

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155217	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 10/27/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER WATERS OF HUNTINGBURG THE	STREET ADDRESS, CITY, STATE, ZIP CODE 1712 LELAND DR HUNTINGBURG, IN 47542
---	--

(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
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: 10/27/14</p> <p>Facility Number: 000122 Provider Number: 155217 AIM Number: 100290560</p> <p>Surveyor: Lex Brashear, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, The Waters of Huntingburg 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 hard wired smoke detectors in the corridors and spaces open to the corridors, plus battery operated smoke detectors in all resident sleeping</p>	K010000		

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155217	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 10/27/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER WATERS OF HUNTINGBURG THE	STREET ADDRESS, CITY, STATE, ZIP CODE 1712 LELAND DR HUNTINGBURG, IN 47542
---	--

(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
K010050 SS=C	<p>rooms. The facility has a capacity of 95 and had a census of 67 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered and all areas providing facility services were sprinklered, except two wood sheds and one metal shed outside the southwest exit used for facility storage.</p> <p>Quality Review by Dennis Austill, Life Safety Code Specialist on 10/28/14.</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 Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2 Based on record review and interview, the facility failed to ensure fire drills were held at varied times for 1 of 3 employee shifts during 3 of 4 quarters.</p>	K010050	Preparation and/or execution of the plan of correction in general, or this corrective action in particular does not constitute an admission agreement by the	11/07/2014

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155217		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 10/27/2014	
NAME OF PROVIDER OR SUPPLIER WATERS OF HUNTINGBURG THE				STREET ADDRESS, CITY, STATE, ZIP CODE 1712 LELAND DR HUNTINGBURG, IN 47542			
(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			
	<p>This deficient practice could affect all residents in the facility.</p> <p>Findings include:</p> <p>Based on review of the facility's fire drills in the Fire Drills/Inspections book on 10/27/14 at 10:15 a.m. with the Plant Operations Director present, three of four first shift (day) fire drills were performed at 10:30 a.m., 10:30 a.m., and 10:58 a.m. During an interview at the time of record review, the Plant Operations Director acknowledged the times the first shift fire drills were performed and agreed the times were not varied enough.</p> <p>3-1.19(b)</p>		<p>facility of facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction and specific corrective actions are prepared and/or executed in compliance with state and federal laws.K050-SSCNFPA 101 Life Safety Code StandardsFire drills held at unexpected times under varying conditions quarterly on each shift.It is the intent of this facility to ensure that NFPA life safety standards relating to fire drills are completed per standard.1. Actions Taken:A) Plant Operations Director was in-inserviced by Administrator to ensure employee understands the general intent of the rule.B) During the survey Mr. Lex Brashear also explained the rule to Plant Operations Director.2. How other residents have the potential to be affected:A) All residents would have the potential to be affected.3. Measures Taken:A) Administrator and Plant Operations Director developed a schedule for the rest of 2014 and 2015 fire drills to ensure that they would be completed per NFPA standards.4. How Monitored:A) Administrator/designee will review with Plant Operations Director prior to fire drill being performed to ensure that it will be done correct according to NFPA standards.B) Results of this monitoring will be discussed during the monthly QA meetings to ensure compliance.5. The</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155217	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 10/27/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER WATERS OF HUNTINGBURG THE	STREET ADDRESS, CITY, STATE, ZIP CODE 1712 LELAND DR HUNTINGBURG, IN 47542
---	--

(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
K010052 SS=C	<p>NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4</p> <p>Based on observation, record review, and interview; the facility failed to ensure there was documentation for the testing of 81 of 81 battery operated smoke detectors. LSC 9.6 refers to NFPA 72, National Fire Alarm Code. NFPA 72, 7-3.2 requires fire alarm system devices such as smoke detectors to be tested annually. NFPA 72, 7-3.3 requires single station detectors installed in other than one- and two family dwelling units shall be tested and maintained in accordance with Chapter 7. This deficient practice could affect all residents, as well as staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on review of the monthly Battery Operated Smoke Detector testing schedule on 10/27/14 at 11:20 a.m. with</p>	K010052	<p>plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is November 7, 2014 and we are requestion paper compliance.</p> <p>K052-SSCA fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA standards.It is the intent of this facility to install, test, and maintain all smoke detectors according to NFPA standards.1. Actions Taken:A) 100% audit was completed to ensure that all battery operated smoke detectors worked throughout the facility.B) Batteries and/or detectors were replaced during this audit, if needed, to ensure compliance with NFPA standards.2. How other residents have the potential to be affected:A) All residents would have the potential to be affected.3. Measures Taken:A) All batteries were replaced throughout the facility in all smoke detectors to ensure that they would meet the 12 month standard.4. How Monitored:A) All detectors will be placed on a</p>	11/07/2014

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155217	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 10/27/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER WATERS OF HUNTINGBURG THE	STREET ADDRESS, CITY, STATE, ZIP CODE 1712 LELAND DR HUNTINGBURG, IN 47542
---	--

(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
K010147 SS=D	<p>Plant Operations Director present, all 78 resident sleeping rooms plus three additional rooms battery operated smoke detectors have not had batteries replaced during the past twelve months. Based on interview at the time of record review, the Plant Operations Director acknowledged all 81 battery operated smoke detectors have not had batteries replaced within the past twelve months. Based on observations between 12:00 p.m. and 2:00 p.m. during a tour of the facility with the Plant Operations Director and the Administrator, battery operated smoke detectors were observed in all resident sleeping rooms plus three additional rooms.</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 Based on observation and interview, the facility failed to ensure multi plug adapters were not used as a substitute for fixed wiring in 2 of 65 resident rooms. LSC 19.5.1 requires utilities to comply with Section 9.1. LSC 9.1.2 requires electrical wiring and equipment to comply with NFPA 70, National</p>	K010147	<p>check list to ensure that all batteries are replaced before the 12 months expire in 2015.B) Detectors will continue to be monitored as part of the Plant Operations Director monthly Preventative Maintenance Program.C) Results of this Auditing/monitoring will be discussed during monthly QA meeting to ensure compliance.5. This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is November 7, 2014 and we are requesting paper compliance.</p> <p>K147-SSDElectrical wiring and equipment is in accordance with NFPA 70. National Electrical code 9.1.2It is the intent of this facility to ensure that NFPA 70 and National Electrical Code standards relating to multi plug adapters are not used as a substitute for fixed wiring.1. Actions Taken:A) A 100% audit was done to identify any other</p>	11/07/2014

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155217	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 10/27/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER WATERS OF HUNTINGBURG THE	STREET ADDRESS, CITY, STATE, ZIP CODE 1712 LELAND DR HUNTINGBURG, IN 47542
---	--

(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
	<p>Electrical Code, 1999 Edition. 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 3 residents, as well as staff and visitors while in the 2 resident rooms.</p> <p>Findings include:</p> <p>Based on observations on 10/27/14 between 12:00 p.m. and 2:00 p.m. during a tour of the facility with the Plant Operations Director and the Administrator, the following was noted:</p> <p>a. Room 115 - two refrigerators, a lift chair, a breathing machine and an extension cord were plugged into two multi plug adaptors</p> <p>b. Room 112 - a breathing machine and a lift chair were plugged into a multi plug adapter</p> <p>At the time of each observation, the Plant Operations Director and the Administrator acknowledged the use of the medical equipment and other items plugged into multi adapters in resident sleeping rooms 115 and 112.</p> <p>3.1-19(b)</p>		<p>possible issues as it relates to multi plug adapters.2. How other residents have the potential to be affected:A) All residents would have the potential to be affected.3. Measures Taken:A) A licensed commercial electrician installed new electrical wiring and equipment to comply with NFPA 70 Nationa Electrical Code.4. How Monitored:A) Plant Operations Director will include the monitoring of this issue per his monthly Preventative Maintenance program.B) Administrator/Designee will do periodic room checks to ensure compliance with the standard.C) Reults of this monitoring will be discussed in the monthly QA meeting to ensure compliance.5. This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is November 7, 2014 and we are repuesting paper compliance.</p>	