STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	155494	A. BUILDING -- B. WING	01/29/2018

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

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E 0000 Bldg. --	. An Emergency Preparedness Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.73. Survey Date: 01/29/18 Facility Number: 000478 Provider Number: 155494 AIM Number: 100290430 At this Emergency Preparedness survey, The Waters of Scottsburg was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73 The facility has 99 certified beds, with a current census of 65. Quality Review completed on 01/30/18 - DA	E 0000		
K 0000 Bldg. 01	A Life Safety Code Recertification and State Licensure Survey was conducted by	K 0000	Preparation and or execution of this plan of correction in general or	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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	the Indiana State Department of Health in accordance with 42 CFR 483.90(a). Survey Date: 01/29/18 Facility Number: 000478 Provider Number: 155494 AIM Number: 100290430 At this Life Safety Code survey, The Waters of Scottsburg was found in substantial compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.90(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. 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 resident sleeping rooms. The facility has a capacity of 99 and had a census of 65 at the time of this survey. All areas where the residents have customary access were sprinkled and all		this corrective action in particular does not constitute an admission of agreement by this facility of the facts alleged or conclusions set forth. This statement of deficiences. The plan of correction and specific corrective action are prepared and or executed in compliance with State and Federal Laws. The facility alleges compliance on 2/28/18. We respectfully request desk review.	

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	areas providing facility services were sprinkled. Quality Review completed on 01/30/18 - DA			
K 0361 SS=B Bldg. 01	NFPA 101 Corridors - Areas Open to Corridor Corridors - Areas Open to Corridor Spaces (other than patient sleeping rooms, treatment rooms and hazardous areas), waiting areas, nurse's stations, gift shops, and cooking facilities, open to the corridor are in accordance with the criteria under 18.3.6.1 and 19.3.6.1. 18.3.6.1, 19.3.6.1 Based on observation and interview, the facility failed to ensure 1 of 3 areas open to the corridor was separated from the corridor by a partition capable of resisting the passage of smoke as required in a sprinklered building, or met an Exception per 19.3.6.1(7). LSC 19.3.6.1(7) states that spaces other than patient sleeping rooms, treatment rooms, and hazardous areas shall be open to the corridor and unlimited in area, provided: (a) The space and corridors which the space opens onto in the same smoke compartment are protected by an electrically supervised automatic smoke detection system in accordance with 19.3.4, and (b) Each space is protected by an automatic sprinklers, and (c) The space does not to obstruct access to required	K 0361	K 361 - What corrective action will be accomplished for those residents found to have been affected by the deficient practice? o A smoke detector was installed by Safecare in the deficient area on 2/6/18. - How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken? o A complete facility review was performed on 2/6/18 by the Administrator and Director of Maintenance. No other areas were identified as deficient. - What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not	02/28/2018

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	exits. This deficient practice could affect residents, as well as staff and visitors while in the front lobby/sitting area where two chairs were located. Findings include: Based on observation on 01/29/18 at 12:50 p.m. during a tour of the facility with the Maintenance Supervisor and Administrator, the sitting area near the front entrance was open to the corridor. Furthermore, LSC 19.3.6.1(7) was not met because the sitting area was not protected by an electrically supervised automatic smoke detection system. Based on interview at the time of observation, the Maintenance Supervisor agreed there was not an electrically supervised automatic smoke detector in the sitting area near the front entrance. 3.1-19(b)		recur? o A smoke detector was installed in the deficient area on 2/6/18. A review of the physical plant did not identify any additional areas where a smoke detector should be added. - How the corrective action will be monitored to ensure the deficient practice will not recur? o The maintenance director will perform quarterly fire system inspection, in coordination with Safecare, will include smoke detector placement to ensure this deficient practice is not repeated. Results of inspections will be provided to the Administrator and reported to the QA committee quarterly. Further recommendations will be made by the QA committee based upon inspection findings.	
K 0712 SS=C Bldg. 01	NFPA 101 Fire Drills Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded			

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	announcement may be used instead of audible alarms. 19.7.1.4 through 19.7.1.7 Based on record review and interview, the facility failed to ensure fire drills were held at varied times for 1 of 3 employee shifts during 4 of 4 quarters. This deficient practice could affect all residents in the facility. Findings include: Based on review of the facility's fire drills on 01/29/18 at 10:50 a.m. with the Maintenance Supervisor present, four of four, second shift (evening) fire drills were performed between 6:30 p.m. and 7:30 p.m. During an interview at the time of record review, the Maintenance Supervisor acknowledged the times the second shift fire drills were performed and agreed the times were not varied enough. 3.1-19(b)	K 0712	K 712 - What corrective action will be accomplished for those residents found to have been affected by the deficient practice? o A fire drill was completed on 2/8/18 at 7pm. - How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken? o Failure to vary fire drill times could affect residents by potentially not ensuring that all staff at all times are prepared to deal with a fire situation. - What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur? o Maintenance Director will schedule monthly fire drills at varied times and provide fire drill schedule to administrator for approval. - How the corrective action will be monitored to ensure the deficient practice will not recur? o Times and results of fire drills will be provided to the administrator and reported to the QA committee. QA committee will monitor scheduled times for compliance. Further recommendations will be made by	02/28/2018

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			the QA committee based upon fire drill results.	