

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

PRINTED: 05/05/2023
FORM APPROVED
OMB NO. 0938-0391

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|--|---|--|--|--|--|--|----------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155280 | | (X2) MULTIPLE CONSTRUCTION A. BUILDING 02, 03 B. WING _____ | | (X3) DATE SURVEY COMPLETED R 04/21/2023 | |
| NAME OF PROVIDER OR SUPPLIER WATERS OF DILLSBORO-ROSS MANOR, THE | | | | STREET ADDRESS, CITY, STATE, ZIP CODE 12803 LENOVER ST DILLSBORO, IN 47018 | | | |
| (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 |
| {K 000} | <p>INITIAL COMMENTS</p> <p>A Fire Safety Evaluation (FSES) Survey and a Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey that exited on 02/24/23 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a).</p> <p>Survey Date: 04/21/23</p> <p>Facility Number: 000178 Provider Number: 155280 AIM Number: 100273840</p> <p>At this FSES survey, The Waters of Dillsboro-Ross Manor was found in compliance with National Fire Protection Association (NFPA) 101A, Chapter 4, Fire Safety Evaluation System for Health Care Occupancies in regard to the PSR to the Life Safety Code Recertification and State Licensure Survey. Achieving a passing score on the FSES survey for Health Care Occupancies found in Chapter 4 of NFPA 101A, Guide on Alternative Approaches to Life Safety, 2013 Edition, shows the facility provides a level of Life Safety at least equivalent to that prescribed by NFPA 101, Life Safety Code (LSC). The facility was surveyed with Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>The Waters of Dillsboro-Ross Manor consisted of two separate buildings. The Waters of Dillsboro, Building 02, is a two-story facility with a basement and was determined to be of Type V (000) construction and fully sprinklered. Ross Manor, Building 03, is a one-story facility and was determined to be Type V (111) construction and fully sprinklered. Both facilities have a fire alarm</p> | | | {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} | Continued From page 1 system with smoke detection on all levels of the Waters of Dillsboro building and Ross Manor building including the corridors, spaces open to the corridors, and has battery operated smoke detectors in all resident sleeping rooms in the Waters of Dillsboro building and the Ross Manor building. The Waters of Dillsboro-Ross Manor has a capacity of 123 and had a census of 63 at the time of this visit. All areas where residents have customary access were sprinkled and all areas providing facility services were sprinklered. | {K 000} | | | |
| {K 000} | Quality Review completed on 04/27/23 INITIAL COMMENTS A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 02/23/23 & 02/24/23 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a). Survey Date: 04/21/23 Facility Number: 000178 Provider Number: 155280 AIM Number: 100273840 At this PSR survey, The Waters of Dillsboro-Ross Manor 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 National Fire Protection Association (NFPA) 101, Life Safety Code, Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2. | {K 000} | | | |

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| {K 000} | Continued From page 2 The Waters of Dillsboro-Ross Manor consisted of two separate buildings. The Waters of Dillsboro, Building 02, is a two-story facility with a basement and was determined to be of Type V (000) construction and fully sprinklered. Ross Manor, Building 03, is a one-story facility and was determined to be Type V (111) construction and fully sprinklered. Both facilities have a fire alarm system with smoke detection on all levels of the Waters of Dillsboro building and Ross Manor building including the corridors, spaces open to the corridors, and has battery operated smoke detectors in all resident sleeping rooms in the Waters of Dillsboro building and the Ross Manor building. The Waters of Dillsboro-Ross Manor has a capacity of 123 and had a census of 65 at the time of this visit. | {K 000} | | | |
| {K 100} SS=F | All areas where residents have customary access were sprinkled and all areas providing facility services were sprinklered. General Requirements - Other CFR(s): NFPA 101 General Requirements - Other List in the REMARKS section any LSC Section 18.1 and 19.1 General 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. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure 1 of 1 basements were maintained and operated to minimize the possibility of a fire emergency requiring the evacuation of occupants. LSC Section 19.1.1.3.1 | {K 100} | Correction Obviated-Passed FSES | | |

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| {K 100} | <p>Continued From page 3</p> <p>states all health care facilities shall be designed, constructed, maintained, and operated to minimize the possibility of a fire emergency requiring the evacuation of occupants. LSC Section 19.1.1.3.2 states because the safety of health care occupants cannot be ensured adequately by dependence on evacuation of the building, their protection from fire shall be provided by appropriate arrangement of facilities; adequate, trained staff; and development of operating and maintenance procedures composed of the following:</p> <p>(1) Design, construction, and compartmentation</p> <p>(2) Provision for detection, alarm, and extinguishment</p> <p>(3) Fire prevention procedures and planning, training, and drilling programs for the isolation of fire, transfer of occupants to areas of refuge, or evacuation of the building.</p> <p>NFPA 13, Standard for the Installation of Sprinkler Systems, 2010 Edition, Section 5.2 light hazard occupancies shall be defined as occupancies or portions of other occupancies where the quantity and/or combustibility of contents is low and fires with relatively low rates of heat release are expected. NFPA 13, Section A.5.2 light hazard occupancies shall include nursing homes. This deficient practice could affect all residents staff and visitors.</p> <p>Findings include:</p> <p>Based on observations with the Maintenance Director during a tour of the facility from 10:20 a.m. to 2:45 p.m. on 02/24/23, the basement was separated from the first floor with exposed wood floor joists in the east basement storage room which classifies the construction type of the building as Type V (000). The fenced in area in</p> | {K 100} | | | |

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| {K 100} | Continued From page 4 the basement consisted of large amounts of combustible item storage. Based on interview at the time of the observations, the Maintenance Director agreed the fenced in area in the basement consisted of large amounts of combustible item storage. These findings were reviewed with the Administrator and the Maintenance Director during the exit conference. | {K 100} | | | |
| {K 161} SS=F | 3.1-19(b) Building Construction Type and Height CFR(s): NFPA 101 Building Construction Type and Height 2012 EXISTING Building construction type and stories meets Table 19.1.6.1, unless otherwise permitted by 19.1.6.2 through 19.1.6.7 19.1.6.4, 19.1.6.5 Construction Type 1 I (442), I (332), II (222) Any number of stories non-sprinklered and sprinklered 2 II (111) One story non-sprinklered Maximum 3 stories sprinklered 3 II (000) Not allowed non-sprinklered 4 III (211) Maximum 2 stories sprinklered 5 IV (2HH) | {K 161} | | | |

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| {K 161} | <p>Continued From page 5</p> <p>6 V (111)</p> <p>7 III (200) Not allowed non-sprinklered</p> <p>8 V (000) Maximum 1 story sprinklered</p> <p>Sprinklered stories must be sprinklered throughout by an approved, supervised automatic system in accordance with section 9.7. (See 19.3.5)</p> <p>Give a brief description, in REMARKS, of the construction, the number of stories, including basements, floors on which patients are located, location of smoke or fire barriers and dates of approval. Complete sketch or attach small floor plan of the building as appropriate.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>1. Based on observation and interview, the facility failed to ensure 1 of 2 floors was constructed with a 1 hour rated floor structure. The minimum building construction classification allowed for a two-story building is Type V (111), requiring the floor/ceiling assembly between the floors to have a one-hour fire resistive rating. The wood joists of the first-floor construction are exposed to the basement space and does not provide a one-hour fire rating. This deficient practice affects all residents who reside in the Waters of Dillsboro building.</p> <p>Findings include:</p> <p>Based on observations with the Maintenance Director during a tour of the facility from 10:20 a.m. to 2:45 p.m. on 02/24/23, the basement was separated from the first floor with exposed wood floor joists in the east basement storage room, the southwest basement boiler room and the</p> | {K 161} | Correction Obviated-Passed FSSES | | |

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| {K 161} | <p>Continued From page 6</p> <p>northwest basement maintenance workshop room which classifies the construction type of the building as Type V (000). Based on interview at the time of the observations, the Maintenance Director stated the first floor is constructed of one-half inch plywood with vinyl flooring throughout the first floor with no fire rated material. The basement ceiling lacking one hour construction was confirmed by the Maintenance Director at the time of observations.</p> <p>These findings were reviewed with the Administrator and the Maintenance Director during the exit conference.</p> <p>3.1-19(b)</p> <p>2. Based on record review, observation and interview; the facility failed to provide documentation of the fire resistance rating of the second-floor ceiling smoke barrier construction to ensure the attic has the required number of smoke barrier walls extending to the underside of the roof. LSC Section 19.3.7.3 states any required smoke barrier shall be constructed in accordance with Section 8.5 and shall have a minimum 1/2-hour fire resistance rating, unless otherwise permitted by one of the following:</p> <p>(1) This requirement shall not apply where an atrium is used, and both of the following criteria also shall apply:</p> <p>(a) Smoke barriers shall be permitted to terminate at an atrium wall constructed in accordance with 8.6.7(1)(c).</p> <p>(b) Not less than two separate smoke compartments shall be provided on each floor.</p> <p>(2) *Smoke dampers shall not be required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air-conditioning systems</p> | {K 161} | | | |

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| {K 161} | <p>Continued From page 7</p> <p>where an approved, supervised automatic sprinkler system in accordance with 19.3.5.8 has been provided for smoke compartments adjacent to the smoke barrier.</p> <p>Section 8.5.2.1 states smoke barriers required by this Code shall be continuous from an outside wall to an outside wall, from a floor to a floor, or from a smoke barrier to a smoke barrier, or by use of a combination thereof. Section 8.5.2.2 states smoke barriers shall be continuous through all concealed spaces, such as those found above a ceiling, including interstitial spaces. Section 8.5.2.3 states smoke barriers required by this Code shall be continuous from an outside wall to an outside wall, from a floor to a floor, or from a smoke barrier to a smoke barrier, or by use of a combination thereof. Section 8.3.1.2* Fire barriers shall comply with one of the following:</p> <p>(1) The fire barriers are continuous from outside wall to outside wall or from one fire barrier to another, or a combination thereof, including continuity through all concealed spaces, such as those found above a ceiling, including interstitial spaces.</p> <p>(2) The fire barriers are continuous from outside wall to outside wall or from one fire barrier to another, and from the floor to the bottom of the interstitial space, provided that the construction assembly forming the bottom of the interstitial space has a fire resistance rating not less than that of the fire barrier.</p> <p>This deficient practice could affect all residents.</p> <p>Findings include:</p> <p>Based on record review with the Maintenance Director from 10:00 a.m. to 12:45 p.m. on 02/23/23, facility blueprint documentation was not</p> | {K 161} | | | |

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| {K 161} | Continued From page 8 available for review. Documentation of the fire resistance rating of the second-floor ceiling smoke barrier was also not available for review. Based on observations with the Maintenance Director during a tour of the facility from 10:20 a.m. to 2:45 p.m. on 02/24/23, the exact location of smoke barrier and fire barrier walls could not be determined. The attic was fully sprinklered and was not used for storage but contained no smoke or fire barrier walls extending to the underside of the roof deck above. This finding was reviewed with the Administrator and the Maintenance Director during the exit conference. | {K 161} | | | |
| {K 225} SS=E | 3.1-19(b) Stairways and Smokeproof Enclosures CFR(s): NFPA 101 Stairways and Smokeproof Enclosures Stairways and Smokeproof enclosures used as exits are in accordance with 7.2. 18.2.2.3, 18.2.2.4, 19.2.2.3, 19.2.2.4, 7.2 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure 2 of 2 exterior stairs comply with the requirements of 7.2.2.3.3.1. Section 7.2.2.3.3.1 states: Stair treads and landings shall be solid, without perforations. Section 7.2.2.3.3.2 states: Stair treads and landings shall be free of projections or lips that could trip stair users. This deficient practice could affect over 20 residents, | {K 225} | Correction Obviated-Passed FSES | | |

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| {K 225} | Continued From page 9 staff and visitors if needing to exit the facility. Findings include: Based on observations with the Maintenance Director during a tour of the facility from 10:20 a.m. to 2:15 p.m. on 02/24/23, the facility exit by the elevator by the exit door by Room 7 was marked as a facility exit with an exit sign. The exterior stairs for this facility exit was metal construction without solid risers and treads. In addition, the facility exit on the second floor by Room 26 was also marked as a facility exit with an exit sign. The exit door led to a roof which covered the sidewalk below. An exterior stairs for the facility exit was attached to the roof. The stairs were of metal construction without solid risers and treads. The landing at the top of the stairs is the roof deck. The construction of the stairs creates a riser approximately two inches higher than the plane of the rooftop landing creating a tripping hazard. A rubber mat was placed on top of the riser. Based on interview at the time of the observations, the Maintenance Director agreed the aforementioned stairs were without solid risers and treads and an elevated riser was in place for the stairs at the top of the landing. These findings were reviewed with the Administrator and the Maintenance Director during the exit conference. | {K 225} | | | |
| {K 311} SS=E | 3.1-19(b) Vertical Openings - Enclosure CFR(s): NFPA 101 Vertical Openings - Enclosure | {K 311} | | | |

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| {K 311} | <p>Continued From page 10</p> <p>2012 EXISTING</p> <p>Stairways, elevator shafts, light and ventilation shafts, chutes, and other vertical openings between floors are enclosed with construction having a fire resistance rating of at least 1 hour. An atrium may be used in accordance with 8.6. 19.3.1.1 through 19.3.1.6</p> <p>If all vertical openings are properly enclosed with construction providing at least a 2-hour fire resistance rating, also check this box.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>1. Based on observation and interview, the facility failed to maintain protection of 3 of 4 interior stairwells. LSC 19.3.1 requires vertical openings shall be enclosed or protected in accordance with Section 8.6. LSC 8.6.1 requires every floor that separates stories in a building shall be constructed as a smoke barrier. LSC 8.6.5 states see 7.1.3.2.1 for enclosures of exits. LSC 7.1.3.2.1 states the separation shall have a minimum 1-hr fire resistance rating where the exit connects three stories or less. Fire doors assemblies are in accordance with NFPA 80, Standard for Fire Doors and Other Opening Protectives. NFPA 80, Section 4.8.4.1 states the clearance under to bottom of a door shall be a maximum of 3/4th's inch. This deficient practice could affect over 20 residents, staff, and visitors.</p> <p>Findings include:</p> <p>Based on observations with the Maintenance Director during a tour of the facility from 10:20 a.m. to 2:15 p.m. on 02/24/23, the following was noted:</p> <p>a. the stairwell door on the first floor by Room 7 and on the second floor by Room 37 were each</p> | {K 311} | Correction Obviated-Passed FSES | | |

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| NAME OF PROVIDER OR SUPPLIER WATERS OF DILLSBORO-ROSS MANOR, THE | | | STREET ADDRESS, CITY, STATE, ZIP CODE 12803 LENOVER ST DILLSBORO, IN 47018 | | |
| (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 | |
| {K 311} | <p>Continued From page 11</p> <p>not equipped with a fire resistance rating label. Based on interview at the time of the observations, the Maintenance Director agreed each of the two stairwell doors did not have a fire resistance rating label affixed to the door.</p> <p>b. one layer of 5/8th's inch thick drywall, which was hung vertically, was used to cover the spiral staircase opening at the bottom of the staircase which did not enclose the staircase with a minimum 1-hour fire resistance rating. The one layer of drywall at the bottom of the staircase was part of the corridor wall by the second floor Janitor's closet by the freight elevator.</p> <p>c. a one quarter inch gap was noted in between the top of the door frame and the wall for the stairwell door to the attic.</p> <p>d. the stairwell door to the closet by the attic stairwell door was equipped with a self-closing device but the bottom of the door kept getting stuck on the carpet on the floor and would not self-close and latch into the door frame when tested to close multiple times.</p> <p>Based on interview at the time of the observations, the Maintenance Director agreed the stairwell doors were not equipped with fire resistance rating label, the bottom of the spiral staircase in the attic was not enclosed with 1-hour fire resistance rating and the two stairwell doors would not resist the passage of smoke.</p> <p>These findings were reviewed with the Administrator and the Maintenance Director during the exit conference.</p> <p>3.1-19(b)</p> <p>2. Based on observation and interview, the facility failed to ensure the protection of the soiled linen chutes and the two-story convenience stairs was</p> | {K 311} | | | |

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| {K 311} | <p>Continued From page 12</p> <p>in accordance with 19.3.1. LSC 19.3.1.1 states where enclosure is provided, the construction shall have not less than a 1-hour fire resistance rating. LSC 8.3.4.2 states the fire protection rating for opening protectives shall be in accordance with Table 8.3.4.2 except as otherwise permitted in 8.3.4.3 or 8.3.4.4. Table 8.3.4.2 requires fire door assemblies in vertical shafts, including stairways, to have a 1-hour fire resistance rating. LSC 8.3.4.3 states existing fire door assemblies having a minimum ¾-hour fire protection rating shall be permitted to continue to be used in vertical openings and exit enclosures in lieu of the minimum 1-hour fire protection rating required in Table 8.3.4.2. This deficient practice could affect over 20 residents, staff, and visitors.</p> <p>Findings include:</p> <p>Based on observations with the Maintenance Director during a tour of the facility from 10:20 a.m. to 2:15 p.m. on 02/24/23, the soiled linen chute in the electrical room by Room 39 on the second floor and on the first floor by Room 5 contains wood as part of the construction of the shaft. The door to the laundry chute on the first floor by the facility's main fire alarm control panel is 1-hour fire resistance rated and is equipped with a self-closing device and a latching mechanism, but the latching mechanism did not latch into the door frame when tested to self-close and latch into the chute door frame when tested to close multiple times. The door would only latch into the door frame if the door handle was manually twisted while closing the chute door. In addition, the stairwell wall on the first story by Room 17 and on the second floor by Room 26 only extends to the underside of the suspended acoustical tile ceiling system.</p> | {K 311} | | | |

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| {K 311} | <p>Continued From page 13</p> <p>Removing the tile in the ceiling system exposes the wood top plate and edge of the gypsum board wall assembly. The existing two-story convenience stair opening does not appear to be enclosed by a minimum one-hour fire-rated construction. Based on interview at the time of the observation, the Maintenance Director agreed the soiled linen chute and the two-story convenience stairs did not appear to be complete with fire-rated assemblies.</p> <p>These findings were reviewed with the Administrator and the Maintenance Director during the exit conference.</p> <p>3.1-19(b)</p> | {K 311} | | | |