

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155138	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 05/28/2015
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NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-INDIANAPOLIS	STREET ADDRESS, CITY, STATE, ZIP CODE 2860 CHURCHMAN AVE INDIANAPOLIS, IN 46203
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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: 05/28/15</p> <p>Facility Number: 000063 Provider Number: 155138 AIM Number: 100266210</p> <p>At this Life Safety Code survey, Golden Living Center-Indianapolis 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 with a basement was determined to be of Type III (200) 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 operated smoke detectors installed in all resident sleeping rooms. The facility has</p>	K 0000		
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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 0062 SS=F Bldg. 01	<p>a capacity of 115 and had a census of 82 at the time of this visit.</p> <p>All areas where residents have customary access were sprinklered and all areas providing facility services were sprinklered.</p> <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 record review and interview, the facility failed to ensure 1 of 1 automatic sprinkler piping systems was clear of blockage once an internal pipe inspection revealed obstruction. NFPA 25, the Standard for the Inspection, Testing and Maintenance of Water Based Fire Protection Systems at 10-2.3 requires a complete flushing program shall be conducted by qualified personnel. This deficient practice affects all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of SafeCare's "Service Call Report" documentation during record review with the Director of Maintenance from 9:15 a.m. to 11:00 a.m. on 05/28/15, an internal pipe</p>	K 0062	This deficient practice has the potential to affect all residents and visitors. To remedy this deficient practice the facility has scheduled the annual sprinkler flush to clear any blockage from the from the sprinkler pipe systems.	06/26/2015

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K 0072 SS=E Bldg. 01	<p>inspection conducted on 10/27/14 for the facility's sprinkler system stated "Performed Internal Pipe inspection on dry pipe sprinkler system. Found that cross main above Room 15 and 16 have lots of rust and debris in pipe. Recommend that fire sprinkler system be flushed. Send quote to flush fire sprinkler system." Based on interview at the time of record review, the Director of Maintenance stated the facility has been seeking sprinkler system flushing quotes from contractors and acknowledged dry sprinkler system flushing has not been performed or scheduled on or after 10/27/14.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Means of egress are continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. No furnishings, decorations, or other objects obstruct exits, access to, egress from, or visibility of exits. 7.1.10 Based on observation and interview, the facility failed to ensure the means of egress was continuously maintained free of all obstructions or impediments to full</p>	K 0072	This deficient practice has the potential to affect the residents and visitors on this particular unit. To ensure this deficient practice does not recur, all staff have been inserviced on	06/26/2015

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	<p>instant use for 2 of 5 exits means of egress. This deficient practice could affect 32 residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on observations with the Director of Maintenance during a tour of the facility from 11:00 a.m. to 1:20 p.m. on 05/28/15, a three foot high by two foot wide wooden chest of drawers used to store personal protective equipment and supplies for isolation resident's isolation equipment was stored in the corridor outside Room 17 and outside Room 50. Each of the aforementioned three drawer chest of drawers was placed against the corridor wall and protruded two feet into the corridor outside each room. Based on interview at the time of the observations, the Director of Maintenance acknowledged corridor storage in the means of egress was not continuously maintained free of all obstructions or impediments to full instant use at the aforementioned locations.</p> <p>3.1-19(b)</p>		<p>maintaining egress' free of all obstructions. In addition the ED or designee will perform daily rounds x 6 months to ensure compliance. Rounds will be reviewed monthly at QAA x 6 months then as needed if no trends are identified.</p>	

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K 0154 SS=C Bldg. 01	<p>NFPA 101 LIFE SAFETY CODE STANDARD Where a required automatic sprinkler system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction is notified, and the building is evacuated or an approved fire watch system is provided for all parties left unprotected by the shutdown until the sprinkler system has been returned to service. 9.7.6.1</p> <p>Based on record review and interview, the facility failed to provide a complete written policy containing procedures to be followed in the event the automatic sprinkler system has to be placed out of service for four hours or more in a 24 hour period in order to protect 82 of 82 residents. LSC 9.7.6.2 requires sprinkler impairment procedures comply with NFPA 25, 1998 Edition, the Standard for Inspection, Testing and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 11-5(e) requires the insurance carrier, alarm company, building owner/manager and other authorities having jurisdiction also be notified. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of "Disaster Plan: Fire Protection System Impairments" documentation dated July 2014 during record review with the Director of</p>	K 0154	This deficient practice has the potential to affect all 82 residents residing in the facility. To ensure this practice does not continue the written policy has been updated to include notification of State department of Health in the event the sprinkler system has to be placed out of service for 4 or more hours. Staff will be inserviced on the policy change.	06/26/2015			

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K 0155 SS=C Bldg. 01	<p>Maintenance from 9:15 a.m. to 11:00 a.m. on 05/28/15, the written fire watch policy for the facility in the event the automatic sprinkler system has to be placed out of service for four hours or more in a 24 hour period did not include notification of the Indiana State Department of Health (ISDH) which is the authority having jurisdiction. Based on interview at the time of record review, the Director of Maintenance acknowledged the written fire watch policy in the event the automatic sprinkler system has to be placed out of service for four hours or more in a 24 hour period did not include notification of ISDH which is the authority having jurisdiction.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Where a required fire alarm system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction is notified, and the building is evacuated or an approved fire watch is provided for all parties left unprotected by the shutdown until the fire alarm system has been returned to service. 9.6.1.8</p>			
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	<p>Based on record review and interview, the facility failed to provide a complete written policy containing procedures to be followed in the event the fire alarm system has to be placed out of service for four hours or more in a 24 hour period in accordance with LSC, Section 9.6.1.8 in order to protect 82 of 82 residents. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of "Disaster Plan: Fire Protection System Impairments" documentation dated July 2014 during record review with the Director of Maintenance from 9:15 a.m. to 11:00 a.m. on 05/28/15, the written fire watch policy for the facility in the event the fire alarm system is out of service for four hours or more in a 24 hour period did not include notification of the Indiana State Department of Health (ISDH) which is the authority having jurisdiction. Based on interview at the time of record review, the Maintenance Director acknowledged the written fire watch policy for the facility in the event the fire alarm system is out of service for four hours or more in a 24 hour period did not include notification of ISDH which is the authority having jurisdiction.</p>	K 0155	This deficient practice has the potential to affect all 82 residents residing in the facility. To ensure this practice does not continue the written policy has been updated to include notification of State department of Health in the event the sprinkler system has to be placed out of service for 4 or more hours. Staff will be inserviced on the policy change.	06/26/2015

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	3.1-19(b)				