

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/13/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155183		X2) MULTIPLE CONSTRUCTION A. BUILDING      -- B. WING            _____		X3) DATE SURVEY COMPLETED 09/25/2023	
NAME OF PROVIDER OR SUPPLIER  WATERS OF MARTINSVILLE, THE				STREET ADDRESS, CITY, STATE, ZIP CODE 2055 HERITAGE DR MARTINSVILLE, IN 46151			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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
E 0000  Bldg. --	<p>An investigation of Complaint Number IN00411970 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73.</p> <p>Complaint Number IN00411970 - A Federal/State deficiency related to the allegation was cited at E 0007.</p> <p>Survey Date: 09/25/23</p> <p>Facility Number: 000096 Provider Number: 155183 AIM Number: 100290890</p> <p>At this Complaint survey, The Waters of Martinsville was found not in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73.</p> <p>The facility has 103 certified beds. At the time of the survey, the census was 65.</p> <p>Quality Review completed on 09/27/23</p> <p>The requirement at 42 CFR, Subpart 483.73 is NOT MET as evidenced by:</p>			E 0000	<p>The following Plan of Correction constitutes the facility's written allegation of compliance for the deficiency cited. However, submission of this Plan of Correction is not an admission to and does not constitute an agreement with alleged deficiencies herein. The Plan of Correction is submitted to meet the requirements established by the state and federal regulations.</p> <p><b>DISCLAIMER STATEMENT:</b> <b>Preparation and/or execution of this plan of correction in general, or this corrective action in particular, does not constitute an admission or 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. This plan of correction constitutes a written allegation of substantial compliance with Federal Medicare and Medicaid requirements. Facility respectfully request a desk review on E007 and K920.</b> The facility requests a desk review.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Broc

Bennett

10/09/2023

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 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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E 0007 SS=E Bldg. --	<p>403.748(a)(3), 416.54(a)(3), 418.113(a)(3), 441.184(a)(3), 482.15(a)(3), 483.475(a)(3), 483.73(a)(3), 484.102(a)(3), 485.625(a)(3), 485.68(a)(3), 485.727(a)(3), 485.920(a)(3), 491.12(a)(3), 494.62(a)(3)</p> <p>EP Program Patient Population</p> <p>§403.748(a)(3), §416.54(a)(3), §418.113(a)(3), §441.184(a)(3), §460.84(a)(3), §482.15(a)(3), §483.73(a)(3), §483.475(a)(3), §484.102(a)(3), §485.68(a)(3), §485.625(a)(3), §485.727(a)(3), §485.920(a)(3), §491.12(a)(3), §494.62(a)(3).</p> <p>[(a) Emergency Plan. The [facility] must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least every 2 years. The plan must do the following:]</p> <p>(3) Address [patient/client] population, including, but not limited to, persons at-risk; the type of services the [facility] has the ability to provide in an emergency; and continuity of operations, including delegations of authority and succession plans.**</p> <p>*[For LTC facilities at §483.73(a):] Emergency Plan. The LTC facility must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least annually. The plan must do all of the following: (3) Address resident population, including, but not limited to, persons at-risk; the type of services the LTC facility has the ability to provide in an emergency; and continuity of operations, including delegations of authority and succession plans.</p> <p>*NOTE: ["Persons at risk" does not apply to:</p>						

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	<p>ASC, hospice, PACE, HHA, CORF, CMCH, RHC/FQHC, or ESRD facilities.]</p> <p>Based on record review, observation, and interview; the facility failed to ensure the emergency preparedness plan addressed resident population, including, but not limited to, persons at-risk; the type of services the LTC facility has the ability to provide in an emergency; and continuity of operations, including delegations of authority and succession plans in accordance with 42 CFR 483.73(a)(3). This deficient practice could affect over 20 residents, staff, and visitors.</p> <p>Findings include:</p> <p>Based on review of the Administrator's handwritten notes for the facility's loss of the normal power source during record review with the Administrator, the Environmental Director, and the Maintenance Director from 10:30 a.m. to 11:40 a.m. on 09/25/23, the facility lost normal source building power for approximately, 6.5 hours from 3:30 p.m. to 10:00 p.m. on 06/29/23 due to wind during a thunderstorm on that date. The notes indicated building power was transferred from the normal source to the facility's emergency generator at the time of the loss of power from the normal source. Based on interview at the time of record review, the Administrator, the Environmental Director, and the Maintenance Director stated all resident sleeping room outlet boxes for electrical receptacles are not supplied with electrical power from the facility's emergency generator. The Administrator, the Environmental Director and the Maintenance Director stated the facility has select outlet boxes in each corridor on the emergency generator. The Administrator, the Environmental Director and the Maintenance Director stated extension cords are plugged into the corridor outlet boxes and run into resident</p>			E 0007	<p><b>DISCLAIMER STATEMENT:</b> <b>Preparation and/or execution of this plan of correction in general, or this corrective action in particular, does not constitute an admission or 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. This plan of correction constitutes a written allegation of substantial compliance with Federal Medicare and Medicaid requirements.</b></p> <p><b>E007</b> – It is the intent of the facility to ensure the emergency preparedness plan addressed resident population, including, but not limited to, person at-risk; the type of services the LTC facility has the ability to provide in an emergency; and continuity of operations, including delegations of authority and succession plans in accordance with 42 CFR 483.73 (a)(3) to meet set standards.</p> <p><b>1 CORRECTIVE ACTIONS TAKEN:</b> a On 10.09.2023, the Administrator inserviced the Maintenance Supervisor/designee not to use extension cords as a substitute for</p>		10/09/2023

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	<p>sleeping rooms for residents requiring oxygen contractors, air mattresses or other medical devices requiring electrical power during extended power loss events such as the one that occurred on 06/29/23. Based on interview at the time of record review, the Environmental Director and the Maintenance Director stated at least four extension cords are kept at each of the three nurse's stations to use for any medical devices requiring electrical power during normal source power loss events. Based on observations with the Maintenance Director at 11:10 a.m. on 06/29/23, one of the extension cords which would be used in the event of normal source power loss would not fit under the corridor door to resident sleeping room 18 when the door was in the closed and latched position due to the 3/8th's inch clearance under the door as measured with the Maintenance Director's measuring tape. Based on observations with the Environmental Director and the Maintenance Director during a tour of the facility from 11:40 a.m. to 12:15 p.m., each resident sleeping room did not have outlet boxes on the emergency generator which would be identified with differentiated color markings than outlet boxes solely on the normal source. Select red outlet box cover plates and receptacles were noted in each corridor. Based on interview at the time of record review and of the observations, the Administrator, the Environmental Director, and the Maintenance Director stated the type of services the LTC facility has the ability to provide are enabled by the use of extension cords in resident sleeping rooms in an emergency.</p> <p>These findings were reviewed with the Administrator, the Environmental Director, and the Maintenance Director during the exit conference.</p>				<p>fixed wiring to meet set standards.</p> <p><b>2 ALL OTHERS WITH POTENTIAL TO BE AFFECTED:</b></p> <p>a All residents and all staff and visitors have the potential to be affected but none were.</p> <p><b>3 MEASURES TO PREVENT REOCCURRENCE:</b></p> <p>a Maintenance Supervisor/designee will ensure to not use extension cords as a substitute for fixed wiring as a part of the facility's Preventive Maintenance Program and document those inspection results as appropriate. If any issues are discovered, they will be addressed and resolved immediately. The Maintenance Supervisor/designee will review with the Administrator the inspection results.</p> <p>b The Administrator will monitor adherence to the Preventative Maintenance schedule and validate the Preventative Maintenance documentation is in place.</p> <p><b>4 MONITORING CORRECTIVE ACTION:</b></p> <p>a The inspection results will be presented by the Maintenance Supervisor/designee to the Administrator monthly and the Administrator will present the inspection results at the monthly Quality Assurance/Performance Improvement (QA/PI) meeting. Inspection results and system components will be reviewed by</p>		

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K 0000  Bldg. 01	<p>This federal tag relates to complaint number IN00411970.</p> <p>An investigation of Complaint Number IN00411970 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a).</p> <p>Complaint Number IN00411970 - A Federal/State deficiency related to the allegation was cited at K920.</p> <p>Survey Date: 09/25/23</p> <p>Facility Number: 000096 Provider Number: 155183 AIM Number: 100290890</p> <p>At this Complaint survey, The Waters of Martinsville was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.90(a), Life Safety from Fire and the 2012 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>	K 0000	<p>the QA/PI Committee with subsequent plans of correction developed and implemented as deemed necessary to ensure compliance is maintained. <b>This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is _____ 10.09.2023 _____.</b></p> <p>The following Plan of Correction constitutes the facility's written allegation of compliance for the deficiency cited. However, submission of this Plan of Correction is not an admission to and does not constitute an agreement with alleged deficiencies herein. The Plan of Correction is submitted to meet the requirements established by the state and federal regulations.</p> <p><b>DISCLAIMER STATEMENT: Preparation and/or execution of this plan of correction in general, or this corrective action in particular, does not constitute an admission or agreement by this facility of the facts alleged or conclusions set forth in this statement of deficiencies. The plan of correction and specific</b></p>		

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K 0920 SS=E Bldg. 01	<p>This one story facility was determined to be of Type V (111) 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 detection in all resident sleeping rooms. The facility has a capacity of 103 and had a census of 65 at the time of this visit.</p> <p>All areas where residents have customary access were sprinklered except for one detached smoking shed with customary access for resident smokers. The facility has one detached storage shed providing facility storage services which was not sprinklered.</p> <p>Quality Review completed on 09/27/23</p> <p>NFPA 101 Electrical Equipment - Power Cords and Extens Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assemblies that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed</p>				<p><b>corrective actions are prepared and/or executed in compliance with state and federal laws. This plan of correction constitutes a written allegation of substantial compliance with Federal Medicare and Medicaid requirements. Facility respectfully request a desk review on E007 and K920.</b></p> <p>The facility requests a desk review.</p>		

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	<p>wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4. 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5 Based on record review, observation, and interview; the facility failed to ensure over 10 extension cords were not used as a substitute for fixed wiring of a structure. 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 Electrical Code, 2011 Edition. NFPA 70, Article 400.8 requires that, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. LSC Section 4.5.7 states any building service equipment or safeguard provided for life safety shall be designed, installed, and approved in accordance with all applicable NFPA standards. NFPA 99, Standard for Health Care Facilities, 2012 edition, defines patient care areas as any portion of a health care facility wherein patients are intended to be examined or treated. Patient care vicinity is defined as a space, within a location intended for the examination and treatment of patients, extending 6 ft (1.8 m) beyond the normal location of the bed, chair, table, treadmill, or other device that supports the patient during examination and treatment. A patient care vicinity extends vertically to 7 ft 6 in. (2.3 m) above the floor. NFPA 99, Section 10.4.2.3 states household or office appliances not commonly equipped with grounding conductors in their power cords shall be permitted provided they are not located within the patient care vicinity. This deficient practice could affect over 20 residents, staff, and visitors.</p> <p>Findings include:</p>			K 0920	<p><b>K920</b>– It is the intent of the facility to ensure extension cords are not used as a substitute for fixed wiring of a structure to meet set standards.</p> <p><b>1 CORRECTIVE ACTIONS TAKEN:</b></p> <p>a On 10.09.2023 the Administrator inserviced the Maintenance Supervisor/designee not to use extension cords as a substitute for fixed wiring to meet set standards.</p> <p><b>2 ALL OTHERS WITH POTENTIAL TO BE AFFECTED:</b></p> <p>a All residents and all staff and visitors have the potential to be affected but none were.</p> <p><b>3 MEASURES TO PREVENT REOCCURRENCE:</b></p> <p>a Maintenance Supervisor/designee will ensure to not use extension cords as a substitute for fixed wiring as a part of the facility's Preventive Maintenance Program and document those inspection results as appropriate. If any issues are discovered, they will be addressed and resolved immediately. The Maintenance Supervisor/designee will review with the Administrator the inspection results.</p>		10/09/2023

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	<p>Based on review of the Administrator's handwritten notes for the facility's loss of the normal power source during record review with the Administrator, the Environmental Director, and the Maintenance Director from 10:30 a.m. to 11:40 a.m. on 09/25/23, the facility lost normal source building power for approximately, 6.5 hours from 3:30 p.m. to 10:00 p.m. on 06/29/23 due to wind during a thunderstorm on that date. The notes indicated building power was transferred from the normal source to the facility's emergency generator at the time of the loss of power from the normal source. Based on interview at the time of record review, the Administrator, the Environmental Director, and the Maintenance Director stated all resident sleeping room outlet boxes for electrical receptacles are not supplied with electrical power from the facility's emergency generator. The Administrator, the Environmental Director and the Maintenance Director stated the facility has select outlet boxes in each corridor on the emergency generator. The Administrator, the Environmental Director and the Maintenance Director stated extension cords are plugged into the corridor outlet boxes and run into resident sleeping rooms for residents requiring oxygen concentrators, air mattresses or other medical devices requiring electrical power during extended power loss events such as the one that occurred on 06/29/23. Based on interview at the time of record review, the Environmental Director and the Maintenance Director stated at least four extension cords are kept at each of the three nurse's stations to use for any medical devices requiring electrical power during normal source power loss events. Based on observations with the Maintenance Director at 11:10 a.m. on 06/29/23, one of the extension cords which would be used in the event of normal source power loss</p>				<p>b The Administrator will monitor adherence to the Preventative Maintenance schedule and validate the Preventative Maintenance documentation is in place.</p> <p><b>4 MONITORING CORRECTIVE ACTION:</b></p> <p>a The inspection results will be presented by the Maintenance Supervisor/designee to the Administrator monthly and the Administrator will present the inspection results at the monthly Quality Assurance/Performance Improvement (QA/PI) meeting. Inspection results and system components will be reviewed by the QA/PI Committee with subsequent plans of correction developed and implemented as deemed necessary to insure compliance is maintained.</p> <p><b>This plan of correction constitutes our credible allegation of compliance with all regulatory requirements.</b></p> <p><b>Our date of compliance is</b> _____ 10.09.2023 _____.</p>		



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	<p>would not fit under the corridor door to resident sleeping room 18 when the door was in the closed and latched position due to the 3/8th's inch clearance under the door as measured with the Maintenance Director's measuring tape. Based on observations with the Environmental Director and the Maintenance Director during a tour of the facility from 11:40 a.m. to 12:15 p.m., each resident sleeping room did not have outlet boxes on the emergency generator which would be identified with differentiated color markings than outlet boxes solely on the normal source. Select red outlet box cover plates and receptacles were noted in each corridor. The facility has one propane fired emergency generator located outside the building on the northeast side of the property which was rated at 40 kW. Based on interview and observations during the exit conference from 12:15 p.m. to 12:20 p.m. on 09/25/23, the Administrator questioned whether or not the extension cords could be run in between the gap between the door frame and the face of a resident sleeping room corridor door when the door is in the fully closed and latched position. A one quarter inch gap, as measured with the Maintenance Director's measuring tape, was noted in between the door frame and the face of the corridor door to resident sleeping room 16 when the door was in the fully closed and latched position.</p> <p>These findings were reviewed with the Administrator, the Environmental Director, and the Maintenance Director during the exit conference.</p> <p>3.1-19(b)</p> <p>This federal tag relates to complaint number IN00411970.</p>						

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