

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

PRINTED: 08/01/2024
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155507		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING _____		X3) DATE SURVEY COMPLETED 07/05/2024	
NAME OF PROVIDER OR SUPPLIER WHITEWATER COMMONS SENIOR LIVING				STREET ADDRESS, CITY, STATE, ZIP COD 215 W HIGH ST LIBERTY, IN 47353			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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 Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73. This visit included a Complaint IN00437361 Survey.</p> <p>Complaint Number IN00437361 was substantiated.</p> <p>Survey Date: 07/05/24</p> <p>Facility Number: 000510 Provider Number: 155507 AIM Number: 100285440</p> <p>At this Emergency Preparedness survey, Whitewater Commons Senior Living was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73.</p> <p>The facility has 60 certified beds. At the time of the complaint survey, the census was 26.</p> <p>Quality Review completed on 07/08/24</p>			E 0000			
K 0000 Bldg. 01	<p>An investigation of Complaint Number IN00437361 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a).</p> <p>Complaint Number IN00437361 - A Federal/State deficiency related to the allegation was cited at K351.</p>			K 0000	<p>Submission of this plan of Correction does not constitute an admission to or an agreement with facts alleged on the survey report.</p> <p>Submission of this plan of correction does not constitute an admission or an agreement by the provider of the truth of facts</p>		

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

TITLE

(X6) DATE

Ashley Blackmon

HFA

07/15/2024

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 disclosed 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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	<p>Survey Date: 07/05/24</p> <p>Facility Number: 000510 Provider Number: 155507 AIM Number: 100285440</p> <p>At this complaint investigation, Whitewater Commons Senior Living 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> <p>Based upon interview with the Director of Nursing, on 06/21/24 at least one sprinkler head in the attic released water which saturated the ceiling above resident room #203. The saturation caused the ceiling to collapse. The resident in room #203 along with the other residents on the 200 hall were relocated to the 100 hall where they remained until 07/01/24. The Director of Maintenance stated that the issue was an installed sprinkler head in the attic which was engineered to activate at a temperature below what was required. The facility's vendor has now inspected and verified that the other attic sprinkler heads activate at the required higher temperature. The facility conducted a fire watch on 06/21/24 from 4:15 p.m. until 7:00 p.m. at which time the sprinkler system was restored to service.</p> <p>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 60 and had a census of 26 at the time</p>				<p>alleged or corrections set forth on the statement of deficiencies.</p> <p>Please accept this Plan of Correction as our credible allegation of compliance.</p>		

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K 0351 SS=E Bldg. 01	<p>of this visit.</p> <p>All areas where residents have customary access were sprinkled and all areas providing facility services were sprinkled. The facility had three detached wooden storage sheds which were not sprinkled.</p> <p>Quality Review completed on 07/08/24</p> <p>NFPA 101 Sprinkler System - Installation Spinkler System - Installation 2012 EXISTING Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers. In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems. 19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1) Based on observation and interview, the facility failed to maintain the ceiling construction in in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. NFPA 13, 2010 edition, Section 6.2.7.1 states plates, escutcheons, or other devices used to cover the annular space</p>			K 0351	<p>1&2. No residents were affected but all residents had the potential to be affected. Room 203 escutcheon plate was replaced.</p> <p>3. The maintenance director was</p>		07/15/2024

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	<p>around a sprinkler shall be metallic, or shall be listed for use around a sprinkler. This deficient practice could affect staff and up to 2 residents.</p> <p>Findings include:</p> <p>Based on observations and interview during a tour of the facility with the Director of Nursing (DON) and Maintenance Director (MD) on 07/05/24 between 11:15 a.m. and 11:55 a.m., 1 of 1 Sprinkler Head in Resident Room #203 was missing an escutcheon and did not completely cover the hole around the sprinkler. Based on interview at the time of observation, the MD agreed the aforementioned area was missing the escutcheon The MD stated that there was confusion with the facility's vendor on getting the escutcheons. The ceiling had been repaired and the sprinkler heads in the attic replaced.</p> <p>This finding was acknowledged by the DON and MD at the time of observation and again at the exit conference with the DON and MD present.</p> <p>3.1-19(b)</p> <p>This federal tag relates to Complaint Number IN00437361.</p>				<p>re-educated on sprinkler head escutcheon requirement. A new monitoring form has been initiated.</p> <p>4. As a means of quality assurance, the Maintenance Director or designee will be responsible to complete the new sprinkler head escutcheon audit tool weekly X4 weeks, monthly X 4 weeks, and quarterly thereafter. Findings will be documented on the facilities monitoring form. Any negative findings will be corrected immediately and reported to the administrator. Results of the findings will be reviewed at least quarterly in the QA meetings for continued compliance. Monitoring will be ongoing.</p>		