

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155278	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  04/09/2014
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NAME OF PROVIDER OR SUPPLIER  GOLDEN LIVING CENTER-BLOOMINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 155 E BURKS DR BLOOMINGTON, IN 47401
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K010000	<p>A Life Safety Code Recertification and State Licensure Survey were conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 04/09/14</p> <p>Facility Number: 000177 Provider Number: 155278 AIM Number: 100289860</p> <p>Surveyor: Phillip Komsiski, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Golden Living Center-Bloomington 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 V (000) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, in spaces open to the corridors and battery powered smoke detectors in resident sleeping rooms. The facility has a capacity of 153 and had a census of 138 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered. All areas providing facility services were sprinklered.</p>	K010000	<p>The submission of this <i>Plan of Correction</i> does not indicate an admission by Golden Living of Bloomington (the "Facility") that the findings and allegations contained herein are an accurate and true depiction of the quality of care and services provided to the patients of Golden Living of Bloomington. The Facility recognizes its obligation to provide legally and medically necessary care and services to its patients in an economic and efficient manner. The Facility hereby maintains it is in substantial compliance with the requirements of participation for Comprehensive Health Care Facilities (for Title 16/17 programs). To this end, this <i>Plan of Correction</i> shall service as the <b>credible allegation of compliance</b> with all state and federal requirement governing the management of this Facility. It is thus submitted as a matter of statute <i>only</i>.</p>	
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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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K010029 SS=E	<p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 04/17/14.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following: 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 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 1 of 1 openings to hazardous areas such as the laundry was provided with doors or partitions which would separate it from the corridor to prevent the passage of smoke. This deficiency could affect 14 residents above the basement on 100 hall west as well as visitors and staff.</p> <p>Finding include:</p> <p>Based on observation 04/09/14 at 1:47 p.m. with the Maintenance Supervisor, there was one, two foot by three foot opening in the south wall of the Laundry room located in the basement below 100 hall west which was not provided with a door, partition or metal</p>	K010029	<p>It shall be the policy of Golden Living (of Bloomington) to insure that all areas are separated from other spaces by smoke resisting partitions and/or doors or other approved restraining devices. I-II) The referenced one foot by three foot (1' x 3') opening located in the south wall of the laundry service room - in the basement - has been sealed with an appropriate partition. The deficient practice could have affected 14 residents above the basement on the 100 hall west as well as visitors and staff. III-IV) The Executive Director will report to the Quality Assurance Committee that this deficient</p>	04/22/2014

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K010056 SS=F	<p>curtain and allowed the corridor to be exposed to the Laundry room. Based on interview on 04/09/14 concurrent with the observation with the Maintenance Supervisor, it was acknowledged the aforementioned opening in the south wall of the basement Laundry room was not provided with doors, or any other partition to separate a hazardous area from the escape route corridor.</p> <p>3.1-19(b) 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 alarm system. 19.3.5</p> <p>Based on observation and interview, the facility failed to ensure 3 of 5 steel armoover sprinkler pipes observed in the basement were installed in accordance with the requirements of 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 armoover 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 all</p>	K010056	<p>practice has been resolved. The Maintenance Director will monitor similar occurrences in the future and report the same to the Executive Director. The Quality Assurance Committee will be informed as needed.</p> <p>It shall be the policy of Golden Living (of Bloomington) to insure that all automatic sprinkler systems are installed in accordance with NFPA 13. The same will subsequently be maintained in accordance with NFPA 25 Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. I-II) The three (3) referenced steel sprinkler pipe armoovers were reconfigured so that there is a</p>	04/10/2014

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K010068 SS=E	<p>residents in the building if the sprinkler system required repair as well as staff or visitors.</p> <p>Findings include:</p> <p>Based on observations on 04/09/14 at 2:15 p.m. with the Maintenance Supervisor, the following steel sprinkler pipe armovers found in the basement measured more than twenty four inches in length and were unsupported:</p> <p>a. Armover, south wall center, forty inches long, b. Armover, south wall, forty inches long, c. Armover, in front of dryer # 1, twenty nine inches long.</p> <p>Based on interview on 04/09/14 concurrent with the observations with the Maintenance Supervisor, it was acknowledged the aforementioned steel sprinkler pipe armovers exceeded twenty four inches in length and were unsupported.</p> <p>3.1-19(b) NFPA 101 LIFE SAFETY CODE STANDARD Combustion and ventilation air for boiler, incinerator and heater rooms is taken from and discharged to the outside air. 19.5.2.2</p> <p>Based on observation and interview, the facility failed to ensure 2 of 2 gas dryers in the laundry room on 100 hall were provided with intake combustion air from the outside for rooms containing fuel fired equipment. This deficient practice could create an atmosphere rich with carbon monoxide which could cause physical problems for 14 residents on 100 hall west as well as visitors and staff.</p>	K010068	<p>supporting device separation of no greater than a 24". The armovers include: a) Armover - south wall and center; b) Armover - south wall; c) Armover - in front of dryer #1 The deficient practice could have affected 14 residents above the basement on the 100 hall west as well as visitors and staff. III-IV) The Executive Director will report to the Quality Assurance Committee that this deficient practice has been resolved. The Maintenance Director will monitor similar occurrences in the future and report the same to the Executive Director. The Quality Assurance Committee will be informed as needed.</p> <p>It shall be the policy of Golden Living (of Bloomington) to insure that combustion and ventilation air for boiler, incinerator, and heater areas is taken from and discharged to an outside air sourced environment. I-II) A fresh air intake source will be installed for use by the two (2) gas fueled dryers located in the laundry room - below the 100 hall west. The current deficient practice could affect 14 residents</p>	06/15/2014			

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K010070 SS=E	<p>Findings include:</p> <p>Based on observation on 04/09/14 at 2:07 p.m. with the Maintenance Supervisor, the two gas fueled dryers in the laundry room located in the basement below 100 hall west did not have a fresh air intake. Based on interview on 04/09/14 at 2:09 p.m. it was acknowledged by the Maintenance Supervisor, a fresh air intake could not be located and was thought it did not exist.</p> <p>3.1-19(b) NFPA 101 LIFE SAFETY CODE STANDARD Portable space heating devices are prohibited in all health care occupancies, except in non-sleeping staff and employee areas where the heating elements of such devices do not exceed 212 degrees F. (100 degrees C) 19.7.8</p> <p>Based on observation and interview, the facility failed to regulate the use of 3 of 3 portable space heaters in nonresident rooms. This deficient practice could affect 48 residents on Station 1 and 2 as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observations on 04/09/14 during the tour between 1:05 p.m. and 1:30 p.m. with the Maintenance Supervisor, portable space heaters plugged in for use were located in the Director of Nursing office, the Business office and the Payroll office. Based on interview regarding the policy for the use of portable heaters on 04/09/14 at 3:30 p.m. with the Maintenance Supervisor, it was</p>	K010070	<p>above the basement on the 100 hall west as well as visitors and staff. III-IV) The Executive Director will report to the Quality Assurance Committee that this deficient practice has been resolved. The Maintenance Director will monitor similar occurrences in the future and report the same to the Executive Director. The Quality Assurance Committee will be informed as needed.</p> <p>It shall be the policy of Golden Living (of Bloomington) to prohibit the use of space heaters. I-II) The referenced space heaters (located in non-occupancy areas) were removed. The deficient practice could have affected 48 residents above the basement on station #1 and #2. as well as visitors and staff. III-IV) The Executive Director will report to the Quality Assurance Committee that this deficient practice has been resolved. The Maintenance Director will monitor similar occurrences in the future and report the same to the Executive Director. The Quality Assurance Committee will be informed as needed.</p>	04/10/2014			

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K010130 SS=E	<p>acknowledged a space heater policy was not available for review, however, it was verbally stated space heaters are not allowed in the facility.</p> <p>3.1-19(b) NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786</p> <p>Based on observation and interview, the facility failed to ensure the location of 1 of 1 liquefied petroleum gas (LPG) containers was at least 25 feet away from a designated smoking area. LSC 19.1.1.3 states health facilities shall be maintained and operated to minimize the possibility of a fire emergency. LSC 8.4.3.1(3) requires the storage and handling of flammable liquids or gases to be in accordance with NFPA 58, 1998 Edition Liquefied Petroleum Gas Code. NFPA 58, Section 3-2.2.2 requires containers installed outside of buildings to be in accordance with Table 3-2.2.2. and Section 3-2.2.2(d) requires the distance measured in any direction from the point of discharge of a container pressure relief valve, the vent of a fixed maximum liquid level gauge on a container, or the installed location of the filling connection of a container to any exterior source of ignition, openings into direct-vent (sealed combustion system) appliances, or mechanical ventilation air intakes shall be in accordance with Table 3-2.2.2(d). Table 3-2.2.2(d) indicates the minimum distance between a LPG container with a water capacity of 501 to 2000 gallons and an exterior ignition source is 25 feet. This deficient practice could affect any residents located next to the smoking area as well as staff or visitors using the smoking area</p>	K010130	<p>It shall be the policy of Golden Living (of Bloomington) to insure that all liquefied petroleum gas (LPG) containers are at least 25 feet from a designated smoking area. I-II) The referenced liquefied petroleum gas (LPG) container is located adjacent the kitchen service door and is <u>not</u> located in an approved smoking area. The cigarette butts around the same were collected and disposed. Dining services staff (who smoke) were educated on the current Facility "no-smoking" policy. III-IV) The Executive Director will report to the Quality Assurance Committee that this deficient practice has been resolved. The Maintenance Director will monitor similar occurrences in the future and report the same to the Executive Director. The Quality Assurance Committee will be informed as needed.</p>	04/10/2014

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	<p>located behind the facility near the generator.</p> <p>Findings include:</p> <p>Based on observation on 04/09/14 at 1:45 p.m. with the Maintenance Supervisor, the LPG container with a capacity of seven hundred and fifty gallons was fifteen feet from the designated smoking area. Furthermore, there were forty nine extinguished cigarette butts all around the LPG container. Based on interview on 04/09/14 at 1:50 p.m. the Maintenance Supervisor it was acknowledged the location of the smoking area and the cigarette butts found all around the LPG container was unacceptable.</p> <p>3.1-19(b)</p>			