

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155062	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 01/04/2012
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NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-LAPORTE	STREET ADDRESS, CITY, STATE, ZIP CODE 1700 I ST LA PORTE, IN46350
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K0000	<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: 01/04/12</p> <p>Facility Number: 000023 Provider Number: 155062 AIM Number: 100289400</p> <p>Surveyor: Richard D. Schade, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Golden Living Center-LaPorte 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>	K0000		

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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K0048 SS=E	<p>The original 1971 one story facility was determined to be of Type II (111) construction and was fully sprinklered. The B and C wing addition was completed in 1980 and determined to be of Type II (111) construction. The facility has a fire alarm system with smoke detection in the the corridors and spaces open to the corridors. The facility has a capacity of 81 and had a census of 71 at the time of this survey.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 01/11/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. 19.7.1.1</p> <p>Based on record review and interview, the facility failed to include the use of kitchen fire</p>	K0048	The fire disaster plan has been updated to reflect the use of the Class K fire extinguisher only after activating the hood	01/30/2012
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	<p>extinguishers in 1 of 1 written fire safety plans for the facility in the event of an emergency. LSC 19.2.2.2 requires a written health care occupancy fire safety plan that shall provide for the following:</p> <ol style="list-style-type: none"> (1) Use of alarms (2) Transmission of alarm to the fire department (3) Response to alarms (4) Isolation of fire (5) Evacuation of immediate area (6) Evacuation of smoke compartment (7) Preparation of floors and building for evacuation (8) Extinguishment of fire <p>This deficient practice affects any resident, as well as staff and visitors in the vicinity of the kitchen.</p> <p>Findings include:</p> <p>Based on a review of the facility's written fire disaster plan on 01/04/12 at 3:35 p.m. with the maintenance supervisor, the fire disaster plan did not include the use</p>		<p>extinguishing system. The updated procedure now reads: 1. The Class K extinguisher is to be used only after the kitchen hood extinguishing system has been activated. 2. The Executive Director made the change to the policy.3. The Executive Director, or designee, will ensure that all copies of the fire disaster plan are updated to reflect the new information.4. The Executive Director, or designee, will examine each fire disaster plan to ensure that the updated information is in place plan by January 30, 2012. Results of the monitoring will be presented to the Safety Committee and the Quality Assurance Committee.</p>				

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K0050 SS=C	<p>of the Class K fire extinguisher located in the kitchen in relationship with the use of the kitchen hood extinguishing system. The maintenance supervisor acknowledged at the time of record review, he was not aware of the missing policy and procedure concerning the extinguisher.</p> <p>3.1-19(b)</p> <p>Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2</p> <p>Based on record review and interview, the facility failed to ensure fire drills were conducted at various times and under various conditions on each shift for 3 of the last 4 quarters. This deficient practice could effect all patients, staff and visitors in the event of an emergency.</p>	K0050	The facility will continue to ensure that fire drills are held a unexpected times under varying conditions, at least quarterly on each shift. 1. A schedule for fire drills for 2012 has been created. Drills will be conducted at varying times on each shift. 2. The Executive Director will monitor quarterly for ongoing compliance, and initaite corrective action, if needed. 3. Results of the quarterly monitoring will be	01/30/2012	

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	<p>Findings include:</p> <p>Based on review of the facility's Fire Drill records on 01/04/12 at 2:40 p.m. with the maintenance supervisor, for three of the last four quarters of 2011 the first shift fire drills were conducted within the 10:00 a.m. hour. The maintenance supervisor stated at the time of record review, he believed the fire drills were varied.</p> <p>3.1-9(b) 3.1-51(c)</p>		<p>reviewed by the Safety Committee as well as by the Quality Assurance Committee for 4 quarters to ensure that drills are held at varying times. 4. If after 4 quarters of review, no trends or patterns (1 deficient practice per quarter is considered a trend/pattern) are noted, reviews will be conducted annually thereafter.</p>		