

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155494	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 03/29/2017
--	---	--	---

NAME OF PROVIDER OR SUPPLIER WATERS OF SCOTTSBURG, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 1350 N TODD DR SCOTTSBURG, IN 47170
---	---

(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 0000 Bldg. 01	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a) which resulted in Immediate Jeopardy.</p> <p>Immediate Jeopardy cited at K353</p> <p>Survey Date: 03/29/17</p> <p>Facility Number: 000478 Provider Number: 155494 AIM Number: 100290430</p> <p>At this Life Safety Code survey, The Waters of Scottsburg was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire, the 2012 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC) and 410 IAC 16.2. The building was surveyed with Chapter 19 Existing Health Care Occupancies.</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 corridors and areas open to the corridor, plus battery operated smoke alarms in all</p>	K 0000	Preparation and or execution of this plan of correction in general, or this corrective action in particular, does not constitute an admission of agreement by this facility of the facts alleged or conclusions set forth in this statement of deficiencies. The plan of correction and specific corrective actions are prepared and or executed in compliance with State and Federal Laws. Facility's date of alleged compliance is 4-17-17.	
------------------------	---	--------	---	--

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155494	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	X3) DATE SURVEY COMPLETED 03/29/2017
--	---	---	---

NAME OF PROVIDER OR SUPPLIER WATERS OF SCOTTSBURG, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 1350 N TODD DR SCOTTSBURG, IN 47170
---	---

(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 0351 SS=E Bldg. 01	<p>resident sleeping rooms. The facility has a capacity of 99 and had a census of 66 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinkled and all areas providing facility services were sprinkled.</p> <p>Quality Review completed on 03/30/17 - DA</p> <p>NFPA 101 Sprinkler System - Installation Spinkler System - Installation 2012 EXISTING Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers. In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems. 19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1) Based on observation and interview, the facility failed to provide an automatic</p>	K 0351	The facility Sprinkler System Contractor has been contracted to install a Sprinkler head to	04/17/2017

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155494		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 03/29/2017	
NAME OF PROVIDER OR SUPPLIER WATERS OF SCOTTSBURG, THE				STREET ADDRESS, CITY, STATE, ZIP CODE 1350 N TODD DR SCOTTSBURG, IN 47170			
(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 0353 SS=L Bldg. 01	<p>sprinkler system that provided complete coverage in 1 of 7 smoke compartments. This deficient practice could affect up to 20 residents, as well as staff and visitors in the Hope Springs/Onyx Cove unit.</p> <p>Findings include:</p> <p>Based on observation on 03/29/17 at 12:00 p.m. during a tour of the facility with the Maintenance Supervisor and the Administrator, the Hope Springs/Onyx Cove unit three foot by two foot Activities Supplies closet was not provided with sprinkler coverage. This closet was used for activities storage supplies. This was acknowledged by the Maintenance Supervisor and the Administrator at the time of observation.</p> <p>3.1-19(b)</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>closet on Hope Springs on 3/13/17.</p> <p>All Residents have the potential to be affected. Upon completion of installing sprinkler head, a sprinkler head inspection will occur to ensure all areas that are required to have sprinkler heads are in place.</p> <p>Upon completion of sprinkler head audit of facility the Maintenance Director will review his inspection results with the Administrator. Any identified areas of concern will be immediately resolved.</p> <p>Monthly, the Maintenance director will review any and all inspections conducted as a result of adding the sprinkler head. The review will be conducted to ensure there are no further areas of concern. This will be reviewed in QA meetings for 6 months.</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155494	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 03/29/2017
--	---	--	---

NAME OF PROVIDER OR SUPPLIER WATERS OF SCOTTSBURG, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 1350 N TODD DR SCOTTSBURG, IN 47170
---	---

(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
	<p><u>c) Water system supply source</u></p> <p>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25</p> <p>1. Based on record review and interview, the facility failed to ensure a full hydrostatic flush was performed on 1 of 1 automatic sprinkler piping systems that resulted in Immediate Jeopardy to residents who rely on the protection of an automatic sprinkler system to receive an unobstructed flow of water for effective control and extinguishment of fire. NFPA 25, 2011 edition, the Standard for the Inspection, Testing and Maintenance of Water-Based Fire Protection Systems Section 14.3.2 requires systems shall be examined for internal obstructions where conditions exist that could cause obstructed piping. Section 14.3.3, states if an obstruction investigation indicates the presence of sufficient material to obstruct pipe or sprinklers, a complete flushing program shall be conducted by qualified personnel. This deficient practice affects all residents, staff and visitors in the facility.</p> <p>This deficiency resulted in an Immediate Jeopardy. The Immediate Jeopardy was identified on 03/29/17 at 3:10 p.m. when it was learned the efficiency of the</p>	K 0353	<p>We are requesting an Independent IDR related to timeliness of inspection and citing of deficiency.</p> <p>All Residents had the potential to be affected.</p> <p>Regarding the complete flush of Sprinkler system. Safe Care was contracted to complete flush and work began on 4\3\17.</p> <p>Recommendations from contracted vendors will be reviewed by the Maintenance Director and the Administrator for prompt follow up regarding recommended services.</p> <p>The Maintenance Director will add to the Monthly Preventative Maintenance list and audit of Inspections to insure inspections have been completed and that recommendations have been addressed.</p> <p>The Maintenance Director will bring audits to monthly QA meetings, and any concerns or recommendations will be addressed.</p>	04/17/2017

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155494		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 03/29/2017	
NAME OF PROVIDER OR SUPPLIER WATERS OF SCOTTSBURG, THE				STREET ADDRESS, CITY, STATE, ZIP CODE 1350 N TODD DR SCOTTSBURG, IN 47170			
(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			
	<p>sprinkler system was potentially impaired due to corrosion products and foreign material. The Immediate Jeopardy began when review of the Safe Care report dated 08/06/14 indicated the facility was made aware of this impaired efficiency of the sprinkler system which in the event of a fire, if the first sprinklers to open were obstructed or plugged, the fire in that area cannot be extinguished or controlled by prewetting of adjacent combustibles. In such a situation, the fire can grow to an uncontrollable size, resulting in a threat to the residents, greater fire damage and the structural integrity of the building, depending on the number of obstructed/plugged sprinklers and fire severity. The facility also did not conduct a fire watch during the time of the impaired efficiency of the sprinkler system. The Maintenance Supervisor and the Administrator were notified of the Immediate Jeopardy on 03/29/17. The Immediate Jeopardy was removed on 03/29/17 at 3:30 p.m. when the facility implemented a fire watch, but the facility remained out of compliance at a reduced scope and severity level of widespread, no actual harm with potential for more than minimal harm that is not Immediate Jeopardy as the facility still needed to complete a flush of the remaining sprinkler system.</p>						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155494	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 03/29/2017
--	---	--	---

NAME OF PROVIDER OR SUPPLIER WATERS OF SCOTTSBURG, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 1350 N TODD DR SCOTTSBURG, IN 47170
---	---

(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
--------------------	--	---------------	---	----------------------

	<p>Findings include:</p> <p>Based on review of sprinkler system inspection reports on 03/29/17 between 12:15 p.m. and 4:00 p.m. with the Maintenance Supervisor present, the Safe Care Service Call Report - Internal Pipe Inspection dated 08/06/14 for the dry pipe sprinkler system stated "Performed Internal Pipe Inspection found rust and debris in system. Recommend full system flush". "Send Quote for Flush". Furthermore, a Purchase Agreement (Quote #5279) from Safe Care dated 08/20/14 was reviewed. Based on interview at the time of record review, the Maintenance Supervisor said a full flush of the sprinkler system has not been performed since the internal pipe inspection took place on 08/06/14. This was verified when the Maintenance Supervisor spoke on the phone with a representative from Safe Care. The lack of the dry pipe sprinkler system hydrostatic flush conducted as a recommendation after the Internal Pipe Inspection was conducted was acknowledged by the Maintenance Supervisor and the Administrator at the exit conference on 03/29/17 at 4:00 p.m.</p> <p>3-1.19(b)</p> <p>Immediate Jeopardy that was identified</p>			
--	--	--	--	--

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155494	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 03/29/2017
--	---	--	---

NAME OF PROVIDER OR SUPPLIER WATERS OF SCOTTSBURG, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 1350 N TODD DR SCOTTSBURG, IN 47170
---	---

(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
	<p>on 03/29/17 at 3:10 p.m. was removed on 03/29/17 at 3:30 p.m., when the facility implemented a fire watch with 15 minute rounds of the building conducted by a facility staff. This fire watch will last until the dry pipe sprinkler system is flushed. Even though the facility's corrective action of implementing a fire watch removed the Immediate Jeopardy, the facility remained out of compliance at a reduced scope and severity level of widespread, no actual harm with potential for more than minimal harm that is not Immediate Jeopardy.</p> <p>2. Based on record review, observation and interview; the facility failed to document sprinkler system inspections in accordance with NFPA 25 for 1 of 1 sprinkler system. NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 2011 Edition, Section 5.2.4.2 states gauges on dry pipe sprinkler systems shall be inspected weekly to ensure that normal air and water pressures are being maintained. Section 5.1.2 states valves and fire department connections shall be inspected, tested, and maintained in accordance with Chapter 13. Section 13.1.1.2 states Table 13.1.1.2 shall be utilized for inspection, testing and maintenance of valves, valve components and trim. Section 4.3.1 states records</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155494	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 03/29/2017
--	---	--	---

NAME OF PROVIDER OR SUPPLIER WATERS OF SCOTTSBURG, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 1350 N TODD DR SCOTTSBURG, IN 47170
---	---

(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
	<p>shall be made for all inspections, tests, and maintenance of the system and its components and shall be made available to the authority having jurisdiction upon request. This deficient practice could affect all residents, staff, and visitors in the facility.</p> <p>Findings include:</p> <p>Based on record review on 03/29/17 at 12:30 p.m. with the Maintenance Supervisor present, there was documentation available from Safe Care that quarterly sprinkler inspections were performed on 05/31/16, 08/14/16, 11/22/16 and 02/02/17. Weekly dry sprinkler system gauge inspection documentation for 48 weeks of the most recent 52 week period was not available for review. Furthermore, monthly inspection documentation for all sprinkler system control valves for 8 months of the most recent 12 month period was also not available for review. Based on interview at the time of record review, the Maintenance Supervisor indicated the facility performs regular visual sprinkler system inspections but does not document sprinkler system gauge and system control valves inspections and acknowledged sprinkler system gauge and control valve inspection documentation for the</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155494		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 03/29/2017	
NAME OF PROVIDER OR SUPPLIER WATERS OF SCOTTSBURG, THE				STREET ADDRESS, CITY, STATE, ZIP CODE 1350 N TODD DR SCOTTSBURG, IN 47170			
(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 0374 SS=E Bldg. 01	<p>aforementioned weekly and monthly periods was not available for review. Based on observations with the Maintenance Supervisor and the Administrator during a tour of the facility from 10:00 a.m. to 12:15 p.m. the facility has a total of 3 water and air pressure gauges at the sprinkler riser.</p> <p>3.1-19(b)</p> <p>NFPA 101 Subdivision of Building Spaces - Smoke Barrie Subdivision of Building Spaces - Smoke Barrier Doors 2012 EXISTING Doors in smoke barriers are 1-3/4-inch thick solid bonded wood-core doors or of construction that resists fire for 20 minutes. Nonrated protective plates of unlimited height are permitted. Doors are permitted to have fixed fire window assemblies per 8.5. Doors are self-closing or automatic-closing, do not require latching, and are not required to swing in the direction of egress travel. Door opening provides a minimum clear width of 32 inches for swinging or horizontal doors. 19.3.7.6, 19.3.7.8, 19.3.7.9 Based on observation and interview, the facility failed to ensure 1 of 6 sets of smoke barrier doors would restrict the movement of smoke for at least 20 minutes. LSC, Section 19.3.7.8 requires that doors in smoke barriers shall comply with LSC, Section 8.5.4. LSC, Section</p>	K 0374	<p>All Residents have the potential to be affected. Smoke Barrier doors were repaired on 3/31/17. Following completion of repair, an inspection of all smoke barrier doors was completed for proper closer and function by the Maintenance Director, no other</p>	04/17/2017			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155494	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 03/29/2017
NAME OF PROVIDER OR SUPPLIER WATERS OF SCOTTSBURG, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 1350 N TODD DR SCOTTSBURG, IN 47170		
(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 0918 SS=C Bldg. 01	<p>8.5.4.1 requires doors in smoke barriers to close the opening leaving only the minimum clearance necessary for proper operation which is defined as 1/8 inch to restrict the movement of smoke. This deficient practice could affect all residents (except residents from the Hope Springs/Onyx Cove unit), as well as staff and visitors while in the main dining room.</p> <p>Findings include:</p> <p>Based on observation on 03/29/17 at 11:15 a.m. during a tour of the facility with the Maintenance Supervisor and the Administrator, the set of smoke barrier doors between the main dining room entrance and the center nurses' station had a three inch gap between the doors when closed due to air flow keeping the doors from closing completely. This was acknowledged by the Maintenance Supervisor and the Administrator at the time of observation.</p> <p>3.1-19(b)</p> <p>NFPA 101 Electrical Systems - Essential Electric Syste Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the</p>		<p>concerns were noted. Monthly inspections will be performed by the Maintenance Director on all Smoke Barrier doors to insure proper function. The results of these inspections will be brought to QA montly and reviewed for any concerns. Any concerns found will be addressed as discovered.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155494	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 03/29/2017
--	---	--	---

NAME OF PROVIDER OR SUPPLIER WATERS OF SCOTTSBURG, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 1350 N TODD DR SCOTTSBURG, IN 47170
---	---

(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
	<p>monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110.</p> <p>Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked and readily identifiable. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations.</p> <p>6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)</p> <p>Based on record review and interview, the facility failed to ensure documentation for 1 of 1 emergency generator included a 5 minute cool down period after a load test. Chapter 6.4.4.1.1.4(a) of 2012 NFPA 99 requires monthly testing of the generator serving the emergency electrical system to be in accordance with NFPA 110, the Standard for Emergency and Standby Powers</p>	K 0918	<p>No Residents have the potential to be affected.</p> <p>The Log was updated to indicate the Cool down time following the generator log test.</p> <p>The Maintenance Director and Administrator will ensure that proper Generator testing including Cool down time occurs per policy.</p> <p>Administrator will audit this log monthly to ensure proper</p>	04/17/2017

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155494	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 03/29/2017
--	---	--	---

NAME OF PROVIDER OR SUPPLIER WATERS OF SCOTTSBURG, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 1350 N TODD DR SCOTTSBURG, IN 47170
---	---

(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
	<p>Systems, Chapter 8. NFPA 110, 6.4.2.1.5.9 Time Delay on Engine Shutdown requires that a minimum time delay of 5 minutes shall be provided for unloaded running of the Emergency Power Supply (EPS) prior to shutdown. This delay provides additional engine cool down. This time delay shall not be required on small (15 kW or less) air-cooled prime movers. This deficient practice could affect all residents, as well as staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on record review on 03/29/17 at 1:35 p.m. with the Maintenance Supervisor present, the generator log form documented the generator was tested monthly for at least 30 minutes under load, however, there was no documentation on the form that showed the generator had a cool down time following its load test. Based on interview at the time of record review, the Maintenance Supervisor said the generator does have a cool down time of at least five minutes after each monthly load, but acknowledged it was not documented on the monthly generator load test form.</p> <p>3.1-19(b)</p>		documentation of generator testing occurs. Monthly Generator testing will be brought to QA monthly and concerns addressed immediately.	