

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 06/17/2014
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NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-LAPORTE	STREET ADDRESS, CITY, STATE, ZIP CODE 1700 I ST LA PORTE, IN 46350
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K010000	<p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 04/28/14 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 06/17/14</p> <p>Facility Number: 000023 Provider Number: 155062 AIM Number: 100289400</p> <p>Surveyor: Dennis Austill, Life Safety Code Specialist</p> <p>At this PSR 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> <p>This one story facility with a partial basement was determined to be of Type II (111) 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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K010018 SS=E	<p>corridors, in spaces open to the corridors and battery operated smoke detectors in the resident sleeping rooms. The facility has a capacity of 87 and had a census of 65 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. All areas providing facility services were sprinklered, except a block building which is used for storage and the maintenance office.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 06/19/14.</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 Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door</p>						

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	<p>closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities. Based on observation and interview, the facility failed to ensure 1 of 1 rooms with double corridor doors closed and latched automatically into the door frame. This deficient practice could affect at least 20 residents in the main dining room as well as an undetermined number of staff and visitors.</p> <p>Findings includes:</p> <p>Based on observation with the Maintenance Director on 06/17/14 at 9:00 a.m., the main dining room had a set of double corridor doors. The set of doors was equipped with a manual flush bolt. In order for the doors to latch, the flush bolt would have to be manually latched in order for the doors to latch positively into the door frame. This was acknowledged by the Maintenance Director at the time of observation.</p> <p>This deficiency was cited on 04/28/14. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>3.1-19(b)</p>	K010018	<p>1. The automatic latching mechanism was installed on the Main Dining Room double doors on 7.3.14. The Maintenance Director verified the completion of the work. (see attached contract)</p> <p>2. All residents had the potential to be affected by the alleged negligent practice but there were no identified issues. 3. The Maintenance Director will ensure that automatic latching is in place, as required by code, during regular rounds and documented in the Building Engines program. the Executive Director (or designee) will review documentation in Building Engines each week. Any negative findings will be corrected immediately. 4. Results of these reviews will be presented monthly at the QAPI meeting, times 90 days. If after 90 days of review, no trends or patterns are identified (three deficient practices per month is considered a trend), then results will be reviewed quarterly. 5. Completed 7.3.14.</p>	07/03/2014			

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K010062 SS=B	<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 observation and interview, the facility failed to ensure 1 of 1 sprinkler systems was continuously maintained in reliable operating condition. LSC 9.7.5 requires all automatic sprinkler systems shall be inspected, tested and maintained in 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 could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Director from 8:30 a.m. to 9:30 a.m. on 06/17/14, the following was noted:</p> <p>a. Paint was on the sprinkler deflector in the shared bathrooms of resident rooms</p>	K010062	<p>1. Sprinkler heads cited in the report (44/45) were replaced by Safecare on 6.18.14. 2. All residents had the potential to be affected by the alleged negligent practice but no issues were noted. 3. The Maintenance Director will monitor sprinkler heads to ensure that they are not painted, corroded, damaged,, loaded or in the improper orientation on a monthly basis and report findings to the Executive Director (or designee). Any negative findings will be corrected immediately. 4. Results of these reviews will be presented monthly at the QAPI meeting, times 90 days. If after 90 days of review, no trends or patterns are identified (three deficient practices per month is considered a trend), then results will be reviewed quarterly.5. Sprinkler head replacement was completed on 6.18.14.</p>	06/18/2014
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K010160 SS=B	<p>44/45.</p> <p>b. Paint was on the sprinkler deflector in the alcoves of resident room 45. Based on interview during the times of the observations, the Maintenance Director acknowledged the sprinklers had paint on the deflectors in the aforementioned areas.</p> <p>This deficiency was cited on 04/28/14. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD All existing elevators, having a travel distance of 25 ft. or more above or below the level that best serves the needs of emergency personnel for fire fighting purposes, conform with Firefighter's Service Requirements of ASME/ANSI A17.3, Safety Code for Existing Elevators and Escalators. 19.5.3, 9.4.3.2</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 basement elevator equipment rooms was provided with an electrical shunt trip when provided with sprinkler coverage. NFPA 13, 5-13.6.2 states automatic sprinklers in elevator machine rooms shall be of</p>	K010160	<p>1. Installation of the elevator shunt trip was completed by SafeCare on 6.23.14 (See attached invoice) 2. All residents had the potential to be affected by the alleged negligent practice but no issues were noted. 3. The Director of Maintenance verified</p>	06/23/2014			

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	<p>ordinary or intermediate temperature rating. ASME/ANSI A17.1 permits sprinklers in elevator machine rooms when there is a means for disconnecting the main power supply to the affected elevator automatically upon, or prior to, the application of water from the sprinkler located in the elevator machine room. This deficient practice could affect residents as well as staff.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Director during the tour of the facility at 9:15 a.m. on 06/17/14, the basement elevator equipment room was provided with a sprinkler. Based on interview at the time of observation, the Maintenance Director acknowledged parts were still on order and the installation of the shunt trip for the elevator machine room sprinkler was not complete.</p> <p>This deficiency was cited on 04/28/14. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>3.1-19(b)</p>		<p>the completion of the work and reported same to the Executive Director. 4. The Executive Director reviewed the scope of work and the completed work order. Work was completed. 5. 6.23.14</p>				

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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