

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155686	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  12/16/2014
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NAME OF PROVIDER OR SUPPLIER  GOLDEN LIVING CENTER-KNOX	STREET ADDRESS, CITY, STATE, ZIP CODE 300 E CULVER RD KNOX, IN 46534
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(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
K010000	<p>A Life Safety Code Recertification and State Licensure Survey Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 12/16/14</p> <p>Facility Number: 000088 Provider Number: 155686 AIM Number: 100289260</p> <p>Surveyor: Bridget Brown, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Golden Living Center-Knox was found in substantial 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 III (211) construction and was fully sprinklered. The facility has a fire alarm system with hard wired smoke detection in the corridors and spaces open</p>	K010000	This Plan of Correction is prepared and executed as a means to continually improve the quality of care and to comply with all applicable state and federal regulatory requirements	

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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K010062 SS=B	<p>to the corridors. Resident rooms were provided with battery powered smoke detectors. The facility has the capacity for 57 and had a census of 52 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. One detached storage shed was unsprinklered.</p> <p>Quality Review by Dennis Austill, Life Safety Code Specialist on 12/22/14.</p> <p>The facility was found in substantial compliance with the aforementioned regulatory requirements as evidenced by:</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 observation and interview, the facility failed to ensure a sprinkler head in 1 of 4 smoke compartments was of corrosion. NFPA 25, 2-2.1.1 requires sprinklers to be free of foreign materials and corrosion. This deficient practice affects staff, visitors and 10 or more residents on the East wing.</p> <p>Findings include:</p>	K010062	<p>K 062. 1. The sprinkler head located in the east wing biohazard closet was replaced on 12/23/2014.</p> <p>2. All facility sprinkler heads were inspected with no additional findings.</p> <p>3. Maintenance Director completed review of K 062 Tag regulation on 1/02/2015.</p> <p>4. Maintenance Director or Designee will monitor all facility sprinkler heads monthly for</p>	01/15/2015	

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	<p>Based on observation with the maintenance director and administrator on 12/16/14 at 1:35 p.m., the sprinkler head protecting the biohazard storage room on the east wing was green, usually evidence of corrosion. The maintenance director acknowledged the condition of the sprinkler head at the time of observation.</p> <p>3.1-19(b)</p>		<p>compliance and report to QAPI committee. 5. Completion date: January 15, 2015</p>		