

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 06/14/2016
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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 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: 06/14/16</p> <p>Facility Number: 000128 Provider Number: 155223 AIM Number: 100289650</p> <p>At this Life Safety Code survey, 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 smoke detection in the corridors, spaces open to the corridors and battery powered smoke detectors in resident sleeping rooms. The facility has a capacity of 119 and had a census of 87 at the time of this survey.</p>	K 0000	<p>The creation and submission of this plan of correction does not constitute an admission 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 request a desk review certification of compliance on or after 7/14/2016. Fay Pruitt, HFA</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 0029 SS=E Bldg. 01	<p>All areas where the residents have customary access were sprinklered. All areas providing facility services were sprinklered except for a detached smoke hut and storage shed.</p> <p>Quality Review completed on 06/24/16 - DA</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with o 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</p> <p>Based on observation and interview, the facility failed to ensure 1 of 6 doors to hazardous areas such as rooms with combustibile items would self close into its frame. This deficiency could affect 8 residents on Unit 2 as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observation on 06/14/16 at 1:15 p.m. with the Maintenance Supervisor, the corridor door leading into the File</p>	K 0029	<p>How corrective action will be accomplished for those residents found to have been affected by the deficient practice: The maintenance director and HFA shall examine all doors that require self-closing device to ensure all doors that require a self-closing device has one and that they are operating properly. How the facility will identify other residents having the potential to be affected by the same deficient practice: The maintenance director and HFA shall examine all doors that</p>	07/14/2016

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K 0038 SS=B Bldg. 01	<p>room on Center hall was used to store over thirty cardboard boxes, was over fifty square feet and was not equipped with a self closing device. Based on interview concurrent with the observation with the Maintenance Supervisor, it was acknowledged the aforementioned File room door would not self close and latch into its frame.</p> <p>3.1-19(b)</p> <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 Based on observation and interview, the facility failed to ensure 1 of 22 nonresident rooms do not require the unlocking of two locks on the door to exit from a room. This deficient practice could affect 8 residents on Unit 2 as visitors and staff.</p> <p>Findings include:</p>	K 0038	<p>require self-closing device to ensure all doors that require a self-closing device has one and that they are operating properly. What measures will be put into place or systemic changes made, to ensure that the deficient practice will not recur: The maintenance director shall conduct monthly rounds to ensure that all doors that require self-closures are operating properly. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur: The maintenance director shall report any issues to the Quality Assurance Committee. The Quality Assurance Committee shall provide suggestions if necessary</p> <p>How corrective action will be accomplished for those residents found to have been affected by the deficient practice: The deadbolt lock on the storage room has been removed. How the facility will identify other residents having the potential to be affected by the same deficient practice: The maintenance director and HFA shall examine all storage</p>	07/14/2016			

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K 0051 SS=E Bldg. 01	<p>Based on observation on 06/14/16 at 1:16 p.m. with the Maintenance Supervisor the Housekeeping closet corridor door on Unit 2 had a deadbolt lock and a knob lock. Based on interview concurrent with the observation it was acknowledged by the Maintenance Supervisor the deadbolt on the closet door should be removed.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system is installed with systems and components approved for the purpose in accordance with NFPA 70, National Electric Code and NFPA 72, National Fire Alarm Code to provide effective warning of fire in any part of the building. Fire alarm system wiring or other transmission paths are monitored for integrity. Initiation of the fire alarm system is by manual means and by any required sprinkler system alarm, detection device, or detection system. Manual alarm boxes are provided in the path of egress near each required exit. Manual alarm boxes in patient sleeping areas shall not be required at exits if manual alarm boxes are located at all nurse's stations. Occupant notification is provided by audible and visual signals. In critical care areas, visual alarms are sufficient. The fire alarm</p>		<p>room doors to ensure that there are no deadbolt locks. What measures will be put into place or systemic changes made, to ensure that the deficient practice will not recur: The maintenance director shall conduct monthly rounds to ensure there are no deadbolt locks on storage room doors. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur: The maintenance director shall report any issues to the Quality Assurance Committee. The Quality Assurance Committee shall provide suggestions if necessary</p>	

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	<p>system transmits the alarm automatically to notify emergency forces in the event of fire. The fire alarm automatically activates required control functions. System records are maintained and readily available. 18.3.4, 19.3.4, 9.6</p> <p>Based on observation and interview, the facility failed to ensure 1 of 10 manual fire alarm boxes were readily accessible. NFPA 72, The National Fire Alarm Code, 2-8.2.1 states manual fire alarm boxes shall be distributed throughout the protected area so that they are unobstructed, readily accessible, and located in the path of exit from the area. This deficient practice could affect 18 residents on Unit 1 and 2 as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observation on 06/14/16 at 12:45 p.m. with the Maintenance Supervisor the manual fire alarm pull station located by the Front entrance was installed on the opposite side of the with electromagnetic locks. In order to access the pull station a code must be entered to release the electromagnetic lock and thereby access the pull station. Based on interview on 06/14/16 concurrent with the Maintenance Supervisor it was acknowledged the pull station could not be readily accessed without first entering the code which would release the</p>	K 0051	<p>How corrective action will be accomplished for those residents found to have been affected by the deficient practice: A new pull station has been added to ensure that station could be readily accessed without first entering the code. How the facility will identify other residents having the potential to be affected by the same deficient practice: The maintenance director and HFA shall tour the facility to ensure that all pull station is readily accessed without first entering a code. What measures will be put into place or systemic changes made, to ensure that the deficient practice will not recur: The maintenance director shall conduct monthly rounds to ensure all pull stations are readily accessible without first entering a code. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur: The maintenance director shall report any issues to the Quality Assurance Committee. The Quality Assurance Committee shall provide suggestions if necessary</p>	07/06/2016

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K 0069 SS=F Bldg. 01	<p>electromagnetic locking device on the door.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96 Based on record review and interview, the facility failed to have 1 of 1 overhead hood extinguishing system inspected semiannually to protect 87 of 87 residents in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations. NFPA 96 in Table 8-3.1 requires semiannual inspections for Systems serving moderate volume cooking operations. This deficient practice could affect all residents as well as visitors and staff if a fire occurred at the kitchen stove. Findings include: Based on a review of the overhead hood extinguishing system inspection records on 06/14/16 at 3:35 p.m. with the Maintenance Supervisor, the last inspection records for the overhead hood was dated 05/29/15 which exceeded the semiannual inspection requirement. Based on interview with the Maintenance Supervisor at the time of record review no other reports could be presented to</p>	K 0069	<p>How corrective action will be accomplished for those residents found to have been affected by the deficient practice: Inspection of overhead hood has been completed on June 30, 2016. How the facility will identify other residents having the potential to be affected by the same deficient practice: The maintenance director and HFA shall review all inspection records to ensure all inspections have been completed. What measures will be put into place or systemic changes made, to ensure that the deficient practice will not recur: The maintenance director shall review all inspections monthly to ensure that inspections are completed timely. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur: The maintenance director shall report any issues to the Quality Assurance Committee. The</p>	06/30/2016

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K 0070 SS=E Bldg. 01	<p>verify the time between inspections was within the six month maximum interval. 3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Portable space heating devices shall be prohibited in all health care occupancies. Except it shall be permitted to be used in non-sleeping staff and employee areas where the heating elements of such devices do not exceed 212 degrees F (100 degrees C). 18.7.8, 19.7.8</p> <p>Based on observation, interview and record review, the facility failed to regulate the use of 1 of 1 portable space heaters observed in non resident rooms. This deficient practice could affect 8 residents on Fountain wing as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observation on 06/14/16 at 2:15 p.m. with the Maintenance Supervisor, one portable space heater was not plugged in but available for use in the MDS office adjacent to Fountain wing. Based on interview on 06/14/16 concurrent with the observation, it was acknowledged by the Maintenance Supervisor the portable heater was allowed in non resident rooms but was not aware the heating elements could not</p>	K 0070	<p>Quality Assurance Committee shall provide suggestions if necessary</p> <p>How corrective action will be accomplished for those residents found to have been affected by the deficient practice: Portable heater was removed from facility. How the facility will identify other residents having the potential to be affected by the same deficient practice: The maintenance director and HFA shall tour facility to ensure there are no portable heaters being used in non-resident areas without the proper paperwork to ensure heating elements could not exceed 212 degrees. What measures will be put into place or systemic changes made, to ensure that the deficient practice will not recur: The maintenance director shall conduct monthly rounds to ensure there are no portable heaters being used in nonresident areas without the proper paperwork to</p>	07/14/2016

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K 0147 SS=E Bldg. 01	<p>exceed 212 degrees Fahrenheit and the facility had no documentation pertaining to the portable space heater available for review.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment shall be in accordance with National Electrical Code. 9-1.2 (NFPA 99) 18.9.1, 19.9.1 Based on observation and interview, the facility failed to ensure 1 of 6 powerstrips and 1 of 2 extension cords observed non-fused multiplug adapters were not used as a substitute for fixed wiring. LSC 19.5.1 requires utilities to comply with Section 9.1. LSC 9.1.1 requires electrical wiring and equipment to comply with NFPA 70, National Electrical Code, 1999 Edition. NFPA 70, 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 would affect 8 residents on Fountain wing as well as visitors and staff.</p> <p>Findings include:</p>			K 0147	<p>ensure heating elements could not exceed 212 degrees. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur: The maintenance director shall report any issues to the Quality Assurance Committee. The Quality Assurance Committee shall provide suggestions if necessary</p> <p>How corrective action will be accomplished for those residents found to have been affected by the deficient practice: The surge protector and extension cord have been removed. How the facility will identify other residents having the potential to be affected by the same deficient practice: The maintenance director and HFA shall make rounds throughout the facility to ensure that surge protectors are being used appropriately and there are no extension cords being used within the facility. What measures will be put into place or systemic changes made, to ensure that the deficient practice will not recur: The maintenance director shall conduct monthly rounds to check</p>		06/15/2016

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	<p>Based on observations on 06/14/16 at 2:50 p.m. with the Maintenance Supervisor, there was a mini size reffridgerator plugged into a surge protector in resident room # 65 and an extension cord was used to power a lamp in resident room # 66.</p> <p>Based on interview with the Maintenance Supervisor at the time of observations it was acknowledged a surge protective device was used to power a mini size reffridgerator and an extension cord was used to power a lamp in two resident rooms on Fountain wing.</p> <p>3.1-19(b)</p>		<p>for proper use of surge protectors and no extension cord used. All staff shall be in-service at next monthly in-service. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur: The maintenance director shall report any issues to the Quality Assurance Committee. The Quality Assurance Committee shall provide suggestions if necessary</p>		