

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155038	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  01/11/2016
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NAME OF PROVIDER OR SUPPLIER  WATERS EDGE VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 2200 WEST WHITE RIVER BLVD 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 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: 01/11/16</p> <p>Facility Number: 000013 Provider Number: 155038 AIM Number: 100266100</p> <p>At this Life Safety Code survey, Waters Edge Village was found in substantial 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 all resident rooms. The facility has a capacity of 72 and had a census of 60 at the time of this survey.</p>	K 0000		
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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 0062 SS=C Bldg. 01	<p>All areas where the residents have customary access were sprinklered and all areas providing facility services were sprinklered except for one garage which was not sprinklered.</p> <p>Quality Review completed on 01/13/16 - DA</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 provide a complete supply of spare sprinklers in 1 of 1 riser rooms in accordance with NFPA 25, 1998 Edition, the Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, Section 2-4.1.4 which requires supply of at least six spare sprinklers shall be stored in a cabinet on the premises for replacement purposes. The stock of spare sprinklers shall be proportionally representative of the types and temperature ratings of the system sprinklers. A minimum of two sprinklers of each type and temperature rating installed shall be provided. This deficient practice could affect all residents throughout the facility as well</p>	K 0062	<p>The facility would like to request paper compliance due to the low scope and severity of this citation.</p> <p>Neither signing nor submission of this plan of correction shall constitute an admission of any deficiency or of any fact or conclusion set forth in the "Statement of Deficiencies". This plan of correction is provided as evidence of the facility's desire to comply with the regulations and to continue to provide quality care.</p> <p>·what corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; The 2 missing spare sprinkler heads have been ordered.</p>	02/04/2016	

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	<p>as staff and visitors if the sprinkler system had to be shut down because a proper sprinkler head wasn't available as a replacement.</p> <p>Findings include:</p> <p>Based on observation on 01/11/16 at 2:05 p.m. with the Maintenance Supervisor, the Riser room on Service hall which contained the spare sprinkler cabinet with extra sprinkler heads was not equipped with sidewall sprinkler heads which were observed being used in the Therapy room on 200 hall. Based on interview on 01/11/16 at 2:06 p.m. with the Maintenance Supervisor it was acknowledged the spare sprinkler cabinet located in the Riser room did not have two of each type of sprinkler heads in the sprinkler box.</p> <p>3.1-19(b)</p>		<ul style="list-style-type: none"> <li>·how other residents having the potential to be affected by the samedeficient practice will be identified and what corrective action(s) will betaken;</li> <li>·The 2 missing spare sprinkler heads will bepurchased and placed in the spare sprinkler head box.</li> <li>·what measures will be put into place or what systemic changes willbe made to ensure that the deficient practice does not recur;</li> <li>·The facility maintenance director will workwith the contracted fire protection company to ensure that for every type and temperaturesprinkler head used by the facility, that the facility has 2 spare sprinklerheads available at all times.</li> <li>·how the corrective action(s) will be monitored to ensure thedeficient practice will not recur, i.e., what quality assurance program will beput into place; and</li> <li>The facility maintenance director will checkall spare sprinkler heads monthly and record his findings in the monthlymaintenance log book. The Executive director will review the log book monthlyfor completion of all scheduled tasks.</li> <li>·by what date the systemic changes will be completed.</li> </ul> <p>2-4-2016</p>		