

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155409	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	X3) DATE SURVEY COMPLETED 01/19/2016
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NAME OF PROVIDER OR SUPPLIER WATERS OF INDIANAPOLIS, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 3895 S KEYSTONE AVE INDIANAPOLIS, IN 46227
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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: 01/19/16</p> <p>Facility Number: 000537 Provider Number: 155409 AIM Number: 100267270</p> <p>At this Life Safety Code survey, The Waters of Indianapolis 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 fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and in all areas open to the corridor. The facility has battery operated smoke detectors in all resident sleeping rooms. The facility has a capacity of 81 and had a census of 53 at</p>	K 0000	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. The facility respectfully requests paper compliance for this citation.	

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 0025 SS=E Bldg. 01	<p>the time of this visit.</p> <p>All areas where residents have customary access were sprinklered. The facility has one detached building providing storage and a detached smoking shed which were each not sprinklered.</p> <p>Quality Review completed 01/21/16 - DA</p> <p>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</p> <p>Based on observation and interview, the facility failed to ensure openings through 2 of 8 smoke barrier walls were protected to maintain the fire resistance rating of the smoke barrier wall. LSC 19.3.7.3 refers to Section 8.3. LSC Section 8.3.6.2 states openings in smoke barriers of a building shall be filled with a material that is capable of maintaining the smoke resistance of the smoke barrier or it shall be protected by an approved device that is designed for the specific</p>	K 0025	<p>I.</p> <p>All penetrated areas identified in the attic smoke barrier wall located on Love Hall and Faith Hall were properly sealed with an approved material that meets the current life safety code standards.</p> <p>II.</p>	02/02/2016
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	<p>purpose. This deficient practice could affect 56 residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on observations with the Maintenance Supervisor during a tour of the facility from 10:50 a.m. to 12:35 p.m. on 01/19/16, the following was noted:</p> <p>a. the annular space surrounding seven two inch in diameter sprinkler system pipes, one four inch in diameter sprinkler system pipe and one two inch in diameter conduit which penetrated the attic smoke barrier wall above the corridor door set in Love Hall were each filled with foam.</p> <p>b. the annular space surrounding four two inch in diameter sprinkler system pipes and one four inch in diameter sprinkler system pipe which penetrated the attic smoke barrier wall above the corridor door set in Faith Hall were each filled with foam.</p> <p>Based on interview at the time of the observations, the Maintenance Supervisor stated he was unaware of the fire resistance rating of the foam used to fill the annular spaces and acknowledged the use of foam in the aforementioned two attic smoke barrier walls did not maintain at least a one half hour fire resistance rating.</p> <p>3.1-19(b).</p>		<p>All attic smoke barrier walls have been observed for improper material. No other improper material is noted to have been used for sealing. All residents, visitors and staff who reside on Love Hall and Faith Hall had the potential to be effected by this practice.</p> <p>III.</p> <p>The Director of Maintenance has received information regarding proper smoke barrier sealing products and techniques. The Director of Maintenance will observe all attic smoke barriers for proper penetration sealing during facility preventative maintenance rounds monthly and as work is completed in attic.</p> <p>IV.</p> <p>The results of these observations will be reported to the Quality Assurance Committee monthly to ensure continued compliance.</p> <p>V.</p>	

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K 0069 SS=D Bldg. 01	<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, observation and interview; the facility failed to ensure 1 of 1 kitchen range hoods was maintained in accordance with NFPA 96. LSC 9.2.3 refers to NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations. NFPA 96, Section 1-3.1 states cooking equipment used in processes producing smoke or grease-laden vapors shall be equipped with an exhaust system that complies with all the equipment and performance requirements of this standard, and all such equipment and performance shall be maintained per this standard during all periods of operation of the cooking equipment. Specifically, the following equipment shall be kept in good working condition:</p> <ol style="list-style-type: none"> Cooking equipment Hoods Ducts (if applicable) Fans 	K 0069	<p>This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is: February 2, 2016</p> <p>I. The Kitchen Range Hood exhaust fan was repaired on February 2, 2016.</p> <p>II. All residents residing in the facility have the potential to be effected by this practice.</p> <p>The second kitchen range hood exhaust fan has been inspected and is in working order.</p> <p>III. The Director of Maintenance has received information regarding current regulatory standards relating to Kitchen Range Hoods. The Director of Maintenance inspects the kitchen range hood exhaust fans monthly in accordance with his preventative maintenance program. The Kitchen Range Hood is also inspected and cleaned every six months by an outside</p>	02/02/2016

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	<p>e. Fire suppression systems f. Special effluent or energy control equipment All airflows shall be maintained. Maintenance and repairs shall be performed on all components at intervals necessary to maintain these conditions. This deficient practice could affect three staff and visitors in the kitchen.</p> <p>Findings include:</p> <p>Based on review of Richard's Hood & Duct Cleaning Service "Exhaust Removal System's Report" documentation dated 03/08/15 with the Maintenance Supervisor during record review from 9:15 a.m. to 10:50 a.m. on 01/19/16, the range hood cleaning inspection "Comments" section stated "second motor is not mounted and not connected, only one fan works out of two". In addition, the "Fan Test" section of the aforementioned report stated the "Main 2" fan was not operational. Based on interview at the time of record review, the Maintenance Supervisor stated the kitchen range hood has two flues and two fans one of which has not been repaired or replaced on or after 03/08/15. Based on observation with the Maintenance Supervisor during a tour of the facility from 10:50 a.m. to 12:35 p.m. on 01/19/16, the kitchen range hood exhaust</p>		<p>vendor. The results of the inspection and cleaning are reviewed by the Director of Maintenance and all identified concerns are addressed and corrected.</p> <p>IV. The Director of Maintenance or his designee will report findings of his monthly Kitchen Range Hood inspections to the Quality Assurance Committee.</p> <p>V. This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is: February 2, 2016</p>	

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K 0147 SS=E Bldg. 01	<p>system has two flues but it could not be determined if the "Main 2" fan was in operation. Based on interview at the time of record review and of the observation, the Maintenance Supervisor stated documentation of the repair or replacement of the kitchen range hood fan on or after 03/08/15 was not available for review and acknowledged the kitchen range hood fan designated as "Main 2" does not operate.</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 2 of 2 extension cords including power strips were not used as a substitute for fixed wiring. 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 32 residents, staff and visitors in the vicinity of resident Room L8.</p> <p>Findings include:</p> <p>Based on observations with the Maintenance Supervisor during a tour of</p>	K 0147	<p>I. The identified coffee pot has been plugged into a fixed wired receptacle. The identified refrigerator has been plugged into fixed wired receptacle.</p> <p>II. All residents residing in the area around L8 have the potential to be affected along with staff and visitors in the identified areas.</p> <p>III. The Director of Maintenance reviewed NFPA 70, National Electrical Code. 9.1.2 regarding Electrical wiring and equipment.</p>	02/02/2016

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	<p>the facility from 10:50 a.m. to 12:35 p.m. on 01/19/16, the following was noted:</p> <p>a. a coffee pot was plugged into a power strip next to the photocopier in the office behind the reception area.</p> <p>b. a refrigerator was plugged into a power strip in resident Room L8.</p> <p>Based on interview at the time of the observations, the Maintenance Supervisor acknowledged a power strip was being used as a substitute for fixed wiring at the aforementioned two locations.</p> <p>3.1-19(b)</p>		<p>The Director of Maintenance inspected the remainder of the building to ensure no additional power strips were being used inappropriately. No additional power strips were identified for improper usage. The Director of Maintenance or his designee will inspect rooms five times weekly to ensure adherence to NFPA 70, National Electrical Code. 9.1.2. All concerns will be corrected and reviewed by the administrator.</p> <p>IV. The Director of Maintenance or his designee will report findings of inspections to the Quality Assurance committee.</p> <p>V. . This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is:</p> <p>February 2, 2016</p>	