

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155362	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 10/29/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-MERRILLVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 8800 VIRGINIA PL MERRILLVILLE, IN 46410
---	---

(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 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 10/29/14</p> <p>Facility Number: 000253 Provider Number: 155362 AIM Number: 100266660</p> <p>Surveyor: Brett Overmyer, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Golden Living Center - Merrillville 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 was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with hard wired smoke detection in the corridors and spaces open to the corridors. Resident rooms are</p>	K010000		

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155362	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 10/29/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-MERRILLVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 8800 VIRGINIA PL MERRILLVILLE, IN 46410
---	---

(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
K010038 SS=F	<p>provided with battery powered smoked detectors. The facility has the capacity for 164 and had a census of 135 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. All areas providing facility services were sprinklered.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>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, the facility failed to ensure 1 of 13 exit door electromagnetic locks remained unlocked while the fire alarm was activated. LSC 19.2.1 requires every aisle, passageway, corridor, exit discharge, exit location, and access to be in accordance with Chapter 7. LSC 7.2.1.6(a) requires doors with special locking arrangements such as electromagnetic locks to unlock upon actuation of an approved fire alarm system installed in accordance with LSC 9.6. LSC 9.6.1.4 requires a fire alarm</p>	K010038	<p>K 38</p> <p>Safe Care was immediately called and scheduled to come to facility (11-26-14) to repair the electromagnetic locking system on the Ambulance entrance door.</p> <p>All 135 residents, staff and visitors have the potential to be effected by this deficient practice, therefore the repairs are to be made at the earliest possible date with Safe Care.</p> <p>Safe Care inspects bi-annually and annually each door for alarm</p>	11/28/2014

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155362	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 10/29/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-MERRILLVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 8800 VIRGINIA PL MERRILLVILLE, IN 46410
---	---

(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
K010053 SS=F	<p>system to be installed, tested and maintained in accordance with NFPA 72, the National Fire Alarm Code. NFPA 72, 3-9.7.2 requires that all emergency exits connected to the fire alarm system unlock upon receipt of any fire alarm signal by the fire alarm system serving the protected premises. This deficient practice affects any resident using the Ambulance Entrance exit as well as staff and visitors.</p> <p>Findings include:</p> <p>Based on observation during a tour of the facility with the maintenance supervisor on 10/29/14 between 2:05 p.m. and 4:00 p.m., the electromagnetic locks on Ambulance Entrance exit did not unlock when the fire alarm was activated at 3:30 p.m.. The maintenance supervisor acknowledged the aforementioned deficiency.</p> <p>3.1-19(b)</p> <p>NFPA 101, 483.70(a)(7) LIFE SAFETY CODE STANDARD In an existing nursing home, not fully sprinklered, the resident sleeping rooms and public areas (dining rooms, activity rooms, resident meeting rooms, etc) are to be equipped with single station battery-operated smoke detectors. There will be a testing, maintenance and battery replacement program to ensure proper operation. 42</p>		<p>sensitivity and checks for appropriate lockdown/release. Maintenance will now do a monthly silent fire drill and check each door for appropriate fire alarm electromagnetic locking.</p> <p>Maintenance will add a line item (see attached) to their monthly Fire Drill log to include the testing of the fire alarm electromagnetic locking system on all appropriate doors in the facility. Any deficiencies will be brought to QAPI.</p> <p>Date certain: November 28, 2014</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155362	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 10/29/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-MERRILLVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 8800 VIRGINIA PL MERRILLVILLE, IN 46410
---	---

(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
K010062 SS=B	<p>CFR 483.70(a)(7)</p> <p>Based on record review and interview, the facility failed to ensure a battery replacement program was provided to ensure 95 of 95 single station battery operated smoke detectors would operate. This deficient practice affects 135 of 135 residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on record review and interview on 10/29/14 between 1:15 p.m. and 2:05 p.m. with the maintenance supervisor, the Preventive Maintenance Book did not have documentation indicating a battery replacement program for the ninety five single station battery operated smoke detectors in resident rooms. Based on an interview with maintenance supervisor on 10/29/14 between 1:15 p.m. and 2:05 p.m., it was stated there is no documentation for the replacement of the resident rooms single station battery operated smoke detector batteries.</p> <p>3.1-19(b)</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 observations on 10/29/14</p>	K010053	<p>K 53</p> <p>Immediately a facility sweep was done to ensure all batteries are in good working order.</p> <p>All 135 residents, staff and visitors have the potential to be effect by this deficient practice. A facility sweep was done to assess all batteries in the smoke detectors.</p> <p>Maintenance has created a log (see attached) in order to monitor the batteries and track when they are changed out every Daylight Savings cycle or as needed when chirping.</p> <p>This log will be brought to QAPI every month for 6 months and then 6 months there after.</p> <p>Date Certain: November 28, 2014</p>	11/28/2014
		K010062	K 62	11/28/2014

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155362	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 10/29/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-MERRILLVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 8800 VIRGINIA PL MERRILLVILLE, IN 46410
---	---

(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
K010066 SS=C	<p>between 02:05 p.m. and 4:00 p.m. during a tour of the facility with the maintenance supervisor;</p> <p>1) Two sprinkler head escutcheons in the ACU wing, garage room were missing in the ceiling leaving a one quarter inch to one half inch gap into the attic above.</p> <p>2) Two sprinkler head escutcheons in the ACU wing, kitchen & dining room were missing in the ceiling leaving a one quarter inch to one half inch gap into the attic above. This was acknowledged by the maintenance supervisor at the time of each observation.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Smoking regulations are adopted and include no less than the following provisions:</p> <p>(1) Smoking is prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area is posted with signs that read NO SMOKING or with the international</p>		<p>Immediately a facility wide sweep was done to ensure all escutcheons were in place and appropriate.</p> <p>All 48 residents have the potential to be effected by this deficient practice.</p> <p>A line item will be added to the monthly Fire Sprinkler System check form in order to monitor the appropriateness of the escutcheons and that they are in tact. In-services will be done with all floor staff regarding entering any missing escutcheons into Building Engines and all ACE members will be re-in-serviced regarding a focus to this area.</p> <p>The findings from the Building Engines, ACE Rounds and the Maintenance Fire Sprinkler System check will be brought to QAPI monthly for 6 months and then 6 months there after.</p> <p>Date certain: November 28, 2014</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155362	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 10/29/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-MERRILLVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 8800 VIRGINIA PL MERRILLVILLE, IN 46410
---	---

(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
	<p>symbol for no smoking.</p> <p>(2) Smoking by patients classified as not responsible is prohibited, except when under direct supervision.</p> <p>(3) Ashtrays of noncombustible material and safe design are provided in all areas where smoking is permitted.</p> <p>(4) Metal containers with self-closing cover devices into which ashtrays can be emptied are readily available to all areas where smoking is permitted. 19.7.4</p> <p>Based on observations and interview, the facility failed to ensure cigarette butts were deposited into a noncombustible container which was provided for 1 of 1 areas where smoking was permitted. This deficient practice could affect any residents including visitors and staff if they were utilizing the Ambulance Entrance during a fire emergency.</p> <p>Findings include:</p> <p>Based on observations on 10/29/14 between 2:05 p.m. and 4:00 p.m. with the maintenance supervisor, the smoking area twenty feet outside of the Ambulance Entrance had 100 cigarette butts strewn about the area of an approved cigarette butt receptacle. Based on interview on 10/29/14 concurrent with the observations, the maintenance supervisor acknowledged the facility's</p>	K010066	<p>K 66</p> <p>The Ambulance entrance was immediately cleaned and all cigarette butts were removed.</p> <p>Any resident, staff member or visitor utilizing the ambulance entrance could be potentially effected by this deficient practice.</p> <p>All staff will be in-serviced regarding appropriate disposal of cigarette butts, maintenance will create signage for the staff and visitors to be directed to dispose of the cigarette butts in the state approved Smokers Outpost receptacle. Housekeeping Supervisor will add a line item to the daily work sheet stating that the Floor Tech will clean all debris including cigarette butts from the ambulance area daily.</p> <p>These findings will be brought to QAPI monthly for 6 months and then as needed there after.</p>	11/28/2014

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155362		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 10/29/2014	
NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-MERRILLVILLE				STREET ADDRESS, CITY, STATE, ZIP CODE 8800 VIRGINIA PL MERRILLVILLE, IN 46410			
(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			
K010067 SS=F	<p>employees disposed of cigarette butts on the ground instead of using the approved long neck vessel which was provided.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2 Based on observation and interview, the facility failed to ensure 100 % of fire / smoke dampers throughout the facility were inspected and provided necessary maintenance at least every four years in accordance with NFPA 90A. LSC 9.2.1 requires air conditioning, heating, ventilating ductwork (HVAC) and related equipment shall be in accordance with NFPA 90A, Standard for the Installation of Air-Conditioning and Ventilating Systems. NFPA 90A, 1999 Edition, 3.4.7, Maintenance, requires at least every 4 years, fusible links (where applicable) shall be removed; all dampers shall be operated to verify they fully close; the latch, if provided, shall be checked, and moving parts shall be lubricated as necessary. This deficient practice affects 135 of 135 residents, staff</p>	K010067	<p>Date Certain: November 29, 2014</p> <p>K 67</p> <p>Air Temp was contacted immediately to do a facility wide sweep to inspect the fire/smoke dampers in the HVAC system.</p> <p>All 135 residents, staff and visitors have the potential to be effected by this deficient practice.</p> <p>Air Temp will be here on 11-26-14 to do a facility wide inspection of the fire/smoke damper HVAC system and they are contracted to be here every 4 years there after. All documentation of the every 4 year inspection will be kept appropriately in the Maintenance Dept. in the Life Safety Book.</p> <p>Every 4 years the inspection will be added to QAPI.</p>	11/28/2014			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155362	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 10/29/2014
--	---	--	---

NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-MERRILLVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 8800 VIRGINIA PL MERRILLVILLE, IN 46410
---	---

(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
	<p>nonflammable gases such as oxygen were properly chained or supported in a proper cylinder stand or cart. NFPA 99, Health Care Facilities, 8-3.1.11.2(h) requires cylinder or container restraint shall meet NFPA 99, 4-3.5.2.1(b)27 which requires freestanding cylinders be properly chained or supported in a proper cylinder stand or cart. This deficient practice could affect anyone in the C hall central supply room.</p> <p>Findings include:</p> <p>Based on observation during a tour of the facility with the maintenance supervisor on 10/29/14 between 2:05 p.m. and 4:00 p.m., one oxygen cylinder was standing in the central supply room without support. The maintenance supervisor agreed at the time of observation, the cylinder should have been in a rack or properly secured with the chain provided.</p> <p>3.1-19(b)</p>		<p>The O2 tank was immediately laid down/secured in Central Supply then removed and put into the appropriate O2 storage room.</p> <p>This deficient practice has the potential to effect anyone in Central Supply which is typically occupied by one person.</p> <p>All floor staff and Central Supply staff were in-serviced as to the proper storage of O2 tanks into Oxygen Storage Rooms with proper securing.</p> <p>Maintenance actively monitors each oxygen room every day to ensure proper storage and securing of O2 tanks. Maintenance will monitor Central Supply on a weekly basis to ensure that there are no O2 tanks present that are unsecured. A line item will be added to Gauge Check Form to ensure that Central Supply is free of any unsecured O2 tanks.</p> <p>Any deficiencies will be brought to QAPI for 6 months.</p> <p>Date Certain: November 28, 2014</p>	