

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155137	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  01/28/2014
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NAME OF PROVIDER OR SUPPLIER  GOLDEN LIVING CENTER-VALPARAISO	STREET ADDRESS, CITY, STATE, ZIP CODE 251 STURDY RD VALPARAISO, IN 46383
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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
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K010000	<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: 01/28/14</p> <p>Facility Number: 000062 Provider Number: 155137 AIM Number: 100271400</p> <p>Surveyor: Dennis Austill, Life Safety Code Specialist</p> <p>At this life Safety Code Survey, Golden Living Center-Valparaiso 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 with a partial basement was determined to be of Type IV (2HH) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the</p>	K010000		
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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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K010062 SS=A	<p>corridors, in spaces open to the corridors, and battery operated smoke detectors in the resident sleeping rooms. The facility has a capacity of 85 and had a census of 77 at the time of the survey.</p> <p>All areas where the residents have customary access were sprinklered. All areas providing facility services were sprinklered.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 01/31/14.</p> <p>The facility was found in substantial compliance with the aforementioned regulatory requirements as evidenced by the following:</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 Based on observation and interview, the facility failed to maintain 2 of 2 sprinklers behind the dryers in the basement laundry which had had paint on them. LSC 9.7.5 requires all automatic sprinkler systems shall be inspected, tested and maintained in</p>	K010062	<p>1. No residents were effected by the deficient practice.2. A whole house audit was conducted by the Maintenance Supervisor and the facility's fire alarm contractor to ensure that no other sprinkler heads were effected. Three other sprinkler heads were noted to</p>	02/06/2014	

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	<p>accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 1998 edition, 2-2.1.1 requires any sprinkler shall be replaced which is painted, corroded, damaged, loaded, or in the improper orientation. This deficient practice would not directly affect residents but could affect staff in the basement laundry.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Supervisor at 11:45 a.m. on 01/28/14, the two sprinkler heads behind the dryers in the laundry had paint on the fusible link and/or the deflector. Based on interview at the time of the observations, the Maintenance Supervisor acknowledged the two sprinklers behind the dryers had paint on them.</p> <p>3.1-19(b)</p>		<p>have paint on them. All sprinkler heads - 5 in total - were located in the basement. They were immediately replaced with new devices. (Please see attached invoice)3. The Maintenance Supervisor will oversee all painting projects, including those completed by an outside contractor, to ensure that sprinkler heads have not been contaminated with paint.4. All painting projects will be discussed with the Administrator of the facility. Administrator will follow-up with the Maintenance Supervisor to ensure that the project is complete, and that sprinkler heads are free of paint.</p>		