STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155687	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED 09/10/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN LIVING CENTER-MUNCIE	2701 LYN-MAR DR MUNCIE, IN 47304

(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
K0000	A Life Safety Code Recertification, State Licensure and Quality Assurance Walk-thru Survey were conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 09/10/12 Facility Number: 000097 Provider Number: 155687 AIM Number: 100290970 Surveyor: Phillip Komsiski, Life Safety Code Specialist At this Life Safety Code survey, Golden Living Center-Muncie 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. This one story facility was determined to be of Type V (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 smoke detectors in all	K0000	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. All corrections will be in place on September 28, 2012.	

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

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	resident sleeping rooms. The facility has a capacity of 117 and had a census of 104 at the time of this survey. The facility was found in compliance with state law in regard to sprinkler coverage and smoke detector coverage. All areas where the residents have customary access were sprinklered. The facility has one detached garage for facility storage which was not sprinklered. Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 09/18/12. The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:			

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K0038 SS=E	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 facility failed to ensure exit access was arranged so that 1 of 8 exits was readily accessible at all time in accordance with LSC Section 7.1. LSC Section 7.1 requires means of egress for existing buildings shall comply with Chapter 7. LSC Section 7.2.5.4 requires handrails complying with 7.2.2.4 shall be provided along both sides of a ramp run with a rise greater than six inches. LSC Section 7.2.2.4.2, Exception #3 states an existing ramp shall have a handrail on at least one side. This deficient practice could affect approximately 24 occupants on the 200 hall as well as visitors and staff if the facility were required to evacuate in an emergency. Findings include: Based on observation on 09/10/12 at 12:45 p.m. with the Maintenance Supervisor, the 200 hall exit discharge sidewalk/ramp lacked handrails. The last fifteen feet of the sidewalk was measured with the Maintenance Supervisor to have a slope of five inches to four feet of walkway. Based on interview on 09/10/12 during the measurement at 3:15	K0038	Handrails will be installed along the sidewalk exiting the 200 hall. An audit of all other facility exits has found each to be in compliance with LSC 7.2.5.4. The maintenance director will inspect each exit and any handrails weekly and report the results of these inspections to the QAA Committee quarterly on going.	09/28/2012

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	p.m. with the Maintenance Supervisor, it was confirmed the slope measurement was accurate and no handrails were provided. 3.1-19(b)			

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K0143 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Transferring of oxygen is: (a) separated from any portion of a facility wherein patients are housed, examined, or treated by a separation of a fire barrier of 1-hour fire-resistive construction; (b) in an area that is mechanically ventilated, sprinklered, and has ceramic or concrete flooring; and (c) in an area posted with signs indicating that transferring is occurring, and that smoking in the immediate area is not permitted in accordance with NFPA 99 and the Compressed Gas Association. 8.6.2.5.2 Based on observation and interview, the facility failed to ensure 1 of 1 oxygen storage rooms where oxygen transfer occurs had continuously working, electrically powered mechanical ventilation. This deficient practice could affect 24 residents on 200 hall as well as visitors and staff in the area. Findings include: Based on observation on 09/10/12 at 2:46 p.m. with the Maintenance Supervisor, the oxygen storage room on 200 hall used to store and transfer oxygen was provided with electrically powered mechanical ventilation, but it was not working. Based on interview on 09/10/12 at 2:50 p.m., it was acknowledged by the the	K0143	A new continuously working electrically powered exhaust fan has been installed in the oxygen storage room. There are no other oxygen storage rooms in the facility The maintenance director will inspect the exhaust fan weekly and report the results of the inspections to the QAA committee quarterly on going.	09/28/2012

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	Maintenance Supervisor this room was used to transfer oxygen and though it had an electrically powered mechanical vent, it was not working at the time of inspection. 3.1-19(b)			