

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

PRINTED: 03/15/2024
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155760		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING _____		X3) DATE SURVEY COMPLETED 03/04/2024	
NAME OF PROVIDER OR SUPPLIER WATERFORD CROSSING				STREET ADDRESS, CITY, STATE, ZIP COD 1332 WATERFORD CIR GOSHEN, IN 46526			
(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.</p> <p>Survey Date: 03/04/24</p> <p>Facility Number: 011150 Provider Number: 155760 AIM Number: 200831020</p> <p>At this Emergency Preparedness survey, Waterford Crossing was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73. The facility has a capacity of 87 and had a census of 77 at the time of this survey.</p> <p>Quality Review completed on 03/06/24</p>			E 0000	<p>Preparation and execution of this plan of correction by The Residence at Waterford Crossing does not constitute admission or agreement of truth to the facts alleged or conclusions set forth on the statement of deficiencies. The plan of correction is submitted in order to respond to the allegation of noncompliance cited during the annual life safety survey . Please accept this plan of correction as the provider's credible statement of compliance. With this, we the provider request a desk review with paper compliance to be considered in establishing that the provider is in substantial compliance.</p>		
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: 03/04/24</p> <p>Facility Number: 011150 Provider Number: 155760 AIM Number: 200831020</p> <p>At this Life Safety Code survey, Waterford Crossing was found not in compliance with Requirements for Participation in</p>			K 0000	<p>Preparation and execution of this plan of correction by The Residence at Waterford Crossing does not constitute admission or agreement of truth to the facts alleged or conclusions set forth on the statement of deficiencies. The plan of correction is submitted in order to respond to the allegation of noncompliance cited during the annual life safety survey . Please accept this plan of correction as the provider's credible statement of compliance. With this, we the</p>		

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

TITLE

(X6) DATE

Judy Plantinga

Executive Director

03/14/2024

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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K 0341 SS=E Bldg. 01	<p>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>The facility consists of building 01 the original build and building 03 the 2023 memory care addition.</p> <p>Building 01 is one story and was determined to be of Type V (111) construction and was fully sprinkled. The facility has a monitored fire alarm system with smoke detection in the corridors, areas open to the corridors and hard-wired smoke detectors in the resident rooms. The facility has a capacity of 87 and had a census of 77 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinkled. All areas providing facility services were sprinkled.</p> <p>Quality Review completed on 03/06/24</p> <p>NFPA 101 Fire Alarm System - Installation Fire Alarm System - Installation A fire alarm system is installed with systems and components approved for the purpose in accordance with NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm Code to provide effective warning of fire in any part of the building. In areas not continuously occupied, detection is installed at each fire alarm control unit. In new occupancy, detection is also installed at notification appliance circuit power extenders, and supervising station transmitting equipment. Fire alarm system wiring or other transmission paths are monitored for</p>				provider request a desk review with paper compliance to be considered in establishing that the provider is in substantial compliance.		

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K 0353 SS=E Bldg. 01	<p>integrity. 18.3.4.1, 19.3.4.1, 9.6, 9.6.1.8</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 fire alarm systems was installed in accordance with 19.3.4.1. LSC 9.6.1.3 requires a fire alarm system to be installed, tested, and maintained in accordance with NFPA 70, National Electrical Code and NFPA 72, National Fire Alarm Code. NFPA 72, 17.7.4.1 requires in spaces served by air handling systems, detectors shall not be located where air flow prevents operation of the detectors. This deficient practice could affect 20 residents in one smoke compartment.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Director on 03/04/24 at 11:15 a.m., in the laundry room and in the kitchen storage room there were smoke detectors less than three feet from an air supply where air flow would prevent proper operation of the detector. The detector in the laundry room was about 17 inches from the vent and the detector in the storage room was about 12 inches from the vent. Based on an interview at the time of observation, the Maintenance Director agreed the smoke detectors were less than three feet from the vent.</p> <p>This finding was reviewed with the Administrator and Maintenance Director during the exit conference.</p> <p>3.1-19(b)</p> <p>NFPA 101 Sprinkler System - Maintenance and Testing Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems</p>			K 0341	<p>1 1. There were no negative outcomes for this alleged deficient practice. The two smoke detectors, one in the laundry room and one in kitchen storage room, have been contracted to be moved to the 3 feet requirement from air supply that could affect proper operation of the detectors.</p> <p>2.N 2. None of the possible 20 residents who had the potential to be affected by the alleged practice were affected by the smoke detectors in the kitchen storage room and laundry room not being 3 feet from air supply to ensure proper operation of the detectors.</p> <p>3.T3. The two smoke detectors are scheduled by Koorsen Fire and safety to be moved on 3/19/24.</p> <p>3 3</p>		03/22/2024

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	<p>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> <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 maintain the ceiling construction of 1 of 1 breakrooms with roof access. The ceiling tiles trap hot air and gases around the sprinkler and cause the sprinkler to operate at a specified temperature. NFPA 13, 2010 edition, 8.5.4.11 states the distance between the sprinkler deflector and the ceiling above shall be selected based on the type of sprinkler and the type of construction. This deficient practice affects 20 residents in one smoke compartment.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Director on 03/04/24 at 11:50 a.m., in the staff breakroom suspended ceiling there were no ceiling tiles or hatch around the ladder access to the roof and was exposed to the roof hatch about eight feet above the suspended ceiling. This condition could delay the activation of the sprinklers installed on the suspended ceiling. Based on an interview at the time of the</p>			K 0353	<p>1. There were no negative outcomes for this alleged deficient practice of breakroom roof access with no ceiling tiles or hatch that exposed approximately 8 feet between ceiling and roof. The plant operations person put a hatch that puts it level with ceiling with access to ladder which could prevent the sprinkler system from working appropriately.</p> <p>2. None of the possible 20 residents who had the potential to be affected by the alleged practice were affected by roof access not having a hatch or ceiling tiles.</p> <p>3. The hatch was put on 3/13/24 with picture uploaded for POC.</p> <p>Pl4. The plant ops will ensure that</p>		03/15/2024

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K 0000 Bldg. 03	<p>observations, the Maintenance Director agreed there were no ceiling tiles or hatch around the ladder opening.</p> <p>The finding was reviewed with the Administrator and Maintenance Director during the exit conference.</p> <p>3.1-19(b)</p> <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: 03/04/24</p> <p>Facility Number: 011150 Provider Number: 155760 AIM Number: 200831020</p> <p>At this Life Safety Code survey, Waterford Crossing 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 18, New Health Care Occupancies and 410 IAC 16.2.</p> <p>The facility consists of building 01 the original build and building 03 the 2023 memory care addition.</p> <p>Building 03 is one story and was determined to be of Type V (111) construction and was fully sprinkled. The facility has a monitored fire alarm system with smoke detection in the corridors,</p>			K 0000	<p>the hatch stays closed unless access to the attic is needed.</p> <p>Preparation and execution of this plan of correction by The Residence at Waterford Crossing does not constitute admission or agreement of truth to the facts alleged or conclusions set forth on the statement of deficiencies. The plan of correction is submitted in order to respond to the allegation of noncompliance cited during the annual life safety survey . Please accept this plan of correction as the provider's credible statement of compliance. With this, we the provider request a desk review with paper compliance to be considered in establishing that the provider is in substantial compliance.</p>		

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