched manually into the door frame before the second door would latch into the first door and secure them both tightly into the door frame. Based on interview on 07/29/14 concurrent with the observation it was acknowledged by the Maintenance Supervisor, the aforementioned set of corridor doors would not latch independently into their door frame.</p> <p>3.1-19(b)</p>	K010018	<p>What corrective action will be accomplished for those residents found to been affected by the deficient practice; It is the intent of this community to ensure that all doors can latch independently into the door frame A new spring loaded door latch was purchased to be instilled to the double leaf corridor doors to ensure the doors can latch independently into the door frame How will other residents having the potential to be affected by the same deficient practice will be identified; All residents have the potential to be affected by this practice The maintenance/designee checked all self closing doors to ensure proper closing per regulations 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/designee will be checking all self closing doors on a monthly basis to ensure that all door latches are independently closing into the door frame How will the corrective action be monitored to ensure the deficient practice will not recur; The maintenance director/designee will check all self closing doors weekly times 4</p>	08/28/2014			

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K010038 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1</p> <p>Based on observation and interview, the facility failed to ensure exit access was arranged so 1 of 7 exits were readily accessible at all times. LSC Section 7.1.6.2 states abrupt changes in elevation of walking surfaces shall not exceed one quarter inch. This deficient practice could affect 32 residents using the direct exit to evacuate out of 300 hall as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observation on 07/29/14 at 1:45 p.m. with Maintenance Supervisor, the direct exit leading out of 300 hall north and east had a six foot stretch of broken concrete towards the end of the concrete walkway near the public parking area. Based on interview on 07/29/14 at 1:48 p.m. with the Maintenance Supervisor, it was acknowledged the concrete exit discharge was cracked and broken and in</p>	K010038	<p>weeks, and monthly as part of Preventative Maintenance Program The results of the audits will be reviewed by the ED/designee to maintain threshold of 100% If not achieved an action plan will be developed to ensure compliance</p> <p>What corrective action will be accomplished for those residents found to have been affected by the deficient practice; It is the intent of this community to ensure that all walking surfaces and exit access remain in compliance with Life Safety Standards The maintenance director/designee secured an appropriate licensed contractor to remove the broken concrete and replaced with new concrete walkway to meet the exit access Life Safety Code Standards How will other residents have the potential to be affected by the same deficient practice will be identified; All residents have the potential to be affected by this deficient practice The maintenance director/designee verified that all exit access and walking surfaces were in good repair and not exceeding one quarter inch What measures will be put in place or what systemic changes will be made to ensure that the</p>	08/14/2014	

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K010056 SS=F	<p>need of repair.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5 Based on observation and interview, the facility failed to ensure 1 of 2 steel armover sprinkler pipes observed in the</p>	K010056	<p>deficient practice does not recur; The maintenance director/designee will inspect all the exit access and walkways on a monthly basis or other conditions that warrant and inspection to ensure compliance. How will the corrective action be monitored to ensure the deficient practice will recur; The Maintenance director/designee will inspect all the exit access and walkway surfaces monthly as part of the Preventative Maintenance Program. The results of the inspections will be reviewed by the ED/designee with a threshold of 100% If threshold is not met and action plan will be developed to ensure compliance.</p> <p>What corrective action will be accomplished for those residents found to have been affected by</p>	08/08/2014	

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	<p>stairwell was installed in accordance with the requirements of NFPA 13, Standard for the Installation of Sprinkler Systems. NFPA 13, 1999 edition, Section 6-2.3.4 states the cumulative horizontal length of an unsupported armover to a sprinkler, sprinkler drop, or sprig-up shall not exceed 24 inches for steel pipe or 12 inches for copper tube. This deficient practice could affect all residents in the building if the sprinkler system required repair as well as staff or visitors.</p> <p>Findings include:</p> <p>Based on observations on 07/29/14 at 12:15 p.m. with the Maintenance Supervisor, the steel sprinkler pipe armover observed in the only stairwell in the facility was ten feet long and was unsupported. Based on interview on 07/29/14 concurrent with the observation with the Maintenance Supervisor, it was acknowledged the aforementioned steel sprinkler pipe armover exceeded twenty four inches in length and was unsupported.</p> <p>3.1-19(b)</p>		<p>the deficient practice; It is the intent of this community that all automatic sprinkler systems are installed in accordance with NFPA13 The maintenance director/designee contacted the licensed contractor that maintains our system to install a support according to the NFPA 13 The support was installed according to NFPA 13 standards How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken; All residents have the potential to be affected by this deficient practice The Maintenance director/designee will review the automatic sprinkler system with the contracted inspection provider upon inspections required by Life Safety Standards to ensure they are in compliance 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/designee will along with the licensed contractor inspect the system on the basis required by the Life Safety Code standards annually How the corrective action will be monitored to ensure the deficient practice will not recur; The maintenance director/designee will review the results of the annual inspection to ensure a threshold of 100% If threshold is not met, and action plan will be</p>				

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K010062 SS=F	<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 observation and interview, the facility failed to ensure 1 of 1 automatic sprinkler systems was maintained in accordance with NFPA 13, 1999 Standard for the Installation of Sprinkler Systems. NFPA 13, 6-1.1.5 requires sprinkler piping or hangers shall not be used to support nonsystem components. This deficient practice could affect all residents as well as visitors and staff should the sprinkler pipe break and require repair.</p> <p>Findings include:</p> <p>Based on observation on 07/29/14 at 2:18 p.m. with the Maintenance Supervisor, a one inch diameter plastic water pipe was strapped to a two and one half inch steel sprinkler pipe located inside the floor care room on Life Path hall above the corridor door. Based on interview on 07/29/14 concurrent with the observation with the Maintenance Supervisor, it was acknowledged the aforementioned</p>	K010062	<p>put into place to ensure compliance for this deficient practice</p> <p>What corrective action will be accomplished for those residents found to have been affected by the deficient practice; The maintenance director/designee remove the strap from the sprinkler system that was supporting a water pipe This corrective action will ensure that the hangers will not be used to support no-system components How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken; All residents have the potential to be affected by this deficient practice The maintenance director/designee will inspect the sprinkler system on a monthly basis to ensure the integrity is maintained What measure will be put into place for what systemic changes will be made to ensure that the deficient practice does not recur; The maintenance director/designee will inspect the sprinkler system on a monthly basis as part of the Preventative Maintenance Program to ensure the system is</p>	08/05/2014			

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K010154 SS=F	<p>sprinkler pipe was used to support a nonsprinkler component.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Where a required automatic sprinkler system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction is notified, and the building is evacuated or an approved fire watch system is provided for all parties left unprotected by the shutdown until the sprinkler system has been returned to service. 9.7.6.1 Based on record review and interview, the facility failed to protect 72 of 72 residents by providing a complete written policy containing procedures to be followed in the event the automatic sprinkler system has to be placed out of service for 4 hours or more in a 24 hour period in accordance with LSC, Section 9.7.6.1. LSC 9.7.6.2 requires sprinkler impairment procedures comply with NFPA 25, Standard for Inspection, Testing and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 11-2</p>	K010154	<p>free of any hanging items with a threshold of 100% How the corrective action will be monitored to ensure the deficient practice will not recur; what quality assurance program will be put into place; The maintenance director will review the results of the monthly inspections with the ED/designee to ensure the threshold has been met If threshold has not been met and action plan will be developed to ensure compliance</p> <p>What corrective action will be accomplished for those residents found to have been affected by the deficient practice; It is the intent of this community that written policy containing procedures to be followed in the event the automatic sprinkler system has to be placed out of service for 4 hours or more in a 24 hour period in accordance with LSC The maintenance director/designee contacted the home office regarding policy deficiency The Policy was rewritten in accordance with LSC</p>	08/15/2014			

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	<p>requires an appointed sprinkler impairment coordinator. NFPA 25, 11-5 requires a preplanned program to include evacuation or an approved fire watch and 11-5(d) requires the local fire department be notified of a sprinkler impairment and 11-5(e) requires the insurance carrier, alarm company, building owner/manager and other authorities having jurisdiction also be notified and 11-5(f) requires notification of supervisors in the area in addition to those already mentioned and lastly 11-7 requires notification of everyone again when the system is restored. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on record review and interview with the Maintenance Supervisor on 07/29/14 at 1:55 p.m., the facility did have a written policy and procedure for an impaired fire protection system available for review, but it did not address notifying everyone again when the system is restored. Based on interview concurrent with record review it was acknowledged by the Maintenance Supervisor, the fire watch policy did not address notification of all entities again once the system is restored.</p> <p>3.1-19(b)</p>		<p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken; All residents have the potential to be affected by the deficient practice All written policies for Fire Watch 24 hour period were reviewed by the ED/Designee for compliance per LSC What measure will be put in place or what systemic changes will be made of ensure that the deficient practice does not recur; All written policies containing procedures to be followed in the event the automatic sprinkler system has to be placed out of service for 4 hours or more in a 24 hour period will be reviewed annually by the ED/Maintenance director/designee for compliance How the corrective action will be monitored to ensure the deficient practice will no recur, what quality assurance program will be put into place; The written policy will be reviewed annually by the Maintenance director/ED/designee to ensure a threshold of 100% is met If threshold is not met an action plan will be developed to ensure compliance.</p>		

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