

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155443	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  03/25/2015
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NAME OF PROVIDER OR SUPPLIER  WATERS OF MUNCIE, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 2400 CHATEAU DR MUNCIE, IN 47303
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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
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K 000  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: 03/25/15</p> <p>Facility Number: 000310 Provider Number: 155443 AIM Number: 100288970</p> <p>Surveyor: Phillip Komsiski, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, The Waters of Muncie 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 (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and spaces open to the corridors. The resident rooms have</p>	K 000		
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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 062 SS=E Bldg. 01	<p>battery powered smoke detection. The facility has a capacity of 72 and had a census of 65 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered and all areas which provide facility services were sprinklered except for the one detached garage used for facility storage and a smoking shed which were not sprinklered.</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 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 6 of 8 sprinkler heads observed in the Kitchen were not corroded. NFPA 25, 1998 edition, 2-2.1.1 requires any sprinkler shall be replaced which is painted, corroded, damaged, loaded, or in the improper orientation. This deficient practice could affect the 22 residents on 300 hall which is adjacent to the Kitchen as well as staff and visitors.</p>	K 062	<p>On April 8 2015, 6 sprinkler heads were ordered from Safe Care to be replaced with new sprinkler heads. Delivery for these sprinkler heads take approximately 3 weeks. Please see attached letter from Safe Care. No Residents were affected. To prevent re-occurrence, the Maintenance Supervisor will inspect and log inspection of kitchen sprinkler heads, as part of his monthly preventative maintenance program. The Quality Assurance Committee</p>	04/24/2015	

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	<p>Findings include:</p> <p>Based on observation on 03/25/15 at 2:30 p.m. with the Maintenance Director, the sprinkler heads located in the Kitchen on Service hall was heavily coated with corrosion. Based on interview on 03/25/15 at 2:31 p.m. with the Maintenance Supervisor it was confirmed the sprinkler heads in aforementioned location was corroded.</p> <p>3.1-19(b)</p>		will oversee maintenance compliance of kitchen sprinkler head inspections, monthly, ongoing.		