

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G079	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 07/09/2014
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NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-NORTH WILLOW	STREET ADDRESS, CITY, STATE, ZIP CODE 2002 W 86TH ST INDIANAPOLIS, IN 46260
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K010000	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.470(j).</p> <p>Survey Date: 07/09/14</p> <p>Facility Number: 000622 Provider Number: 15G079 AIM Number: 100272170</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Golden Living Center-North Willow was found not in compliance with Requirements for Participation in Medicaid, 42 CFR Subpart 483.470(j), Life Safety from Fire and the 2000 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 three story facility with a basement was determined to be of Type II (111) construction and fully sprinklered. The facility has a fire alarm system with smoke detection on all levels in the corridors and in all areas open to the corridor. The facility has battery</p>	K010000	Golden Living North Willow requests that the corrective actions for this survey be completed with paper compliance. All issues are addressed as outlined in the plan of correction submitted.	

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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K010029	<p>operated smoke detectors installed in all resident sleeping rooms. The facility has a capacity of 208 and had a census of 131 at the time of this visit.</p> <p>All areas where residents have customary access were sprinklered. The facility has two detached buildings providing facility storage services which were each not sprinklered.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 07/14/14.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48</p>			

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	<p>inches from the bottom of the door are permitted. 19.3.2.1</p> <p>Based on observation and interview, the facility failed to ensure 3 of 7 hazardous areas such as trash collection rooms and combustible storage rooms greater than 50 square feet in size were separated from other areas by self closing doors. Doors to hazardous areas are self closing or close automatically upon activation of the fire alarm system. This deficient practice could affect 10 residents, staff and visitors in the basement.</p> <p>Findings include:</p> <p>Based on observations with the Director of Maintenance during a tour of the facility from 11:10 a.m. to 2:20 p.m. on 07/09/14, three mobile trash collection receptacles each with 32 gallon capacity and filled with trash were unattended and stored next to each other in the basement Activities Room. In addition, the basement storage room near the north stairwell and the basement Housekeeping Room by the Laundry each measured greater than 50 square feet in size and were being used to store combustible boxes and supplies. None of these three areas was separated from other areas by self closing corridor doors. The basement self closing device affixed to the Housekeeping Room corridor door</p>	K010029	<p>K029</p> <p>I Storage doors sited have self closures installed on them. Area sited contains no more than one 32 gallon barrel. Staff have been retrained on no more than one is to be located in a room.</p> <p>II Any resident might be at risk due to this practice.</p> <p>III Maintenance has checked building for other storage areas greater than 50 square feet in size and has scheduled to have self closures installed on them. Staff have been retrained on no more than one is to be located in a room and maintenance has checked the building to assure that no other areas have more than one 32 gallon barrel.</p> <p>IV Monthly maintenance rounds assure that any room designated as storage that is greater than 50 square feet has a self closure. Daily maintenance rounds assure that only one 32 gallon barrel is located in a room.</p>	08/08/2014

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K010056	<p>had been rendered inoperable by disconnecting the arm of the self closing device. Based on interview at the time of the observations, the Director of Maintenance acknowledged the aforementioned three hazardous areas were not separated from other spaces by a self closing corridor door.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire</p>			

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	<p>alarm system. 19.3.5</p> <p>Based on observation and interview, the facility failed to ensure the sprinkler system was installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. NFPA 13, 1999 edition, Section 6-2.3.4 states the cumulative horizontal length of an unsupported armover to a sprinkler, sprinkler drop, or sprig-up shall not exceed 24 inches for steel pipe or 12 inches for copper tube. This deficient practice could affect 10 residents, staff and visitors in the basement.</p> <p>Findings include:</p> <p>Based on observations with the Director of Maintenance during a tour of the facility from 11:10 a.m. to 2:20 p.m. on 07/09/14, a four foot horizontal length of steel sprinkler pipe installed in the basement at the north stairwell and at the south stairwell were each an unsupported armover to a sprinkler. Based on interview at the time of the observations, the Director of Maintenance acknowledged the aforementioned two sprinkler locations each had an unsupported armover of steel pipe greater than 24 inches in length.</p> <p>3.1-19(b) 3.1-19(ff)</p>	K010056	<p>K056 I Lines in basement at end of line are now supported within 24 inches of end of the line as per regulations. II All residents may be at risk from this practice. III Maintenance Director has checked ends of lines in building to assure that they are supported within 24 inches of end of the line. IV Executive Director has documentation from Maintenance Director that this requirement is adhered to.</p>	08/08/2014			

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K010062	<p>NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 sprinkler systems was continuously maintained in reliable operating condition. NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, Section 2-2.1.1 states unacceptable obstructions to spray patterns shall be corrected. NFPA 13, 1999 Edition Standard for the Installation of Sprinkler Systems, Section 5-8.5.1.1 states sprinklers shall be located so as to minimize obstructions to discharge as defined in 5-8.5.2 and 5-8.5.3, or additional sprinklers shall be provided to ensure adequate coverage of the hazard. This deficient practice could affect 60 residents, staff and visitors on the third floor.</p> <p>Findings include:</p>	K010062	<p>K0621 The roof room lights have been relocated so that they are not obstructing the sprinklers. Maintenance has been retrained that a light or other objects may not obstruct the sprinklers. II All residents may be at risk from this practice III Maintenance has checked the building to assure no other areas have lights or other objects that obstruct the sprinklers. IV During monthly rounds maintenance checks to assure that no sprinklers are obscured by lights or other objects.</p>	08/08/2014

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K010075	<p>Based on observation with the Director of Maintenance during a tour of the facility from 11:10 a.m. to 2:20 p.m. on 07/09/14, the one sprinkler head installed in the third floor roof access room had been repositioned as an upright sprinkler and installed above the suspended ceiling grid. Most of the suspended ceiling had been removed except for the grid and two 18 by 18 inch lights and one 18 inch by four inch ceiling panel which were positioned one foot below the upright sprinkler head thus providing obstructions to the sprinkler system spray pattern. Based on interview at the time of observation, the Director of Maintenance stated the sprinkler head had been repositioned recently above the former suspended ceiling grid in the room, and acknowledged the ceiling lights and panel in the grid provided obstructions to the sprinkler spray pattern.</p> <p>3.1-19(b)</p> <p>NFPA 101</p>						

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	<p>LIFE SAFETY CODE STANDARD Soiled linen or trash collection receptacles do not exceed 32 gal (121 L) in capacity. The average density of container capacity in a room or space does not exceed .5 gal/sq ft (20.4 L/sq m). A capacity of 32 gal (121 L) is not exceeded within any 64 sq ft (5.9-sq m) area. Mobile soiled linen or trash collection receptacles with capacities greater than 32 gal (121 L) are located in a room protected as a hazardous area when not attended. 19.7.5.5</p> <p>Based on observation and interview, the facility failed to ensure a capacity of 32 gallons for mobile soiled linen or trash collection receptacles was not exceeded within any room not protected as a hazardous area for 1 of 1 basement Activities Rooms. This deficient practice could affect 10 residents, staff and visitors in the vicinity of the basement Activities Room.</p> <p>Findings include:</p> <p>Based on observation with the Director of Maintenance during a tour of the facility from 11:10 a.m. to 2:20 p.m. on 07/09/14, three mobile trash collection receptacles each with 32 gallon capacity and filled with trash were unattended and stored next to each other in the basement Activities Room near the corridor door. The basement Activities Room is not protected as a hazardous area because the door has no self closer. Based on</p>	K010075	K075I Area sited contains no more than one 32 gallon barrel. Staff have been retrained that no more than one 32 gallon barrel is to be located in a room. II All residents may be at risk from this practice III Staff have been retrained on no more than one is to be located in a room and maintenance has checked the building to assure that no other areas have more than one 32 gallon barrel. IV Daily maintenance rounds assure that only one 32 gallon barrel is located in a room.	08/08/2014

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K010130	<p>interview at the time of observation, the Director of Maintenance acknowledged a capacity of greater than 32 gallons for mobile trash collection receptacles was unattended and stored next to each other inside the basement Activities Room.</p> <p>3.1-19(b)</p> <p>NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 Based on record review, observation and interview; the facility failed to maintain a preventive maintenance program for battery operated smoke detectors installed in 103 of 103 resident sleeping rooms. LSC 4.6.12.2 requires existing life safety features obvious to the public, if not required by the Code, shall be either maintained or removed. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include: Based on review of "North Willow</p>	K010130	K130I The smoke detector monthly preventive maintenance process now addresses cleaning. Maintenance has been trained on this updated procedure. II All residents may be at risk from this practice III Maintenance has been trained on completing cleaning as part of monthly preventive maintenance for smoke detectors. IV Maintenance Director assures that smoke detectors are checked per procedure and cleaned as part of preventive maintenance and is responsible for the upkeep of the log. Executive Director reviews information no less than annually	08/08/2014			

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K010160	Center Smoke Check List" and "2014 Room Roster" logs for 2013 and 2014 with the Director of Maintenance during record review from 9:30 a.m. to 11:10 a.m. on 07/09/14, documentation of battery operated smoke detector cleaning within the most recent twelve month period was not available for review. Based on observations with the Director of Maintenance during a tour of the facility from 11:10 a.m. to 2:20 p.m. on 07/09/14, First Alert Model SA710 battery operated smoke detectors are installed in each of 103 resident sleeping rooms. Manufacturer's specifications affixed to the smoke detectors stated to clean once per month. Based on interview at the time of record review and of the observations, the Director of Maintenance acknowledged documentation of monthly battery operated smoke detector cleaning was not available for review. 3.1-19(a) NFPA 101 LIFE SAFETY CODE STANDARD All existing elevators, having a travel distance of 25 ft. or more above or below the level that best serves the needs of emergency personnel for fire fighting		and checks documentation throughout the year to assure it is completed as prescribed.				

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	<p>purposes, conform with Firefighter's Service Requirements of ASME/ANSI A17.3, Safety Code for Existing Elevators and Escalators. 19.5.3, 9.4.3.2</p> <p>Based on observation and interview, the facility failed to ensure the elevator equipment in 1 of 1 elevator equipment rooms was provided with a shunt trip. ASME/ANSI A17.1 permits sprinklers in elevator machine rooms when there is a means for disconnecting the main power supply to the affected elevator automatically upon, or prior to, the application of water from the sprinkler located in the elevator machine room. This deficient practice could affect four residents, staff and visitors in the facility elevator if the sprinkler system was activated in the basement elevator machine room.</p> <p>Findings include:</p> <p>Based on observation with the Director of Maintenance during a tour of the facility from 11:10 a.m. to 2:20 p.m. on 07/09/14, the elevator machine room in the basement was provided with automatic sprinklers and no evidence of a shunt trip installation was noted. Based on interview at the time of observation, the Director of Maintenance acknowledged comprehensive care residents have customary access to the elevator and acknowledged it could not</p>	K010160	<p>K160</p> <p>I Our elevator company was consulted as to the need for a shunt trip. An estimate has been obtained and capital expense request has been processed for the needed work.</p> <p>II All residents may be at risk from this practice.</p> <p>III Shunt trip is planned for installation in the elevator equipment room. This work is to be completed by August 25, 2014. The work has been approved by Golden Living and we are scheduling with the company for installation.</p> <p>IV Elevator maintenance room is serviced on a monthly schedule by contracted maintenance company and this maintenance is checked by Maintenance Director to assure it is thorough and complete.</p>	08/25/2014			

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	be assured the aforementioned elevator machine room was provided with a shunt trip. 3.1-19(b)				