

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

PRINTED: 02/13/2024
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155233		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING _____		X3) DATE SURVEY COMPLETED 01/24/2024	
NAME OF PROVIDER OR SUPPLIER WATERS OF BATESVILLE, THE				STREET ADDRESS, CITY, STATE, ZIP COD 958 E HWY 46 BATESVILLE, IN 47006			
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E 0000 Bldg. --	<p>An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73.</p> <p>Survey Date: 01/24/24</p> <p>Facility Number: 000138 Provider Number: 155233 AIM Number: 100266500</p> <p>At this Emergency Preparedness survey, The Waters of Batesville 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 86 certified beds. At the time of the survey, the census was 55.</p> <p>Quality Review completed on 01/29/24</p> <p>The requirement at 42 CFR, Subpart 483.73 is NOT MET as evidenced by:</p>			E 0000	<p>DISCLAIMER STATEMENT: Preparation and/or execution of this plan of correction in general, or this corrective action, 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.</p>		
E 0041 SS=F Bldg. --	<p>482.15(e), 483.73(e), 485.625(e) Hospital CAH and LTC Emergency Power §482.15(e) Condition for Participation: (e) Emergency and standby power systems. The hospital must implement emergency and standby power systems based on the emergency plan set forth in paragraph (a) of this section and in the policies and procedures plan set forth in paragraphs (b)(1) (i) and (ii) of this section.</p> <p>§483.73(e), §485.625(e) (e) Emergency and standby power systems.</p>						

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

TITLE

(X6) DATE

Jalena Ball

Administrator

02/09/2024

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>The [LTC facility and the CAH] must implement emergency and standby power systems based on the emergency plan set forth in paragraph (a) of this section.</p> <p>§482.15(e)(1), §483.73(e)(1), §485.625(e)(1) Emergency generator location. The generator must be located in accordance with the location requirements found in the Health Care Facilities Code (NFPA 99 and Tentative Interim Amendments TIA 12-2, TIA 12-3, TIA 12-4, TIA 12-5, and TIA 12-6), Life Safety Code (NFPA 101 and Tentative Interim Amendments TIA 12-1, TIA 12-2, TIA 12-3, and TIA 12-4), and NFPA 110, when a new structure is built or when an existing structure or building is renovated.</p> <p>482.15(e)(2), §483.73(e)(2), §485.625(e)(2) Emergency generator inspection and testing. The [hospital, CAH and LTC facility] must implement the emergency power system inspection, testing, and [maintenance] requirements found in the Health Care Facilities Code, NFPA 110, and Life Safety Code.</p> <p>482.15(e)(3), §483.73(e)(3), §485.625(e)(3) Emergency generator fuel. [Hospitals, CAHs and LTC facilities] that maintain an onsite fuel source to power emergency generators must have a plan for how it will keep emergency power systems operational during the emergency, unless it evacuates.</p> <p>*[For hospitals at §482.15(h), LTC at §483.73(g), and CAHs §485.625(g):] The standards incorporated by reference in this section are approved for incorporation by reference by the Director of the Office of the</p>						

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	<p>Federal Register in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. You may obtain the material from the sources listed below. You may inspect a copy at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html. If any changes in this edition of the Code are incorporated by reference, CMS will publish a document in the Federal Register to announce the changes.</p> <p>(1) National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02169, www.nfpa.org, 1.617.770.3000.</p> <p>(i) NFPA 99, Health Care Facilities Code, 2012 edition, issued August 11, 2011.</p> <p>(ii) Technical interim amendment (TIA) 12-2 to NFPA 99, issued August 11, 2011.</p> <p>(iii) TIA 12-3 to NFPA 99, issued August 9, 2012.</p> <p>(iv) TIA 12-4 to NFPA 99, issued March 7, 2013.</p> <p>(v) TIA 12-5 to NFPA 99, issued August 1, 2013.</p> <p>(vi) TIA 12-6 to NFPA 99, issued March 3, 2014.</p> <p>(vii) NFPA 101, Life Safety Code, 2012 edition, issued August 11, 2011.</p> <p>(viii) TIA 12-1 to NFPA 101, issued August 11, 2011.</p> <p>(ix) TIA 12-2 to NFPA 101, issued October 30, 2012.</p> <p>(x) TIA 12-3 to NFPA 101, issued October 22, 2013.</p>						

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	<p>(xi) TIA 12-4 to NFPA 101, issued October 22, 2013.</p> <p>(xiii) NFPA 110, Standard for Emergency and Standby Power Systems, 2010 edition, including TIAs to chapter 7, issued August 6, 2009..</p> <p>Based on record review, observation and interview; the facility failed to implement the emergency power system inspection, testing and maintenance requirements found in the Health Care Facilities Code, NFPA 110, and Life Safety Code in accordance with 42 CFR 483.73(e)(2). This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of "Emergency Generator-Monthly Test Log" documentation with the Maintenance Director during record review from 9:45 a.m. to 12:15 p.m. on 01/24/24, monthly load testing documentation for the facility's diesel fuel fired emergency generator did not consistently meet or exceed 30% of the nameplate kW rating of the EPS. Monthly load testing documentation for 11/02/23 and for 12/07/23 indicated 19% load was achieved for the test. Monthly load testing documentation for 01/04/24 indicated 25% load was achieved for the test. Based on review of "Emergency Generator-Monthly Test Log" documentation dated 09/07/23 with the Maintenance Director, thirty-six-month period emergency generator testing documentation for four continuous hours for the diesel fired emergency generator was conducted by the facility but was run at 32% load for the duration of the test. Based on interview at the time of record review, the Maintenance Director stated he conducted the four hour load test on 09/07/23, it was not performed by an</p>			E 0041	<p>E041– It is the intent of the facility to ensure to implement the emergency power system inspection, testing and maintenance requirements found in the Health Care Facilities Code, NFPA 110 and Life Safety Code in accordance with 42 CFR 483.73(e) (2) to meet set standards.</p> <p>1 CORRECTIVE ACTIONS TAKEN:</p> <p>a On __02/08/2024__ a licensed generator contractor conducted the three-year four-hour test on the emergency generator and documented the results in the facilities Life Safety Binder to meet set standards. The Administrator verified the work __02/08/2024__</p> <p>2 ALL OTHERS WITH POTENTIAL TO BE AFFECTED:</p> <p>a All residents and all staff and visitors have the potential to be affected but none were.</p> <p>3 MEASURES TO PREVENT REOCCURRENCE:</p> <p>a On __Jan. 24, 2024__ the Administrator in serviced the Maintenance Supervisor/designee on the requirement that a three-year four-hour test on the emergency generator must be conducted and documented in the</p>		02/13/2024

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	<p>outside contractor and agreed the testing documentation did not state the remaining hour of the four hour load test was not conducted at not less than 75 percent of the nameplate kW rating of the EPS. Based on observations with the Maintenance Director during a tour of the facility from 12:45 p.m. to 2:50 p.m. on 01/24/24, the facility has one diesel fired emergency generator located outside the building on the northeast side of the property. The manufacturer's nameplate rating for the generator indicated the generator was rated at 45 kW.</p> <p>These findings were reviewed with the Administrator and the Maintenance Director during the exit conference.</p> <p>3.1-19(b)</p>				<p>facilities Life Safety Binder to meet set standards.</p> <p>b The Maintenance Supervisor/designee will ensure a three-year four-hour generator test is conducted and documented in the life safety binder to meet set standards.</p> <p>c The Administrator will monitor adherence to the Emergency Preparedness Policy Manual and validate the documentation is in place.</p> <p>4 MONITORING</p> <p>CORRECTIVE ACTION:</p> <p>a At least every three years the four-hour load test will be completed to ensure compliance, the Administrator and Maintenance Supervisor/designee will review the Emergency Preparedness Policy Manual and make changes as necessary to meet set standards. Those reviews will be documented as appropriate. The Administrator will present the training results at the Quality Assurance/ Performance Improvement (QA/PI) meeting. Results and system components will be reviewed by the QA/PI Committee with subsequent plans of correction developed and implemented as deemed necessary to ensure compliance is maintained.</p> <p>This plan of correction constitutes our credible allegation of compliance with all regulatory requirements.</p>		

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K 0000 Bldg. 01	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a).</p> <p>Survey Date: 01/24/24</p> <p>Facility Number: 000138 Provider Number: 155233 AIM Number: 100266500</p> <p>At this Life Safety Code survey, The Waters of Batesville 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>This one story facility was determined to be of Type V (111) construction and fully sprinkled. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors, and has battery operated smoke detectors in all resident sleeping rooms. The facility has a capacity of 86 and had a census of 55 at the time of this visit.</p> <p>All areas where residents have customary access were sprinkled and all areas providing facility services were sprinkled except the two story detached maintenance/laundry building.</p>			K 0000	<p>Our date of compliance is __02/13/2024__.</p> <p>DISCLAIMER STATEMENT: Preparation and/or execution of this plan of correction in general, or this corrective action, 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.</p>		

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K 0211 SS=E Bldg. 01	<p>Quality Review completed on 01/29/24</p> <p>NFPA 101 Means of Egress - General Means of Egress - General Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.11. 18.2.1, 19.2.1, 7.1.10.1 Based on observation and interview, the facility failed to ensure 2 of 8 means of egress were continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. This deficient practice could affect over 50 residents, staff and visitors if needing to exit the facility.</p> <p>Findings include:</p> <p>Based on observations with the Maintenance Director during the initial walk through of the facility from 9:25 a.m. to 9:40 a.m. on 01/24/24, a plastic three drawer chest of drawers for isolation supplies was stored in the corridor outside resident sleeping rooms 33, 39, 47 and 51. Based on observations with the Administrator and the Maintenance Director during a tour of the facility from 12:45 p.m. to 2:50 p.m. on 01/24/24, the plastic three drawer chest of drawers for isolation supplies were still stored in the corridor outside resident sleeping rooms 33, 39, 47 and 51. Each of the four chest of drawers were not affixed to the floor or to the wall and were not wheeled. Each of the chest of drawers projected 18 inches into the eight foot wide corridors. Based on interview at</p>			K 0211	<p>K211– It is the intent of the facility to ensure the means of egress are continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency to meet set standards.</p> <p>1 CORRECTIVE ACTIONS TAKEN: a On 02/12/2024 _____ the Maintenance Supervisor/designee replaced the chest of drawers with new chest of drawers with wheels on them from the corridor outside resident sleeping rooms 33, 39, 47 and 51 to meet set standards. The Administrator verified the work on 02/12/2024 _____.</p> <p>2 ALL OTHERS WITH POTENTIAL TO BE AFFECTED: a All residents and all staff and visitors have the potential to be affected but none were. On Jan. 24, 2024 _____ the Maintenance Supervisor/designee</p>		02/13/2024

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	<p>the time of the observations, the Maintenance Director agreed the aforementioned means of egress was not continually maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency.</p> <p>These findings were reviewed with the Administrator and the Maintenance Director during the exit conference.</p> <p>3.1-19(b)</p>				<p>inspected all corridors for obstructions and found no other negative findings.</p> <p>3 MEASURES TO PREVENT REOCCURRENCE:</p> <p>a On Jan. 24, 2024, the Administrator in serviced the Maintenance Supervisor/designee and all other staff on the requirement to ensure means of egress are continuously maintained free of all obstructions including chest of drawers to meet set standards.</p> <p>b Maintenance Supervisor/designee will inspect all corridors weekly to ensure they are continuously maintained free of all obstructions 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>c The Administrator will monitor adherence to the Preventative Maintenance schedule and validate the Preventative Maintenance documentation is in place.</p> <p>4 MONITORING CORRECTIVE ACTION:</p> <p>a The inspection results will be presented by the Maintenance Supervisor/designee to the Administrator monthly and the</p>		

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K 0918 SS=F Bldg. 01	NFPA 101 Electrical Systems - Essential Electric Syste Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES		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 ensure compliance is maintained. This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is 02/13/2024		

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	<p>loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)</p> <p>Based on record review, observation, and interview; the facility failed to document 36-month period emergency generator testing for 1 of 1 emergency generators in accordance with NFPA 99 and NFPA 110. NFPA 99, Health Care Facilities Code, 2012 Edition, Section 6.4.1.1.6.1 states Type 1 and Type 2 essential electrical system power sources (EPSS) shall be classified as Type 10, Class X, Level 1 generator sets per NFPA 110. NFPA 110, the Standard for Emergency and Standby Powers Systems, 2010 Edition, Section 8.4.9 states Level 1 EPSS shall be tested at least once within every 36 months. Section 8.4.9.1 states Level 1 EPSS shall be tested continuously for the duration of its assigned class (See Section 4.2). Section 8.4.9.2 states where the assigned class is greater than 4 hours, it shall be permitted to terminate the test after 4 continuous hours. Section 8.4.9.5 states the minimum load for this test shall be specified in 8.4.9.5.1, 8.4.9.5.2, or 8.4.9.5.3. Section 8.4.9.5.7 states where the test required in Section 8.4.9 is combined with the annual load bank test, the first three hours shall</p>			K 0918	<p>K918 – It is the intent of the facility to ensure to document 36-month period emergency generator testing for the emergency generators in accordance with NFPA 99 & NFPA 110 to meet set standards.</p> <p>1 CORRECTIVE ACTIONS TAKEN:</p> <p>a On 02/08/2024 a licensed generator contractor conducted the three-year four-hour test on the emergency generator and documented the results in the facilities Life Safety Binder to meet set standards. The Administrator verified the work 02/08/2024</p> <p>2 ALL OTHERS WITH POTENTIAL TO BE AFFECTED:</p> <p>a All residents and all staff and visitors have the potential to be affected but none were.</p>		02/13/2024

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	<p>be at not less than the minimum loading required by 8.4.9.5 and the remaining hour shall be at not less than 75 percent of the nameplate kW rating of the EPS. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of "Emergency Generator-Monthly Test Log" documentation with the Maintenance Director during record review from 9:45 a.m. to 12:15 p.m. on 01/24/24, monthly load testing documentation for the facility's diesel fuel fired emergency generator did not consistently meet or exceed 30% of the nameplate kW rating of the EPS. Monthly load testing documentation for 11/02/23 and for 12/07/23 indicated 19% load was achieved for the test. Monthly load testing documentation for 01/04/24 indicated 25% load was achieved for the test. Based on review of "Emergency Generator-Monthly Test Log" documentation dated 09/07/23 with the Maintenance Director, thirty-six-month period emergency generator testing documentation for four continuous hours for the diesel fired emergency generator was conducted by the facility but was run at 32% load for the duration of the test. Based on interview at the time of record review, the Maintenance Director stated he conducted the four hour load test on 09/07/23, it was not performed by an outside contractor and agreed the testing documentation did not state the remaining hour of the four hour load test was not conducted at not less than 75 percent of the nameplate kW rating of the EPS. Based on observations with the Maintenance Director during a tour of the facility from 12:45 p.m. to 2:50 p.m. on 01/24/24, the facility has one diesel fired emergency generator located outside the building on the northeast side of the</p>				<p>3 MEASURES TO PREVENT REOCCURRENCE:</p> <p>a The Administrator in serviced the Maintenance Supervisor/designee on the requirement that a three-year four-hour test on the emergency generator must be conducted and documented in the facilities Life Safety Binder to meet set standards.</p> <p>b The Maintenance Supervisor/designee will ensure a three-year four-hour test of the emergency generator test is conducted every three years and documented in the life safety binder 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>c The Administrator will monitor adherence to the Preventative Maintenance schedule and validate the Preventative Maintenance documentation is in place.</p> <p>4 MONITORING CORRECTIVE ACTION:</p> <p>a The inspection results will be presented by the Maintenance Supervisor/designee to the Administrator monthly and the Administrator will present the</p>		

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

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OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155233		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING		X3) DATE SURVEY COMPLETED 01/24/2024	
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	property. The manufacturer's nameplate rating for the generator indicated the generator was rated at 45 kW. These findings were reviewed with the Administrator and the Maintenance Director during the exit conference. 3.1-19(b)				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 ensure compliance is maintained. This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is 02/13/2024		