

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155483	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  05/17/2016
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NAME OF PROVIDER OR SUPPLIER  WATERS OF RISING SUN, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 405 RIO VISTA LN RISING SUN, IN 47040
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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: 05/17/16</p> <p>Facility Number: 000405 Provider Number: 155483 AIM Number: 100273800</p> <p>At this Life Safety Code survey, The Waters of Rising Sun 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 sprinkled. The facility has a fire alarm system with smoke detection in the corridors, areas open to the corridors and battery operated smoke detectors in all resident sleeping rooms. The facility has a capacity of 54 and had a census of 43 at the time of this survey.</p>	K 0000	<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.</p> <p><b>Facility is respectfully requesting paper compliance for all deficiencies in this POC.</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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K 0067 SS=F Bldg. 01	<p>All areas where residents have customary access were sprinkled and all areas providing facility services were sprinkled. The facility has three detached wooden storage sheds and a detached wooden storage garage which were not sprinkled.</p> <p>Quality Review completed on 05/19/16 - DA</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 observation and interview, the facility failed to ensure 20 of 28 resident rooms and 2 of 4 egress corridors were not being used as a portion of a return air system/plenum for heating, ventilating, or air conditioning (HVAC) ductwork serving adjoining areas. NFPA 90A, Standard for the Installation of Air Conditioning and Ventilation Systems at 2-3.11.1 requires egress corridors shall not be used as a portion of a supply return or exhaust air system serving adjoining areas. This deficient practice affects forty resident in the facility who reside on the East Hall and Center nurses' station Hall.</p>	K 0067	<p>K0067 HVA It is the intent of this facility to maintain HVAC according to NFPA Standards. 1. ACTIONS TAKEN: A: Electric Company contacted for bid to install PTAC units in rooms, one, two, three, four, five, six, seven, eight, nine, ten, eleven, twelve, thirteen, fourteen, fifteen, seventeen, eighteen, nineteen, twenty and twenty one. 2. RESIDENTS AFFECTED: B: Only residents in the stated room are affected. 3. MEASURES TAKEN A: The facility had already modified the HVAC system so activation of the fire alarm system shuts off the air supply fans. Additionally, duct work connected to the air supply fans is equipped with duct smoke detectors</p>	06/01/2016

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	<p>Findings include:</p> <p>Based on observations on 05/17/16 during a tour of the facility from 10:15 a.m. to 1:45 p.m. with the administrator and maintenance director, resident rooms one, two, three, four, five, six, seven, eight, nine, ten, eleven, twelve, thirteen, fourteen, fifteen, seventeen, eighteen, nineteen, twenty, and twenty one used the East Hall and Center nurses' station Hall egress corridors as a return air system for the heating, ventilating and air conditioning system in the facility. The lack of a return air duct in each of the twenty resident rooms listed above was verified by the administrator and maintenance director at the time of observations and acknowledged by the administrator at the exit conference on 05/17/16 at 2:00 p.m.</p> <p>3.1-19(b)</p>		<p>located downstream of the air filters, and when activated, shut off the air supply fans. Finally, the HVAC ducts did not penetrate any fire or smoke barrier walls, eliminating the need for the installation of smoke dampers to prevent the transfer of smoke from one smoke compartment to another. Nothing else needed to be done to ensure safety of residents at this time. Electric company contacted to obtain bids to install PTAC units and adding any new breaker boxes. 4: HOW MONITORED: A: The facility has an outside monitoring company which monitors the fire alarm system 24 hours a day. The facility also performs regular monthly fire drills covering all three shifts. 5. This plan of correction constitutes our credible allegation of compliance with all regulatory requirements.</p>		