PRINTED: 05/20/2024 FORM APPROVED OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155389	A. BUILDING CO			COMPL	DATE SURVEY COMPLETED 05/02/2024	
	ROVIDER OR SUPPLIER			1316 N	ADDRESS, CITY, STATE, ZIP COD TIBBS AVE APOLIS, IN 46222			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL . LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	(X5) COMPLETION DATE	
E 0000								
Bldg	conducted by the Inaccordance with 42 Survey Date: 05/02 Facility Number: 00 Provider Number: 1002 At this Emergency I Westpark A Waters compliance with En Requirements for M Participating Provided 483.73.	200473 155389 290410 Preparedness survey, Community was found not in mergency Preparedness ledicare and Medicaid lers and Suppliers, 42 CFR certified beds. At the time of us was 43.	E 00	000				
E 0004 SS=F Bldg	403.748(a), 416.54 441.184(a), 482.15 484.102(a), 485.65 485.727(a), 485.95 491.12(a), 494.626 Develop EP Plan, Annually §403.748(a), §416 §441.184(a), §460 §483.73(a), §483.4 §485.68(a), §485.6 §485.920(a), §486 §494.62(a).	4(a), 418.113(a), 5(a), 483.475(a), 483.73(a), 25(a), 485.68(a), 20(a), 486.360(a),						
LABORATOR	Y DIRECTOR'S OR PROV	/IDER/SUPPLIER REPRESENTATIVE'S SIG	NATURI	3	TITLE		(X6) DATE	

Kesha LaGrone HFA 05/15/2024

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclodays 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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	OF CORRECTION	IDENTIFICATION NUMBER 155389	A. BUILDING B. WING		COMPL 05/02/	ETED
	PROVIDER OR SUPPLIER		1316 (ADDRESS, CITY, STATE, ZIP COD N TIBBS AVE NAPOLIS, IN 46222		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	ATE	(X5) COMPLETION DATE
	must develop esta comprehensive er program that mee section. The emer program must incl the following elem (a) Emergency Pladevelop and main preparedness plar and updated at lea must do all of the * [For hospitals at §485.625(a):] Emergency Planust develop and main preparedness required CAH] must develop comprehensive er program that mee section, utilizing a * [For LTC Facilities Emergency Planust develop and main preparedness planus and updated at least temporaredness planus develop and main preparedness planus and updated at least temporaredness planus and updated at least te	uirements. The [facility] ablish and maintain a mergency preparedness ts the requirements of this rgency preparedness ude, but not be limited to, ents: an. The [facility] must tain an emergency in that must be [reviewed], ast every 2 years. The plan following: §482.15 and CAHs at ergency Plan. The [hospital inply with all applicable d local emergency uirements. The [hospital or ip and maintain a mergency preparedness ts the requirements of this in all-hazards approach. es at §483.73(a):] The LTC facility must tain an emergency in that must be reviewed, ast annually. ities at §494.62(a):] The ESRD facility must tain an emergency in that must be [evaluated], ast every 2 years.				
		riew and interview, the facility d maintain an emergency	E 0004	E004 – It is the intent of the fator to ensure to develop and main	-	05/06/2024

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Event ID:

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	NT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155389	(X2) MULTIPLE C A. BUILDING B. WING	ONSTRUCTION	(X3) DATE SURVEY COMPLETED 05/02/2024
	PROVIDER OR SUPPLIEI		1316 N	ADDRESS, CITY, STATE, ZIP COD N TIBBS AVE NAPOLIS, IN 46222	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPI DEFICIENCY)	TION (X5) LD BE ROPRIATE COMPLETION DATE
TAG	preparedness plan tat least annually in 483.73(a). This defoccupants. Findings include: Based on record repreparedness Pland the Maintenance D for an updated emereviewed by the fact twelve-month period The emergency plander eviewed within the documented update Based on interviewed the Maintenance D recently hired a new had not yet had an experience of the second	hat was reviewed and updated accordance with 42 CFR ficient practice could affect all view of the facility's Emergency on 05/02/24 at 9:15 a.m. with firector present, documentation regency preparedness program willty within the most recent of was not available for review. In available had not been to past 12 months with the last to being listed as 04/13/2022. The time of record review, firector said the facility had was Administrator and that she apportunity to review the diness plan as of time and date	TAG	an emergency preparedness annually in accordant 42 CFR 483.73(a) to meet standards. 1 CORRECTIVE ACT TAKEN: a On 5/6/2024 the Administrator/DON/Maint Supervisor/designee updemergency preparedness and reviewed the plan with to meet set standards. 2 ALL OTHERS WITH POTENTIAL TO BE AFFI and visitors have the potential be affected but none were a MEASURES TO PRECCURRENCE: a On 5/6/2024 the Administrator in serviced //Maintenance Supervisor requirement to update and the emergency preparedness on 5/6/2024. b Maintenance Supervisor requirement to update and the emergency preparedness on 5/6/2024. b Maintenance Supervisor requirement to update and the emergency preparedness on 5/6/2024. b Maintenance Supervisor requirement to update and the emergency preparedness on 5/6/2024. b Maintenance Supervisor requirement serviced all staff on the updated all staff on the updated annually and rework with the Administration ensure the emergency preparedness program/plupdated annually and rework with the Administration ensure the emergency preparedness program/plupdated annually and rework with the Administration ensure the emergency preparedness program/plupdated annually and rework with the Administration ensure the emergency preparedness program/plupdated annually and rework with the Administration ensure the emergency preparedness program/plupdated annually and rework with the Administration ensured the emergency preparedness program/plupdated annually and rework with the Administration ensured the emergency preparedness program/plupdated annually and rework with the Administration ensured the emergency preparedness program/plupdated annually and rework with the Administration ensured the emergency preparedness program/plupdated annually and rework with the Administration ensured the emergency preparedness program/plupdated annually and rework with the Administration ensured the emergency preparedness program/plupdated annually and rework with the Administration ensured the emergency preparedness program/plupdated annu	ess plan ated at noce with set set ator in pdated a sprogram sees the set ator in pdated as program see will or to an is riewed to ny

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	IT OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155389	(X2) MULTIPLE CO A. BUILDING B. WING	ONSTRUCTION	-	ESURVEY LETED 2/2024
	PROVIDER OR SUPPLIEF		1316 N	ADDRESS, CITY, STATE, ZIP CO I TIBBS AVE NAPOLIS, IN 46222	OD	
(X4) ID PREFIX TAG	SUMMARY (EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORNICEACH CORRECTIVE ACTION SHORES PLAN OF CORNICEACH CORRECTIVE ACTION SHORES PLAN OF CORNICEACH CORNECTIVE ACTION SHORES PLAN OF CORNICEACH CORNECTIVE ACTION SHORES PROVIDED TO THE AMONITORING CORRECTIVE ACTION A At least annually compliance, the Admin DON/Maintenance Supervisor/designee w Emergency Prepared Manual and conduct reexercises and make chancessary to meet set. Those reviews will be considered as appropriate. The Adwill present the training the Quality Assurance/Performance Improvem meeting. Results and shore components will be reverted the QA/PI Committee which subsequent plans of condemned necessary to ecompliance is maintain. This plan of correction constitutes our crediballegation of compliance all regulatory requiremour date of compliance.	r will he ess Policy e loce. I: to ensure listrator and lill review the ess Policy quired langes as standards. Hocumented ministrator results at liewed by with liewed by with liewed by liewed as ensure eed. In lie lie lice with linents.	(X5) COMPLETION DATE
E 0013 SS=F Bldg	484.102(b), 485.6	5(b), 483.475(b), 483.73(b), 25(b), 485.68(b), 20(b), 486.360(b),		5 /6/2024.		

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY				SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	JILDING		COMPL	ETED
		155389	B. W	ING		05/02/	2024
				STREET A	ADDRESS, CITY, STATE, ZIP COD		
NAME OF I	PROVIDER OR SUPPLIEF	8			TIBBS AVE		
WESTPA	RK A WATERS CO	DMMUNITY			APOLIS, IN 46222		
(X4) ID	CLIMMADY	STATEMENT OF DEFICIENCIE	ı	ID			(X5)
PREFIX		ICY MUST BE PRECEDED BY FULL		PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE		COMPLETION
TAG	`	R LSC IDENTIFYING INFORMATION	TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		TE	DATE	
		P Policies and Procedures					
		6.54(b), §418.113(b),					
	\ / -	0.84(b), §482.15(b),					
		475(b), §484.102(b),					
		625(b), §485.727(b),					
	§485.920(b), §486	5.360(b), §491.12(b),					
	§494.62(b).						
	4.5						
	develop and imple	rocedures. [Facilities] must					
		icies and procedures, based					
	1	plan set forth in paragraph					
		risk assessment at					
	paragraph (a)(1) of this section, and the communication plan at paragraph (c) of this						
		cies and procedures must					
	be reviewed and ι	updated at least every 2					
	years.						
	*[For LTC facilities	s at §483.73(b):] Policies					
	_	The LTC facility must					
	develop and imple						
		icies and procedures, based					
	on the emergency	plan set forth in paragraph					
	(a) of this section,	risk assessment at					
	paragraph (a)(1) o	of this section, and the					
		an at paragraph (c) of this					
		cies and procedures must					
	be reviewed and ι	updated at least annually.					
	*Additional Poqui	rements for PACE and					
	ESRD Facilities:	ements for FACE and					
	LOIND I dollinos.						
	*[For PACE at §46	60.84(b):] Policies and					
		PACE organization must					
	develop and imple						
		icies and procedures, based					
	on the emergency	plan set forth in paragraph					
	1 ' '	risk assessment at					
	paragraph (a)(1)	of this section, and the					

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AND PLAN OF CORRECTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155389		A. BUILDI B. WING	PLE CONSTRUCTION ING	COMPLETED 05/02/2024		
	F PROVIDER OR SUPPLIEF		13	REET ADDRESS, CITY, STATE, ZIP COD 816 N TIBBS AVE IDIANAPOLIS, IN 46222		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION	ID PREI TA	FIX PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPE	E	(X5) COMPLETION DATE
	section. The policiaddress manager nonmedical emerginited to: Fire; expending a safety of the particular the policies and previewed and updown on the emergency (a) of this section, paragraph (a)(1) of communication placetion. The policies and precion. The policies and updown on the emergency (a) of this section, paragraph (a)(1) of communication placetion. The policies and updated to develop, in emergency prepared supply interruption likely to occur in the policies and precion and updated at least 42 CFR 483.73(b). affect all residents in Findings include: Based on record rec	ricies and procedures, based plan set forth in paragraph risk assessment at of this section, and the an at paragraph (c) of this sies and procedures must updated at least every 2 ergencies include, but are equipment or power ted emergencies, water in, and natural disasters ine facility's geographic view and interview, the facility inplement, and update dness policies and procedures. In occdures must be reviewed at annually in accordance with this deficient practice could	E 0013	E013 – It is the intent of the to ensure to develop, implement and update emergency preparedness policies and procedures to meet set stan 1 CORRECTIVE ACTION TAKEN: a On5/6/2024 the Maintenance Supervisor/DON/Administrative reviewed and updated the pand procedures in the emerging plan to meet set standards.	nent dards. NS tor olicies	05/06/2024

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155389		(X2) MULTIPLE CO A. BUILDING B. WING	ONSTRUCTION	(X3) DATE SURVEY COMPLETED 05/02/2024	
	PROVIDER OR SUPPLIER		1316 N	ADDRESS, CITY, STATE, ZIP COD I TIBBS AVE NAPOLIS, IN 46222	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE
	for updated policies the facility within the period was not availemergency plan availemergency plan availemented update Based on interview the Maintenance Direcently hired a new had not yet had an o	and procedures reviewed by ne most recent twelve-month lable for review. The tilable had not been reviewed ve months with the last being listed as 04/13/2022. at the time of record review, rector said the facility had w Administrator and that she apportunity to review the dness plan as of time and date		2 ALL OTHERS WITH POTENTIAL TO BE AFFECT a All residents and all staf and visitors have the potential be affected but none were. 3 MEASURES TO PREVE REOCCURRENCE: a On the5/6/2024 Administrator in serviced the DON/ Maintenance Supervisor the requirement to review and update the policies and procedures in the emergency annually to meet set standard. The Administrator in serviced staff on the updated emergen preparedness program on5/6/2024. b The Administrator/Maintenance Supervisor/designee will ensureview and update the policie procedures in the emergency plans annually to meet set standards. c The Administrator will monitor adherence to the Emergency Preparedness Po Manual and validate the documentation is in place. 4 MONITORING CORRECTIVE ACTION: a The Administrator and Maintenance Supervisor/desi will review the Emergency Preparedness Policy Manual ensure it includes a letter fron their natural gas provider to in set standards. Those reviews be documented as appropriate	ED: If I to ENT Pron I plan Is. I all I cy Ill I cy I meet I m

DEPARTMENT OF HEALTH AND HUMAN SERVICES

05/20/2024 PRINTED: FORM APPROVED

CENTERS FO	OM	IB NO. 0938-039				
AND PLAN OF CORRECTION IDE		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155389	(X2) MULTIPLE CO A. BUILDING B. WING	ONSTRUCTION	(X3) DATE SURVEY COMPLETED 05/02/2024	
	PROVIDER OR SUPPLIEF		1316 N	ADDRESS, CITY, STATE, ZIP COD I TIBBS AVE NAPOLIS, IN 46222		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE OF T	ATE	(X5) COMPLETION DATE
E 0029 SS=F Bldg	484.102(c), 485.6 485.727(c), 485.9 491.12(c), 494.62 Development of C §403.748(c), §416 §441.184(c), §460 §483.73(c), §483. §485.68(c), §485. §485.920(c), §486 §494.62(c). (c) The [facility] m an emergency pre- plan that complies local laws and mu	5(c), 483.475(c), 483.73(c), 25(c), 485.68(c), 20(c), 486.360(c),		The Administrator will present training results at the Quality Assurance/ Performance Improvement (QA/PI) meeting Results and system compone will be reviewed by the QA/PI Committee with subsequent pof correction developed and implemented as deemed necessary to ensure compliar is maintained. This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is 5/6/2024.	g. ents plans nce	

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Based on record review and interview, the facility

preparedness communication plan that complies

failed to develop and maintain an emergency

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E 0029

Facility ID: 000473

If continuation sheet

E029 – It is the intent of the

maintain an emergency

facility to ensure to develop and

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05/06/2024

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STATEMENT OF DEFICIENCIES XI) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155389		(X2) MULTIPLE CO A. BUILDING B. WING	ONSTRUCTION	(X3) DATE SURVEY COMPLETED 05/02/2024	
	PROVIDER OR SUPPLIER		1316 N	ADDRESS, CITY, STATE, ZIP COD I TIBBS AVE NAPOLIS, IN 46222	
	SUMMARY (EACH DEFICIENT REGULATORY OF With Federal, State, with 42 CFR 483.7 could affect all occilional state. Based on record reverse Preparedness Plands the Maintenance Defor an updated community of the facility within the period was not available emergency plan available within the past tweld documented update. Based on interview the Maintenance Deforecently hired a new had not yet had an of the price of the present the maintenance Deforecently hired an expland on the past and the past tweld the maintenance Deforecently hired an expland on the past that an of the past that an of the past the past tweld the maintenance Deforecently hired an expland on the past that an of the past that an of the past that an of the past that are the past that and the past that are the past	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION and local laws in accordance 3(c). This deficient practice	1316 N	I TIBBS AVE	plies aws ds. S d and plan st set ED: if I to ENT
				in serviced all staff on the upd communication plan on 5/6/20 b DON/Maintenance Supervisor/designee will work the Administrator to ensure to update the communications p in the emergency plan to mee standards. If any issues are	o24. with
				discovered, they will be addre	ssed

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		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		ONSTRUCTION	(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BUILDING B. WING			COMPLETED 05/02/2024	
		155389	B. W	ING		05/02/	2024
NAME OF P	PROVIDER OR SUPPLIER				ADDRESS, CITY, STATE, ZIP COD		
WESTDA	DK A WATERS OF		1316 N TIBBS AVE INDIANAPOLIS, IN 46222				
WESIFA	ARK A WATERS CC	ZIVIIVI OINI I I			IAI OLIO, IIN 40222		ı
(X4) ID		STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA		(X5)
PREFIX TAG	`	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION		PREFIX TAG	CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	ΤE	COMPLETION DATE
IAU	REGULATORTOR	LEGE IDENTIFTING INFORMATION		IAU	and resolved immediately.		DATE
					c The Administrator will		
					monitor adherence to the		
					Emergency Preparedness Po	licy	
					Manual and validate the		
					documentation is in place.		
					4 MONITORING		
					a At least annually to ensu	ıre	
					compliance, the Administrator		
					DON/Maintenance		
					Supervisor/designee will revie	w the	
					Emergency Preparedness Po	licy	
					Manual and conduct required		
					exercises and make changes		
					necessary to meet set standa		
					Those reviews will be docume as appropriate. The Administr		
					will present the training results		
					the Quality Assurance/	, ut	
					Performance Improvement (Q	A/PI)	
					meeting. Results and system		
					components will be reviewed	by	
					the QA/PI Committee with		
					subsequent plans of correction		
					developed and implemented a	1S	
					deemed necessary to ensure compliance is maintained.		
					This plan of correction		
					constitutes our credible		
					allegation of compliance with	h	
					all regulatory requirements.		
					Our date of compliance is		
					5/6/2024.		
E 0036	403.748(d), 416.5	4(d), 418.113(d).					
SS=F	\ '.'	5(d), 483.475(d), 483.73(d),					
Bldg	484.102(d), 485.6						
	485.727(d), 485.9	20(d), 486.360(d),					

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155389		A. BUILDING COMPLETED B. WING 05/02/2024			LETED		
	F PROVIDER OR SUPPLIEI			1316 N	DDRESS, CITY, STATE, ZIP COD TIBBS AVE APOLIS, IN 46222		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPRO DEFICIENCY)) BE	(X5) COMPLETION DATE
	§441.184(d), §466 §483.73(d), §483.8485.68(d), §485.8485.920(d), §486.8494.62(d). *[For RNCHIs at § Hospice at §418.7 PACE at §460.84 HHAs at §484.10.1 CAHs at §486.626 485.727, CMHCs §486.360, and RITraining and testindevelop and main preparedness trait that is based on the in paragraph (a) consistent at paragraph training and testing and testing are viewed and upon the interviewed and upon	` ,					

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Event ID:

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		155389	B. WI	NG		05/02/	2024
	PROVIDER OR SUPPLIEF			1316 N	ADDRESS, CITY, STATE, ZIP COD TIBBS AVE APOLIS, IN 46222		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL A SO IDENTIFYING DIFFORMATION		ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	TE	(X5) COMPLETION
IAU	*[For ICF/IIDs at § testing. The ICF/II maintain an emergand testing prograemergency plans this section, risk at (a)(1) of this section at paragraph (b) of communication placetion. The train must be reviewed 2 years. The ICF/I requirements for at §483.470(i). *[For ESRD Facili Training, testing, at a dialysis facility must be emergency preparand patient orients on the emergency (a) of this section, paragraph (a)(1) of procedures at parand the communic of this section. The orientation prograupdated at every a Based on record revisited to develop and preparedness training was reviewed and used to develop and the develop and	ties at §494.62(d):] and orientation. The ast develop and maintain an redness training, testing ation program that is based or plan set forth in paragraph risk assessment at of this section, policies and agraph (b) of this section, cation plan at paragraph (c) the training, testing and m must be evaluated and 2 years. Friew and interview, the facility and maintain an emergency and and testing program that appdated at least annually in CFR 483.73(d). This deficient	E 00	736	E036 – It is the intent of the facility to ensure to develop armaintain an emergency preparedness training and test program that is reviewed and updated annually in accordance with 42 CFR 483.73 (d) to measet standards. 1. CORRECTIVE ACTIONS TAKEN: a. On 5/6/2024 the Administra	ting ce et	05/07/2024

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Event ID:

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155389		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 05/02/2024			
NAME OF PROVIDER OR SUPPLIER WESTPARK A WATERS COMMUNITY			STREET ADDRESS, CITY, STATE, ZIP COD 1316 N TIBBS AVE INDIANAPOLIS, IN 46222				
(X4) ID SUMMARY STATEMENT OF DEFICIENCIE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE		
	the Maintenance Difer an updated train reviewed by the fact twelve-month period The emergency plan reviewed within the last documented up 04/13/2022. Based record review, the Macility had recently and that she had not	rector present, documentation ing and testing program ility within the most recent d was not available for review. In available had not been past twelve months with the date being listed as on interview at the time of Maintenance Director said the whired a new Administrator is yet had an opportunity to cy preparedness plan as of		and DON/Maintenance Supervisor/designee reviewed updated the training and testing program in the emergency preparedness plan to meet set standards. 2. ALL OTHERS WITH POTENTIAL TO BE AFFECT a. All residents and all staff and visitors have the potential to be affected but none were. 3. MEASURES TO PREVENTIAL REOCCURRENCE: a. On 5/6/2024 the Administre in serviced DON/Maintenance Supervisor/designee on the requirement to review and up the training and testing program the emergency preparedness to meet set standards. b. DON/Maintenance Supervisor/designee will work the Administrator to ensure to review and update the training testing program in the emergency preparedness plan to meet set standards. If any issues are discovered, they will be address the administrator will monical adherence to the Emergency Preparedness Policy Manual validate the documentation is place. 4. MONITORING CORRECTIACTION: a. At least annually to ensure compliance, the Administrator DON/Maintenance Supervisor/designee will reviews of the staff of the property of th	d and ng et ED: nd pe f ator e date am in plan g and ency et essed tor and in VE		

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PRINTED: 05/20/2024 FORM APPROVED OMB NO. 0938-039

AND PLAN OF CORRECTION		IDENTIFICATION NUMBER 155389	A. BUILDING B. WING	onstruction 	COMPLETED 05/02/2024		
NAME OF PROVIDER OR SUPPLIER WESTPARK A WATERS COMMUNITY			STREET ADDRESS, CITY, STATE, ZIP COD 1316 N TIBBS AVE INDIANAPOLIS, IN 46222				
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	DATE		
				Emergency Preparedness Pol Manual and conduct required exercises and make changes necessary to meet set standar Those reviews will be docume as appropriate. The Administr will present the training results the Quality Assurance/ Performance Improvement (Quality Assurance) Results and system components will be reviewed the QA/PI Committee with subsequent plans of correction developed and implemented a deemed necessary to ensure compliance is maintained. This plan of correction constitutiour credible allegation of compliance with all regulatory requirements. Our date of compliance is 5/6/2024.	as rds. ented ator s at A/PI) by n as		
K 0000							
Bldg. 01	Licensure Survey w Department of Heal 483.90(a). Survey Date: 05/02 Facility Number: 06 Provider Number: 1002 At this Life Safety (00473 155389 290410 Code survey, Westpark A was found not in compliance	K 0000				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (IDENTIFICATION NUMBER) 155389		 UILDING	NSTRUCTION 01	(X3) DATE COMPL 05/02	ETED	
	PROVIDER OR SUPPLIER		1316 N	DDRESS, CITY, STATE, ZIP COD TIBBS AVE APOLIS, IN 46222		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION		ID PROVIDER'S PLAN OF COR PREFIX (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE A TAG DEFICIENCY)		BE	(X5) COMPLETION DATE
K 0353 SS=E Bldg. 01	Medicare/Medicaid Life Safety from Fi National Fire Protect Life Safety Code (I Health Care Occupate This one-story facil the original section (200) construction a was determined to be The facility is fully fire alarm system we corridors and in all facility has smoke of alarm system in all entire facility was seconstruction. The facility was seconstructed storage shadely access were sprinkled detached storage shadely sprinklered. Quality Review corrected sprinkler System secondance with Mater-based Fire	te and the 2012 edition of the etion Association (NFPA) 101, and an addition, built in 2003 be Type V (000) construction. sprinklered. The facility has a eith smoke detection in the areas open to the corridor. The eletectors hard wired to the fire resident sleeping rooms. The urveyed as Type V (000) acility has a capacity of 89 and at the time of this visit. The facility has two eds which were not Maintenance and Testing and standpipe systems ted, and maintained in NFPA 25, Standard for the g, and Maintaining of Protection Systems.				
	inspection and tes secure location ar	n design, maintenance, sting are maintained in a nd readily available. system last checked system test				

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Event ID:

 $BWH721 \hspace{0.5cm} \textit{Facility ID:} \hspace{0.5cm} 000473$

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING COMPLETED 01 B. WING 05/02/2024 155389 STREET ADDRESS, CITY, STATE, ZIP COD NAME OF PROVIDER OR SUPPLIER 1316 N TIBBS AVE WESTPARK A WATERS COMMUNITY INDIANAPOLIS, IN 46222 (X4) ID SUMMARY STATEMENT OF DEFICIENCIE ID (X5) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE COMPLETION PREFIX PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG DEFICIENCY) DATE c) Water system supply source Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 Based on observation and interview, the facility K 0353 05/06/2024 **K353** – It is the intent of the failed to ensure 2 of 2 sprinkler heads located at facility to ensure sprinkler heads the main entrance overhang were replaced or located at the main entrance cleaned in accordance with NFPA 25. NFPA 25, overhang are replaced or cleaned Standard for the Inspection, Testing, and in accordance with NFPA 25 to Maintenance of Water-Based Fire Protection meet set standards. Systems, 2011 Edition, Section 5.2.1.1.1 states 1.CORRECTIVE ACTIONS sprinklers shall not show signs of leakage; shall TAKEN. be free of corrosion, foreign materials, paint, and 1.On 5/6/2024 the facilities physical damage; and shall be installed in the licensed sprinkler contractor correct orientation (e.g., up-right, pendent, or replaced both sprinkler heads sidewall). Furthermore, at 5.2.1.1.2 any sprinkler located outside the facility main that shows signs of any of the following shall be entrance to meet set standards. replaced: The Administrator verified the work (1) Leakage on 5/6/2024. (2) Corrosion 2.ALL OTHERS WITH (3) Physical Damage POTENTIAL TO BE AFFECTED: (4) Loss of fluid in the glass bulb heat responsive 1.All residents and all staff element and visitors have the potential to (5) Loading be affected but none were. (6) Painting unless painted by the sprinkler **3.MEASURES TO PREVENT** manufacturer. REOCCURRENCE: In lieu of replacing sprinklers that are loaded with 1.On 5/6/2024 the dust, it is permitted to clean sprinklers with Administrator in serviced the compressed air or by a vacuum provided that the Maintenance Supervisor/designee equipment does not touch the sprinkler. on the requirement to ensure to This deficient practice could affect as many as 4 maintain sprinkler systems and to staff, 4 residents, and 2 visitors. ensure sprinkler heads are not corroded or green to meet set Findings include: standards. 2.Maintenance Based on observation made with the Maintenance Supervisor/designee will ensure to

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Director during a tour of the facility at 12:30 p.m.

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maintain sprinkler systems and to

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DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO. 0938-039 STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING COMPLETED 01 B. WING 05/02/2024 155389 STREET ADDRESS, CITY, STATE, ZIP COD NAME OF PROVIDER OR SUPPLIER 1316 N TIBBS AVE WESTPARK A WATERS COMMUNITY INDIANAPOLIS, IN 46222 (X4) ID SUMMARY STATEMENT OF DEFICIENCIE ID (X5) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX COMPLETION TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG DEFICIENCY) DATE on 05/02/24, both sprinkler heads located outside ensure sprinkler heads are not the facility main entrance protecting the main corroded or green as a part of the entry overhang were corroded, green, and needed facility's Monthly Preventive to be replaced. Based on interview at the time of Maintenance Program and observation, the Maintenance Director document those inspection results acknowledged the aforementioned sprinklers were as appropriate. If any issues are dirty and showed signs of corrosion, adding that discovered, they will be addressed he would contact his vendor and have them and resolved immediately. The replaced as soon as he could. Maintenance Supervisor/designee will review with the Administrator This finding was reviewed with the Administrator, the inspection results. the Maintenance Director, and the Maintenance 3.The Administrator will Assistant at the exit conference on 05/02/24 at monitor adherence to the 2:00 p.m. Preventative Maintenance schedule and validate the 3.1-19(b) Preventative Maintenance documentation is in place. 4.MONITORING CORRECTIVE ACTION: 1.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 ensure compliance is maintained.

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5/6/2024.

This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

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		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION A. BUILDING O1			(X3) DATE SURVEY COMPLETED		
AND FLAN	OF CORRECTION	155389	A. BUILDING <u>01</u> B. WING			05/02/2024		
NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP COD 1316 N TIBBS AVE				
WESTPARK A WATERS COMMUNITY			INDIANAPOLIS, IN 46222					
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION	
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE	

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