

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

PRINTED: 01/06/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155038		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING		X3) DATE SURVEY COMPLETED 12/15/2022	
NAME OF PROVIDER OR SUPPLIER WATERS EDGE VILLAGE				STREET ADDRESS, CITY, STATE, ZIP COD 2200 WEST WHITE RIVER BLVD MUNCIE, IN 47303			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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: 12/15/22</p> <p>Facility Number: 000013 Provider Number: 155038 AIM Number: 100266100</p> <p>At this Emergency Preparedness survey, Waters Edge Village 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 74 certified beds. At the time of the survey, the census was 61.</p> <p>Quality Review completed on 12/19/22</p>			E 0000	Waters Edge Village is requesting paper compliance for this survey. Thank you for you consideration.		
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: 12/15/22</p> <p>Facility Number: 000013 Provider Number: 155038 AIM Number: 100266100</p> <p>At this Life Safety Code survey, Waters Edge Village was found not in compliance with</p>			K 0000	Waters Edge Village is requesting paper compliance for this survey. Thank you for you consideration.		

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

TITLE

(X6) DATE

James Thomas

Executive Director

12/28/2022

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=F Bldg. 01	<p>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 V (000) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, all areas open to the corridor and battery powered smoke detectors in all resident sleeping rooms. The facility has a capacity of 74 and had a census of 61 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered and all areas providing facility services were sprinklered except for one garage used for storage.</p> <p>Quality Review completed on 12/19/22</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> <p>a) Date sprinkler system last checked</p> <p>b) Who provided system test</p> <p>c) Water system supply source</p>						

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	<p>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system.</p> <p>9.7.5, 9.7.7, 9.7.8, and NFPA 25</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 sprinkler systems was maintained with spare sprinklers, a spare sprinkler cabinet and a sprinkler wrench on the premises. NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 2011 Edition, Section 5.4.1.4 states a supply of spare sprinklers (never fewer than six) shall be maintained on the premises so that any sprinklers that have been operated or damaged in any way can be promptly replaced. The sprinklers shall correspond to the types and temperature ratings of the sprinklers on the property. The sprinklers shall be kept in a cabinet located where the temperature in which they are subjected will at no time exceed 100 degrees Fahrenheit. A special sprinkler wrench shall be provided and kept in the cabinet to be used in the removal and installation of sprinklers. This deficient practice could affect all residents and staff in the facility.</p> <p>Findings include:</p> <p>Based on observation during a tour of facility with the Executive Director and Maintenance Supervisor on 12/15/22 at 12:55 p.m., in the Sprinkler Riser room that housed the spare sprinkler box, there were no sidewall spare sprinklers. Based on interview at the time of observation, the Maintenance Supervisor confirmed there were no sidewall spare sprinklers in the spare sprinkler cabinet. During the tour of the facility, sidewall sprinklers were observed installed in Therapy.</p> <p>This finding was reviewed with the Executive</p>			K 0353	<p>- what corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; All residents have the potential to be affected. The side wall sprinkler head spares have been ordered.</p> <p>- how other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken; All residents have the potential to be affected. The spare sprinkler heads have arrived and are in the spare sprinkler head box.</p> <p>- what measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur; The Maintenance Director will ensure that 2 spare sprinkler heads are maintained on site for each type of sprinkler in use. Any sprinkler heads used will be re-ordered and replaced as soon as possible.</p> <p>- how the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; The maintenance Director will</p>		12/30/2022

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K 0920 SS=D Bldg. 01	<p>Director and Maintenance Supervisor at the exit conference.</p> <p>3.1-19(b)</p> <p>NFPA 101 Electrical Equipment - Power Cords and Extens Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assemblies that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4. 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5 Based on observation and interview, the facility failed to ensure 1 of 1 extension cords and power strips were not used as a substitute for fixed wiring. LSC 19.5.1 requires utilities to comply with Section 9.1. LSC 9.1.2 requires electrical wiring and equipment to comply with NFPA 70, National Electrical Code, 2011 Edition. NFPA 70, Article</p>			K 0920	<p>complete a quarterly audit on the spare sprinkler heads and report his findings to the QAPI committee Quarterly.</p> <p>- what corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; The 2 residents in the room could have been affected. The residents refrigerator was removed from the</p>		12/30/2022

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	<p>400.8 requires that, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. LSC Section 4.5.7 states any building service equipment or safeguard provided for life safety shall be designed, installed and approved in accordance with all applicable NFPA standards. This deficient practice could affect 2 residents.</p> <p>Findings include:</p> <p>Based on observation with the Executive Director and Maintenance Supervisor during a tour of the facility on 12/15/22 at 12:48 p.m., a refrigerator was plugged into a power strip in resident room 212. Based on interview at the time of the observation, the Maintenance Supervisor confirmed a power strip was being used as substitute for fixed wiring in resident room 212.</p> <p>This finding was reviewed with the Executive Director and Maintenance Supervisor during the exit conference.</p> <p>3.1-19(b)</p>				<p>hospital grade surge protector and plugged directly into the wall outlet.</p> <ul style="list-style-type: none"> - how other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken; No other residents were identified after a complete room and office audit. No other residents or staff had inappropriately plugged in personal refrigerators. - what measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur; Each resident with a personal refrigerator will be re-educated on the need to have their item plugged directly into the wall. - how the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; The Maintenance Director will complete a quality improvement tool verifying the placement of the plug for each resident refrigerator weekly X 4 weeks on all residents with refrigerators and Monthly tool X 4 months until 100% compliance is achieved for 3 consecutive Months. The Maintenance Director will present his findings to the 		

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					QAPI committee at each meeting.		