

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

PRINTED: 12/16/2024
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155321		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING _____		X3) DATE SURVEY COMPLETED 11/12/2024	
NAME OF PROVIDER OR SUPPLIER WATERS OF FORT WAYNE SKILLED NURSING FACILITY, THE				STREET ADDRESS, CITY, STATE, ZIP COD 5544 E STATE BLVD FORT WAYNE, IN 46815			
(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 09/19/24 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73.</p> <p>Survey Date: 11/12/24</p> <p>Facility Number: 000214 Provider Number: 155321 AIM Number: 100267240</p> <p>At this PSR survey, The Waters of Fort Wayne 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 77 and had a census of 45 at the time of this survey.</p> <p>Quality Review completed on 11/14/24</p>			E 0000			
K 0000 Bldg. 01	<p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted 09/19/24 was conducted by the Indiana Department of Health in accordance 42 CFR Subpart 483.90(a).</p> <p>Survey Date: 11/12/24</p> <p>Facility Number: 000214 Provider Number: 155321 AIM Number: 100267240</p> <p>At this PSR survey, The Waters of Fort Wayne</p>			K 0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Cindy S. Lawson	Administrator	12/06/2024

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 disclosable 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=C Bldg. 01	<p>Skilled Nursing Facility was found in substantial 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>The original 1964 one-story facility with a walkout lower level was determined to be of Type II (111) construction and the 2015 constructed therapy gym was determined to be of Type V (111) and was separated from the original building by a two-hour fire barrier. The facility is fully sprinklered, has a fire alarm system with hard wired smoke detectors in the corridors, areas open to the corridors, and in the resident rooms. The facility is partially protected by a Type II EES 160 kW diesel power generator. The facility has a capacity of 77 and had a census of 45 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered. The facility had a detached shed that was not sprinklered.</p> <p>Quality Review completed on 11/14/24</p> <p>NFPA 101 Sprinkler System - Maintenance and Testing</p> <p>Based on record review and interview, the facility failed to maintain 1 of 1 automatic sprinkler systems. LSC 9.7.5 requires all sprinkler systems shall be inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 2011 Edition, Section 5.3.4.1.2 states the concentration of antifreeze solution shall be</p>			K 0353	<p>It is the intent of the facility to ensure to maintain automatic sprinkler systems to meet set standards.</p> <p>1.CORRECTIVE ACTIONS TAKEN: 1.On __10/22/2024__ the facilities licensed sprinkler contractor provided the</p>		11/13/2024

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	<p>limited to the minimum necessary for the anticipated minimum temperature. NFPA 25, 4.3.1 requires records shall be made for all inspections, tests, and maintenance of the system components and shall be made available to the authority having jurisdiction upon request. This deficient practice could affect all residents, staff, and visitors.</p> <p>Findings include:</p> <p>Based on records review with the Maintenance Director and Administrator on 11/12/24 at 1:48 p.m., the annual sprinkler report dated 04/30/24 showed the low testing point for the antifreeze was -1 degrees Fahrenheit. The reference section in NFPA Annex Figure A.5.3.4.1 Isothermal Lines - Lowest One-Day Mean Temperature (Fahrenheit.) showed the mean lowest temperature for the facility's location was at -10 Fahrenheit. The quarterly sprinkler inspection from October of 2024 showed the antifreeze was tested but did not show the low freeze point to ensure the temperature was below -10 Fahrenheit. Based on an interview at the time of record review, the Maintenance Director agreed the antifreeze was tested at -1 degrees and stated the sprinkler company did reinspect the antifreeze, but the report for the system did not show the low freeze point of the antifreeze.</p> <p>The findings were reviewed with the Administrator and Maintenance Director during the exit conference.</p> <p>3.1-19(b)</p> <p>This deficiency was cited on 09/19/24. The facility failed to implement a systemic plan of correction to prevent recurrence.</p>				<p>documentation showing that the low testing point of the antifreeze meets set standards. The Administrator verified the work on __10/22/2024__ .</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 __10/11/2024__ the Administrator in serviced the Maintenance Supervisor/designee on the requirement to ensure antifreeze meets the low-level testing points to meet set standards.</p> <p>2.Maintenance Supervisor/designee will ensure antifreeze meets the low-level testing points 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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			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 __11/13/2024__.		