

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155367	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 11/23/2015
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NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-SYCAMORE VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 2905 W SYCAMORE ST KOKOMO, IN 46901
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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).</p> <p>Survey Date: 11/23/15</p> <p>Facility Number: 000258 Provider Number: 155367 AIM Number: 100289160</p> <p>At this Life Safety Code survey, Golden Living Center-Sycamore Village was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), 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 one story facility was determined to be of Type II (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors and battery operated detectors in all resident sleeping rooms. The facility has a capacity of 110 and had a census of 96</p>	K 0000	<p>K 000 – Preparation, submission, and implementation of this Plan of Correction does not constitute an admission of or agreement with the facts and conclusions set forth on the survey report. Our Plan of Correction is prepared and executed as a means to continuously improve the quality of care and to comply with all applicable state and federal regulatory requirements.</p>	

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 0025 SS=E Bldg. 01	<p>at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered and all areas providing facility services were sprinklered except for one shed used for facility storage which was not sprinklered.</p> <p>Quality Review completed 12/01/15 - DA</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4</p> <p>Based on observation and interview, the facility failed to ensure 1 of 5 smoke barrier walls was protected to maintain the one half hour fire resistance rating of the smoke barrier. LSC Section 8.3.6.1 requires the passage of building service materials such as pipe, cable or wire be protected, so the space between the penetrating item and the smoke barrier shall be filled with a material capable of</p>	K 0025	K 025 – The maintenance department will remove the one inch thick sheet of insulating board on top of the north smoke wall next to the main dining room. All holes and penetrations will be filled and sealed with fire-resistant caulking that meets NFPA 255 standards. Upon completion of the aforementioned work, the smoke barrier wall should meet LSC Section	12/23/2015

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K 0038 SS=E Bldg. 01	<p>maintaining the smoke resistance of the smoke barrier or be protected by an approved device designed for the specific purpose. This deficient practice could affect 26 residents on Center hall as well as visitors and staff if smoke from a fire was to infiltrate the protective barrier wall.</p> <p>Findings include:</p> <p>Based on observations on 11/23/15 at 1:50 p.m. with the Maintenance Supervisor, the north smoke wall next to the main dining room had a one inch thick sheet of insulating board on top of the smoke wall used to cover holes and no information was available to document its fire resistant rating. Based on interview on 11/23/15 concurrent with the observation with the Maintenance Supervisor, it was acknowledged the aforementioned smoke barrier wall did not maintain a one half hour fire resistance rating.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1 Based on observation and interview, the</p>	K 0038	8.3.6.1.	12/23/2015			

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K 0050	<p>facility failed to ensure 4 of 4 public restrooms observed were not equipped with slide bolts to latch the doors from the inside. This deficient practice could affect any resident as well as visitors and staff if the occupants were inaccessible when the doors were latched from the inside.</p> <p>Findings include:</p> <p>Based on observations on 11/23/15 during the tour between 1:10 p.m. to 3:15 p.m. with the Maintenance Supervisor, the two public restrooms on center hall and two public restrooms by Nursing station 1 had slide bolts on the inside of the door. The doors would not be able to be opened by staff to evacuate the occupants in an emergency if the slide bolt was engaged from the inside. Based on interview concurrent with the observations it was acknowledged by the Maintenance Supervisor when the slide bolt locks were engaged inside the aforementioned restrooms the occupant could be trapped inside if they required assistance from staff during an emergency and it was further stated they should be removed.</p> <p>3/1-19(b) NFPA 101</p>		K 038 – The maintenance department will remove the four slide bolts located on the doors of two public restrooms on the center hall and two public restrooms located by nursing station one. Once these slide bolts are removed, the affected doors within the facility should meet LSC Section 7.1 and 19.2.1.				

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SS=F Bldg. 01	<p>LIFE SAFETY CODE STANDARD Fire drills are held at 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. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2</p> <p>Based on record review and interview, the facility failed to conduct fire drills on all shifts for 2 of 4 quarters for the past 12 months. This deficient practice affects all residents in the facility as well as staff and visitors.</p> <p>Findings include:</p> <p>Based on review of Monthly Fire Drill records on 11/23/15 at 3:35 p.m. with the Maintenance Supervisor, the following shifts for the second and third quarter of 2015 had not been done.</p> <p>a. The second and third shift of the second quarter of 2015</p> <p>b. The first and second shift of the third quarter of 2015</p> <p>Based on interview on 11/23/15 at 3:37 p.m. with the Maintenance Supervisor, it was acknowledged the aforementioned shifts of the second and third quarter of 2015 had not been done.</p>	K 0050	K 050 – The Maintenance Supervisor will conduct fire drills on each shift on a quarterly basis. These drills will include varying conditions and be held at unexpected times in accordance with LSC Section 19.7.1.2. All residents have the potential to be affected by the deficient practice. Performance of the staff's response to the fire drills will be assessed by the actions taken both in the area where the fire is located and in the non-fire areas of the facility. An after action review will be conducted by the Maintenance Supervisor with the staff to ensure they understand their duties in the event of a fire. All magnetic locks on the facility doors and courtyard gates will be checked by the Maintenance Supervisor and Maintenance Technician to ensure they are releasing properly upon the initiation of the fire alarm. The alarm company will also be contacted upon completion of the fire drill to ensure a signal was received and to	12/23/2015			

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K 0130 SS=E Bldg. 01	<p>3.1-19(b) 3.1-51(c)</p> <p>NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786</p> <p>Based on observation and interview, the facility failed to ensure the care and maintenance of 1 of 1 rolling fire doors were in accordance with NFPA 80. NFPA 80, 1999 Edition, the Standard for Fire Doors and Fire Windows, Section 15-2.4.3 requires all horizontal or vertical sliding and rolling fire doors to be inspected and tested annually to check for proper operation and full closure. Resetting of the release mechanism shall be done in accordance with the manufacturer's instructions. A written record shall be maintained and shall be made available to the authority having jurisdiction. This deficient practice could affect 6 residents in the main dining room adjacent to the Kitchen as well as staff and visitors.</p> <p>Findings include:</p> <p>Based on observation on 11/23/15 at 1:35 p.m. with the Maintenance Supervisor, there was one metal rolling fire door protecting the opening from the kitchen</p>	K 0130	<p>place the panel back on-line. A log will be kept with this information in the maintenance office.</p> <p>K 130 – The Maintenance Supervisor will ensure the care and maintenance of the rolling fire door protecting the opening from the kitchen to the main dining room. Six residents as well as staff and visitors in the main dining room adjacent to the kitchen have the potential to be affected by the deficient practice. The Maintenance Supervisor will update the current fire drill exercise document being used by the facility to ensure the release mechanism is reset in accordance with the manufacturer's instructions after each fire drill. These actions will be completed in accordance with NFPA 80, 1999 Edition, the Standard for Fire Doors and Windows, Section 15-2.4.3. A log containing this information will be kept in the maintenance office.</p>	12/23/2015

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K 0147 SS=E Bldg. 01	<p>to the main dining room which did have an attached inspection tag dated 7/17/15, however, the rolling metal door which opened into the main dining room which was open to the corridor was not maintained to automatically close when the fire alarm was activated. Based on interview concurrent with the observation with the Maintenance Supervisor it was stated the facility was aware the rolling metal door had to close with the fire alarm system, but had not been maintained to do so.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p> <p>1. Based on observation and interview, the facility failed to ensure 1 of 2 electrical junction boxes observed above the ceiling at the south barrier wall next to the main dining room was confined in a electrical junction box with a cover. NFPA 70, National Electrical Code, 1999 Edition, 1999 Edition, Article 370-28(c) requires exposed electrical wires be confined within a junction box with a cover compatible with the box. This</p>	K 0147	K 147 1. The Maintenance Supervisor will install a cover compatible with the junction box located above the ceiling panels of the smoke barrier just south of the main dining room to confine and protect the four exposed electrical wires. This deficient practice has the potential to affect 26 residents on the center hall as well as visitors and staff. The work will be completed in accordance with NFPA 70, National Electrical Code, 1999	12/23/2015

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	<p>deficient practice could affect 26 residents on center hall as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observations on 11/23/15 at 2:08 p.m. with the Maintenance Supervisor, a total of four electrical wires in the junction box observed above the ceiling panels of the smoke barrier just south of the main dining room did not have a cover over the junction box to confine the electrical wires. Based on interview on 11/23/15 concurrent with the observation it was acknowledged by the Maintenance Supervisor, the electrical wires in the electrical junction box described were exposed and not protected with a cover.</p> <p>3.1-19(b)</p> <p>2. Based on observation and interview, the facility failed to ensure 1 of 5 surge protectors observed including extension cords, non-fused extension cords and/or multiplug adapters were not used to power medical appliances. NFPA 70, National Electrical Code, 1999 Edition. NFPA 70, Article 400-8 requires that, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure.</p>		<p>Edition, Article 370-28(c). 2. The surge protector was removed from room 110. When in use, the oxygen inhaler for the resident in room 110-B, will be plugged directly into a wall outlet. The deficient practice has the potential to affect ten residents on the northwest hall as well as visitors and staff. This action should satisfy the requirements of NFPA 70, Article 400-8. The Maintenance Supervisor will conduct an extension cord and surge protector audit monthly in all offices, resident rooms, storage areas, and common areas. A log of these checks will be kept in the maintenance office.</p>				

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	<p>This deficient practice could affect 10 residents on northwest hall as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observation on 11/23/15 at 2:20 p.m. a surge protector was used to provide power to an oxygen inhaler for resident bed B in resident room 110.</p> <p>Based on interview on 11/23/15 concurrent with the observation it was acknowledged by the Maintenance Supervisor, a surge protector was used to provide power medical equipment for aforementioned resident in room 110.</p> <p>3.1-19(b)</p>				