

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

PRINTED: 09/12/2024
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155039		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING		X3) DATE SURVEY COMPLETED 08/19/2024	
NAME OF PROVIDER OR SUPPLIER WATERS OF PERU SKILLED NURSING FACILITY, THE				STREET ADDRESS, CITY, STATE, ZIP COD 317 BLAIR PIKE PERU, IN 46970			
(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: 08/19/24</p> <p>Facility Number: 000014 Provider Number: 155039 AIM Number: 100288670</p> <p>At this Emergency Preparedness survey, The Waters of Peru Skilled Nursing Facility 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 130 and had a census of 30 at the time of this survey.</p> <p>Quality Review completed on 08/22/24</p>			E 0000	<p>5 September 2024</p> <p>Indiana State Department of Health</p> <p>Attn: Brenda Buroker, Director of Long Term Care</p> <p>2 North Meridian Street</p> <p>Indianapolis, In 46204</p> <p>RE: Survey Event ID EU6021</p> <p>Dear Ms. Buroker,</p> <p>Please accept the enclosed plan of correction as a credible allegation of compliance to the deficiencies cited during our Life Safety Survey conducted on August 16th, 2024 at Water's of Peru. Our latest date of compliance will be September 19th, 2024.</p> <p>Hopefully you will find that our</p>		

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

TITLE

(X6) DATE

Debra L Coppernoll

Administrator

09/05/2024

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 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: 08/19/24</p> <p>Facility Number: 000014 Provider Number: 155039 AIM Number: 100288670</p>			K 0000	<p>remedies are sufficient. Water's of Peru is respectfully requesting paper compliance.</p> <p>If after reviewing our plan of correction, you have questions or require further information, please do not hesitate to call me at your convenience at 765-473-4426.</p> <p>Sincerely,</p> <p>Debbie Coppernoll, HFA</p> <p>Administrator</p>		<p>5 September 2024</p> <p>Indiana State Department of Health</p> <p>Attn: Brenda Buroker, Director of Long Term Care</p> <p>2 North Meridian Street</p>

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	<p>At this Life Safety Code survey, The Waters of Peru Skilled Nursing Facility 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 II (000) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, areas open to the corridors and battery powered smoke detection in the resident sleeping rooms. The facility has a capacity of 130 and had a census of 30 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered. All areas providing facility services were sprinklered.</p> <p>Quality Review completed on 08/22/24</p>				<p>Indianapolis, In 46204</p> <p>RE: Survey Event ID EU6021</p> <p>Dear Ms. Buroker,</p> <p>Please accept the enclosed plan of correction as a credible allegation of compliance to the deficiencies cited during our Life Safety Survey conducted on August 16th, 2024 at Water's of Peru. Our latest date of compliance will be September 19th, 2024.</p> <p>Hopefully you will find that our remedies are sufficient. Water's of Peru is respectfully requesting paper compliance.</p> <p>If after reviewing our plan of correction, you have questions or require further information, please do not hesitate to call me at your convenience at 765-473-4426.</p>		

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K 0300 SS=F Bldg. 01	<p>NFPA 101 Protection - Other Protection - Other List in the REMARKS section any LSC Section 18.3 and 19.3 Protection requirements that are not addressed by the provided K-tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. Based on observation and interview, the facility failed to replace 68 of 68 battery operated smoke alarms installed in resident sleeping rooms in accordance with NFPA 72. NFPA 72, 2010 Edition, Section 14.4.8.1 states unless otherwise recommended by the manufacturer's published instructions, single- and multiple-station smoke alarms shall be replaced when they fail to respond to operability tests but shall not remain in service longer than 10 years from the date of manufacture. This deficient practice could affect all occupants in the facility.</p> <p>Findings include:</p> <p>Based on observations with the Maintenance Director on 08/19/24 during a tour of the facility from 12:00 p.m. to 1:48 p.m., manufacturer's</p>	K 0300	<p>Sincerely,</p> <p>Debbie Coppernoll, HFA</p> <p>Administrator</p> <p>K300– It is the intent of the facility to ensure to replace battery operated smoke alarms installed in resident sleeping rooms in accordance with NFPA 72 to meet set standards.</p> <p>1 CORRECTIVE ACTIONS TAKEN:</p> <p>a On 9/5/2024 the Maintenance Supervisor/designee replaced the battery-operated smoke alarms in all 68 resident sleeping rooms to meet set standards. The Administrator verified the work on 9/5/2024 .</p> <p>2 ALL OTHERS WITH POTENTIAL TO BE AFFECTED:</p> <p>a All residents and all staff</p>		09/12/2024

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	<p>documentation affixed to the underside of the battery-operated smoke alarms installed in all resident sleeping rooms throughout the facility indicated the following:</p> <p>a) The manufacturer of the battery-operated smoke alarm was Family Guard.</p> <p>b) The model number was FG 200.</p> <p>c) The date of manufacture on all smoke alarms in use was December 6th of 2011.</p> <p>d) All 68 resident sleeping rooms within the facility had the same type of battery-operated smoke alarms in them and they were all over 10 years old and needed to be replaced.</p> <p>Based on interview at the time of the observations, the Maintenance Director agreed the aforementioned smoke alarms were more than ten years old and needed to be replaced adding that he would have them all replaced as soon as he was able to do so.</p> <p>These findings were reviewed with the Administrator and Maintenance Director during the exit conference.</p> <p>3.1-19(b)</p>				<p>and visitors have the potential to be affected but none were.</p> <p>3 MEASURES TO PREVENT REOCCURRENCE:</p> <p>a Maintenance Supervisor/designee will ensure all battery-operated smoke alarms are maintained monthly as a part of the facility's Preventive Maintenance Program. 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>b 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 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.</p> <p>This plan of correction</p>		

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K 0353 SS=E Bldg. 01	<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> <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 4 of 4 sprinkler heads located outside the main entrance in the overhang were dirty and covered in a green corrosion and needed to be replaced 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</p>			K 0353	<p>constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is 9/12/2024</p> <p>K353 – It is the intent of the facility to ensure sprinkler heads located outside the main entrance in the overhang are not dirty and not covered in corrosion and are in accordance with NFPA 25 to meet set standards.</p> <p>1.CORRECTIVE ACTIONS TAKEN: 1.On 9/6/2024 facilities licensed sprinkler contractor will repair the four sprinkler heads located outside the main entrance</p>		09/19/2024

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	<p>that shows signs of any of the following shall be replaced:</p> <p>(1) Leakage</p> <p>(2) Corrosion</p> <p>(3) Physical Damage</p> <p>(4) Loss of fluid in the glass bulb heat responsive element</p> <p>(5) Loading</p> <p>(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 six residents, four staff and two visitors.</p> <p>Findings include:</p> <p>Based on observations with the Maintenance Director on 08/19/24 during a tour of the facility at 12:00 p.m., the four sprinkler heads located outside the main entrance under the facility overhang were seen to be covered in a green corrosion and needed to be replaced. Based on interview at the time of observation, the Maintenance Director acknowledged the four sprinkler heads were dirty and added that he would contact his vendor and have them replaced as soon as he could.</p> <p>This finding was reviewed with the Administrator at the exit conference.</p> <p>3.1-19(b)</p>				<p>under the facility overhang to meet set standards. The Administrator will verify the work on 9/6/2024 once completed.</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 9/3/2024 the Administrator in serviced the Maintenance Supervisor/designee on the requirement to ensure all sprinkler heads are maintained and are in accordance with NFPA 25 to meet set standards.</p> <p>2.Maintenance Supervisor/designee will ensure all sprinkler heads are maintained and are in accordance with NFPA 25 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.</p> <p>3.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>		

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K 0511 SS=E Bldg. 01	NFPA 101 Utilities - Gas and Electric Utilities - Gas and Electric Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life. 18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2 Based on observation and interview, the facility failed to ensure 1 of 1 wet location was provided with ground fault circuit interrupter (GFCI) protection against electric shock. LSC 19.5.1.1 requires utilities comply with Section 9.1. LSC 9.1.2 requires electrical wiring and equipment to comply with NFPA 70, National Electrical Code. NFPA 70, NEC 2011 Edition at 210.8 Ground-Fault			K 0511	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. This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is 9/19/2024. K511 – It is the intent of the facility to ensure wet location is provided with ground fault circuit interrupter (GFCI) protection against electrical shock to meet set standards. 1 CORRECTIVE ACTIONS TAKEN:		09/19/2024

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	<p>Circuit-Interrupter Protection for Personnel, states, ground-fault circuit-interruption for personnel shall be provided as required in 210.8(A) through (C). The ground-fault circuit-interrupter shall be installed in a readily accessible location.</p> <p>(B) Other Than Dwelling Units. All 125-volt, single-phase, 15- and 20-ampere receptacles installed in the locations specified in 210.8(B)(1) through (8) shall have ground-fault circuit-interrupter protection for personnel.</p> <p>(1) Bathrooms (2) Kitchens (3) Rooftops (4) Outdoors</p> <p>Exception No. 1 to (3) and (4): Receptacles that are not readily accessible and are supplied by a branch circuit dedicated to electric snow-melting, deicing, or pipeline and vessel heating equipment shall be permitted to be installed in accordance with 426.28 or 427.22, as applicable.</p> <p>Exception No. 2 to (4): In industrial establishments only, where the conditions of maintenance and supervision ensure that only qualified personnel are involved, an assured equipment grounding conductor program as specified in 590.6(B)(2) shall be permitted for only those receptacle outlets used to supply equipment that would create a greater hazard if power is interrupted or having a design that is not compatible with GFCI protection.</p> <p>(5) Sinks - where receptacles are installed within 1.8 m (6 ft.) of the outside edge of the sink.</p> <p>Exception No. 1 to (5): In industrial laboratories, receptacles used to supply equipment where removal of power would introduce a greater hazard shall be permitted to be installed without</p>				<p>a On 9/5/20214 the Maintenance Supervisor/designee GFCI in the kitchen and on 9/9/2024 Maintenance Supervisor/designee will direct hard wire the ice machine in the dining room to meet set standards. The Administrator verified the work on 9/5/2024 and will verify the ice machine on 9/9/2024.</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 9/3/2024 the Administrator in-serviced the Maintenance Supervisor/designee on the requirement that wet locations must be provided with ground fault circuit interrupter (GFCI) protection against electrical shock to meet set standards.</p> <p>b Maintenance Supervisor/designee will inspect all wet locations monthly to ensure they are provided with ground fault circuit interrupter (GFCI) protection against electrical shock 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</p>		

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	<p>GFCI protection.</p> <p>Exception No. 2 to (5): For receptacles located in patient bed locations of general care or critical care areas of health care facilities other than those covered under</p> <p>210.8(B)(1), GFCI protection shall not be required.</p> <p>(6) Indoor wet locations</p> <p>(7) Locker rooms with associated showering facilities</p> <p>(8) Garages, service bays, and similar areas where electrical diagnostic equipment, electrical hand tools, or portable lighting equipment are to be used.</p> <p>NFPA 70, 517-20 Wet Locations, requires all receptacles and fixed equipment within the area of the wet location to have ground-fault circuit interrupter (GFCI) protection. Note: Moisture can reduce the contact resistance of the body, and electrical insulation is more subject to failure. This deficient practice could affect as many as 20 residents, 6 staff and 2 visitors in the dining room.</p> <p>Findings include:</p> <p>Based on observations with the Maintenance Director on 08/19/24 during a tour of the facility at 12:00 p.m. the kitchen / main dining room ice machine was plugged into an outlet to the side of it. This receptacle the ice machine was plugged into was not provided with ground fault circuit interrupters, (GFCI) and had three water lines all within six inches of the electric outlet. Based on interview at the time of observation, the Maintenance Director acknowledged the ice machine was not GFCI protected adding that he would have one installed as soon as he was able to do so.</p>				<p>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</p> <p>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 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.</p> <p>This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is 9/19/2024.</p>		

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	This finding was reviewed with the Administrator at the exit conference. 3.1-19(b)						