

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

PRINTED: 09/13/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155409		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING		X3) DATE SURVEY COMPLETED 08/29/2024	
NAME OF PROVIDER OR SUPPLIER WATERS OF INDIANAPOLIS, THE				STREET ADDRESS, CITY, STATE, ZIP CODE 3895 S KEYSTONE AVE INDIANAPOLIS, IN 46227			
(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. --	A Post Survey Revisit (PSR) to the Emergency Preparedness Survey conducted on 07/02/24 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73. Survey Date: 08/29/24 Facility Number: 000537 Provider Number: 155409 AIM Number: 100267270 At this PSR survey, The Waters of Indianapolis was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73. The facility has 81 certified beds. At the time of the survey, the census was 69. Quality Review completed on 09/03/24			E 0000			
K 0000 Bldg. 01	A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 07/02/24 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a). Survey Date: 08/29/24 Facility Number: 000537 Provider Number: 155409 AIM Number: 100267270			K 0000	September 9, 2024 Preparation or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies. The Plan of Correction is prepared and executed solely because it is required by Federal and State		

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

TITLE

(X6) DATE

Nicole Fields

Administrator

09/09/2024

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 0211 SS=E Bldg. 01	<p>At this PSR survey, The Waters of Indianapolis 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 V (000) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and in all areas open to the corridor. The facility has battery operated smoke detectors in all resident sleeping rooms. The facility has a capacity of 81 and had a census of 69 at the time of this visit.</p> <p>All areas where residents have customary access were sprinklered. The facility has two detached buildings providing storage and a detached smoking shed which were each not sprinklered.</p> <p>Quality Review completed on 09/03/24</p> <p>NFPA 101 Means of Egress - General</p> <p>Based on observation and interview, the facility failed to ensure the means of egress in 1 of 4 corridors was continuously maintained free of obstructions. This deficient practice would affect residents and staff on the south/main hall.</p> <p>Findings include:</p> <p>Based on an observation with the maintenance director on 08/29/24 at 1:54 p.m., there were approximately 60 cardboard boxes containing new nightstands stored on the right side of the</p>			K 0211	<p>law. The plan of correction is submitted in order to respond to the allegation of continued noncompliance cited during the Life Safety Survey Revisit on August 29, 2024. Please accept this plan of correction as the provider's credible allegation of compliance with Federal Medicare and Medicaid requirements. We respectfully request a desk review.</p> <p>It is the intent of the facility to ensure means of egress in corridors are continuously maintained free of obstructions to meet set standards.</p> <p>1 CORRECTIVE ACTIONS TAKEN:</p> <p>a On August 29, 2024 the Maintenance Supervisor/designee relocated the approximately 60 cardboard boxes from the south/main hall to an area that is</p>		09/06/2024

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	south/main hall. Based on an interview with the maintenance director on 08/29/24 at 1:54 p.m., the boxes of nightstands were received yesterday. The maintenance director stated he would try and get most of the boxes in the conference room and would find other locations to store the remaining boxes. This was verified by the maintenance director at the time of observation and acknowledged by the administrator at the exit conference on 08/29/24 at 2:45 p.m. 3.1-19(b)				not in the means of egress to meet set standards. The Administrator verified the work on August 29, 2024. 2 ALL OTHERS WITH POTENTIAL TO BE AFFECTED: a All residents and all staff and visitors have the potential to be affected but none were. 3 MEASURES TO PREVENT REOCCURRENCE: a On August 29, 2024 the Administrator inserviced the Maintenance Supervisor/designee and all other staff on the requirement to ensure corridor means of egress are continuously maintained free of obstructions to meet set standards. b Maintenance Supervisor/designee will ensure corridor means of egress are continuously maintained free of obstructions 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. c The Administrator will monitor adherence to the Preventative Maintenance schedule and validate the Preventative Maintenance documentation is in place. 4 MONITORING		

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			CORRECTIVE ACTION: 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.		