

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

PRINTED: 07/17/2024
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155389		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING _____		X3) DATE SURVEY COMPLETED 06/21/2024	
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	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>A Post Survey Revisit (PSR) to the Emergency Preparedness Survey conducted on 05/02/24 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73.</p> <p>Survey Date: 06/21/24</p> <p>Facility Number: 000473 Provider Number: 155389 AIM Number: 100290410</p> <p>At this PSR survey, Westpark A Waters Community 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 89 certified beds. At the time of the survey, the census was 43.</p> <p>Quality Review completed on 06/24/24</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>The facility requests a desk review.</p>		
K 0000 Bldg. 01	<p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 05/02/24 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a).</p> <p>Survey Date: 06/21/24</p> <p>Facility Number: 000473 Provider Number: 155389 AIM Number: 100290410</p>			K 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>		

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

TITLE

(X6) DATE

Karl Eck

RDO

07/12/2024

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that 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 30 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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K 0353 SS=E Bldg. 01	<p>At this PSR survey, Westpark A Waters Community 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 consisted of two sections: the original section determined to be Type III (200) construction and an addition, built in 2003 was determined to be Type V (000) construction. The facility is 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 smoke detectors hard wired to the fire alarm system in all resident sleeping rooms. The entire facility was surveyed as Type V (000) construction. The facility has a capacity of 89 and had a census of 43 at the time of this visit.</p> <p>All areas where the residents have customary access were sprinklered. The facility has two detached storage sheds which were not sprinklered.</p> <p>Quality Review completed on 06/24/24</p> <p>NFPA 101 Sprinkler System - Maintenance and Testing Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available.</p>				The facility requests a desk review.		

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	<p>a) Date sprinkler system last checked</p> <p>b) Who provided system test</p> <p>c) Water system supply source</p> <p>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 failed to ensure 2 of 2 sprinkler heads located at the main entrance overhang were replaced or cleaned in accordance with NFPA 25. NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 2011 Edition, Section 5.2.1.1.1 states sprinklers shall not show signs of leakage; shall be free of corrosion, foreign materials, paint, and physical damage; and shall be installed in the correct orientation (e.g., up-right, pendent, or sidewall). Furthermore, at 5.2.1.1.2 any sprinkler that shows signs of any of the following shall be replaced:</p> <p>(1) Leakage (2) Corrosion (3) Physical Damage (4) Loss of fluid in the glass bulb heat responsive element (5) Loading (6) Painting unless painted by the sprinkler manufacturer.</p> <p>In lieu of replacing sprinklers that are loaded with dust, it is permitted to clean sprinklers with compressed air or by a vacuum provided that the equipment does not touch the sprinkler.</p> <p>This deficient practice could affect as many as 4 staff, 4 residents, and 2 visitors.</p> <p>Findings include:</p>			K 0353	<p>K353 – It is the intent of the facility to ensure sprinkler heads located at the main entrance overhang are replaced or cleaned in accordance with NFPA 25 to meet set standards.</p> <p>1.CORRECTIVE ACTIONS TAKEN:</p> <p>1.On 7/12/2024 the facilities licensed sprinkler contractor replaced both sprinkler heads located outside the facility main entrance to meet set standards. The Administrator verified the work on 7/12/2024. The initial work was delayed related to an access panel that could not be delivered to the facility timely. All concerns have been corrected by 7/12/2024.</p> <p>2.ALL OTHERS WITH POTENTIAL TO BE AFFECTED:</p> <p>1.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>1.On 7/12/2024 the Administrator in serviced the Maintenance Supervisor/designee on the requirement to ensure to</p>		07/12/2024

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	Based on observation made with the Maintenance Director during a tour of the facility during a Post Survey Revisit conducted on 06/21/24 at 11:12 am., both sprinkler heads located outside the facility main entrance protecting the main entry overhang were still corroded, green, and needed to be replaced. Based on interview at the time of observation, the Maintenance Director acknowledged the aforementioned sprinklers were dirty and showed signs of corrosion, adding that his vendor had the sprinkler heads on back-order and they were projected to be installed by the vendor no later than July 12th 2024 per the e-mail he had from them. 3.1-19(b)				maintain sprinkler systems and to ensure sprinkler heads are not corroded or green to meet set standards. 2.Maintenance Supervisor/designee will ensure to maintain sprinkler systems and to ensure sprinkler heads are not corroded or green as a part of the facility's Monthly 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. 3.The Administrator will monitor adherence to the Preventative Maintenance schedule and validate the 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		

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					compliance is maintained. This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is 7/12/2024.		