

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

PRINTED: 06/03/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155483	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED R 05/28/2024
NAME OF PROVIDER OR SUPPLIER WATERS OF RISING SUN, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 405 RIO VISTA LN RISING SUN, IN 47040		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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 000}	Initial Comments An Post Survey Revisit (PSR) to the Emergency Preparedness Survey conducted on 03/25/2024 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.473. Survey Date: 05/28/2024 Facility Number: 000405 Provider Number: 155483 AIM Number: 100273800 At this Post Survey Revisit, The Waters of Rising Sun was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.473. The facility has 58 certified beds and had a census of 49.	{E 000}			
{K 000}	Quality Review completed on 05/31/24 INITIAL COMMENTS A Post Survey Revisit (PSR) to the survey which exited on 03/25/2024 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a). Survey Date: 05/28/2024 Facility Number: 000405 Provider Number: 155483 AIM Number: 100273800 At this Life Safety Code survey, The Waters of Rising Sun was found 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	{K 000}			

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

TITLE

(X6) DATE

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 90 days 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 14 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 000}	<p>Continued From page 1</p> <p>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 (000) construction and was fully sprinkled. The facility has a fire alarm system with smoke detection in the corridors, areas open to the corridors and battery operated smoke detectors in all resident sleeping rooms. The facility has a capacity of 58 and had a census of 49 at the time of this survey.</p> <p>All areas where residents have customary access were sprinkled and all areas providing facility services were sprinkled. The facility has three detached wooden storage sheds and a detached wooden storage garage which were not sprinkled.</p> <p>Quality Review completed on 05/31/24</p>	{K 000}			