STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155494	A. BUILDING 01 B. WING	02/11/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERS OF SCOTTSBURG, THE	1350 N TODD DR SCOTTSBURG, IN 47170

(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
K 0000 Bldg. 01	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). Survey Date: 02/11/16 Facility Number: 000478 Provider Number: 155494 AIM Number: 100290430 At this Life Safety Code survey, The Waters of Scottsburg 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. This one story facility was determined to be of Type V (000) construction and fully sprinkled. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors, and battery operated smoke detectors in all resident sleeping rooms. The facility has a capacity of 99 and had a census of 80 at the time of this visit.	K 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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	All areas where residents have customary access were sprinkled and all areas providing facility services were sprinkled. The facility has a detached wooden shed and a detached twenty foot by thirty foot metal storage building which were not sprinkled. Quality Review on 02/15/16 by Lex Brashear, LSC Specialist			
K 0015 SS=B Bldg. 01	NFPA 101 LIFE SAFETY CODE STANDARD Interior finish for rooms and spaces not used for corridors or exitways, including exposed interior surfaces of buildings such as fixed or movable walls, partitions, columns, and ceilings has a flame spread rating of Class A or Class B. (In fully-sprinklered buildings, flame spread rating of Class C may be continued in use within rooms separated in accordance with 19.3.6 from the exit access corridors.) 19.3.3.1, 19.3.3.2 Based on observation and interview, the facility failed to ensure 1 of 5 staff rooms was provided with an interior finish with a flame spread rating of Class A, Class B or Class C for a sprinklered facility. This deficient practice could affect 6 nursing staff who use the nurses station nourishment room. Findings include: Based on observation on 02/11/16 at 11:45 a.m. with the maintenance	K 0015	The hole in the drywall was repaired to code the day of life safety survey (2/11/16) An audit of all drywall throughout the facility was completed and no break in the wall barrier of drywall was noted Maintenance or designee will audit drywall for repairs needed daily, 5x/week as part of his preventative maintenance (PM) and repair items as needed, in a timely manner, to maintain compliance with Life Safety Codes This audit will not have an end date and will continue as part of his regular PM	03/04/2016

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	supervisor, the nurses station nourishment room north wall had a one foot circular area of drywall missing above the sink. This was verified by the maintenance supervisor at the time of observation and acknowledged by the administrator at the exit conference on 02/11/16 at 1:45 p.m. 3.1-19(b)		rounds. Results of the monitoring will be reviewed monthly during QA	
K 0029 SS=E Bldg. 01	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 1. Based on observation and interview, the facility failed to ensure 1 of 1 sprinklered laundry room was separated from the Service Hall by smoke resistant partitions. This deficient practice could affect 40 residents who use the main dining room, located adjacent to the laundry room. Findings include: Based on observation on 02/11/16 at	K 0029	A replacement door, with a self closing device, was ordered immediately (the day of survey-2/11/16). This door will be installed by SafeCare on 03/02/16 and will meet code. The six inch area of drywall in the laundry room was repaired immediately (the day of survey), to ensure dry wall was intact and in good repair. A one time audit of all doors was completed to ensure no other deficiencies noted and no other findings noted. An audit of all drywall was done after the repair	03/02/2016

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	12:20 p.m. with the maintenance supervisor, the laundry room ceiling had a six inch area of drywall missing and crumbling around the exhaust duct. This was verified by the maintenance supervisor at the time of observation and acknowledged by the administrator at the exit conference on 02/11/16 at 1:45 p.m. 3.1-19(b) 2. Based on observation and interview, the facility failed to ensure the corridor doors to 1 of 4 hazardous areas, such as a storage room for combustibles over 50 square feet in size, was provided with a self closing device which would cause the door to automatically close and latch into the door frame. This deficient practice could affect 22 residents who reside on the Onyx Hall. Findings include: Based on observation on 02/11/16 at 1:20 p.m. with the maintenance supervisor, the Onyx Hall supply room, which measured one hundred fifty square feet and stored fifteen shelves of cardboard boxes of paper supplies, plastic containers, adult briefs and plastic nursing supplies, lacked a self closing device on the door. This was verified by the maintenance supervisor at the time of observation and		of the laundry room and nourishment room with no findings noted. Maintenance or designee will ensure that all doors/replacement doors will meet code Any doors added or replaced will meet regulation This will be audited on an ongoing basis with added and/or replaced doors Monitoring will be reviewed as indicated monthly in QA See K0015 for the drywall repair audit details	

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	acknowledged by the administrator at the exit conference on 02/11/16 at 1:45 p.m. 3.1-19(b)			