

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155187	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  08/13/2013
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NAME OF PROVIDER OR SUPPLIER  GOLDEN LIVING CENTER-FOUNTAINVIEW PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 3175 LANCER ST PORTAGE, IN 46368
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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: 08/13/13</p> <p>Facility Number: 000098 Provider Number: 155187 AIM Number: 100290980</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Golden Living Center-Fountainview Place 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), and 410 IAC 16.2. Building 0102 built prior to March 1, 2003 was surveyed with Chapter 19, Existing Health Care Occupancies.</p> <p>This facility was surveyed as two separate buildings due to the construction dates of two sections of the building. Building 0102 built prior to March, 1 2003 was determined to be of Type V (111)</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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	<p>construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and in all areas open to the corridor. The facility has battery operated smoke detectors in all resident sleeping rooms. The facility has a capacity of 186 and had a census of 149 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. The facility has three detached buildings providing facility storage services which were each not sprinklered.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 08/20/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K010029 SS=E	<p>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>1. Based on observation and interview, the facility failed to ensure 6 of 6 soiled linen and trash receptacle carts were stored in areas separated from other spaces by smoke resistant partitions and doors. This deficient practice could affect 46 residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on observations with the Interim Executive Director and the Maintenance Supervisor during a tour of the facility from 12:30 p.m. to 3:30 p.m. on 08/13/13, a mobile soiled linen and trash cart which contained three bins for trash or soiled linen was unattended and stored in the corridor by Rooms 102, 116, 211, 220, 231 and 309. Based on interview at the time of observation, the Interim Executive Director stated each bin on the aforementioned mobile carts has a 25</p>	K010029	K-029 NFPA 101 Life Safety Code Standards Sections: 8.4.1, 19.3.5.4, 19.3.2.1, and 3.1.19(b) ss= E The facility will ensure that trash receptacle carts are stored in areas separate from other spaces by smoke resistant partitions and doors. The facility will also ensure that doors serving hazardous areas such as storage rooms greater than fifty feet in size and used for the storage of combustible materials are provided with self-closing devices to close and latch each door into the door frame. No residents were affected by this alleged deficient practice. All residents have the potential to be affected by this alleged deficient practice. The facility Maintenance Director or designee will obtain and put into service new trash and soiled linen receptacles that do not exceed 25 gallon in capacity and will monitor these receptacles to	09/12/2013	

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	<p>gallon capacity and acknowledged mobile soiled linen and trash carts with more than 32 gallons total capacity were not stored in areas separated from other spaces by smoke resistant partitions and doors.</p> <p>3.1-19(b)</p> <p>2. Based on observation and interview, the facility failed to ensure 1 of 15 doors serving hazardous areas such as storage rooms greater than fifty square feet in size and used to store combustible materials are provided with self closing devices to close and latch each door into the door frame. This deficient practice could affect 16 residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on observation with the Interim Executive Director and the Maintenance Supervisor during a tour of the facility from 12:30 p.m. to 3:30 p.m. on 08/13/13, the Alzheimer's area storage room by the Nurses Station was being used to store excess furniture, supplies and decorations and the access door was not equipped with a self closing device to automatically close and latch the door into the door frame. The aforementioned storage room measured 81 square feet. Based on interview at the time of observation, the</p>		<p>make sure that they are stored in areas separated from other spaces by smoke resistant partitions and doors. The Maintenance Director or designee will also install a self-closing device on the Alzheimer's area storage room door; inspect all other storage room doors within the facility and install self-closing devices on any similar doors found to be lacking in this area of compliance. The facility Maintenance staff will be re-in-serviced by 9-12-13 on NFPA 101 Safety Code Standards sections 8.4.1, 19.3.5.4 and 19.3.2.1 to ensure that this deficient practice is not repeated in the future. The facility Maintenance Director or designee will conduct weekly Environmental Audits (see Item # 15) for a period of 30 days; then bi-weekly audits will be conducted for an additional period of 60 days and then a monthly audit will be conducted for an additional period of 90 days to ensure that this deficient practice is not repeated. Significant results from theses Audits will be reviewed as part of the facilities Daily Stand Up Meeting to ensure that resident's environment is maintained in a safe and secure manner. Audit results will be discussed as part of the facilities monthly QAPI meetings. Audit findings and trends will be reviewed as part of this QAPI meeting for a period of 6 months and thereafter</p>		

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	Maintenance Supervisor acknowledged the aforementioned hazardous area access door was not equipped with a self closing device to close and latch the door into the door frame.  3.1-19(b)		decreased to an as needed basis as determined by the QAPI committee. Any patterns or trends will cause an Action Plan to be written and appropriate interventions to be implemented.  Co mpletion Date: September 12, 2013		

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K010046 SS=C	<p>NFPA 101 LIFE SAFETY CODE STANDARD Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9.19.2.9.1.</p> <p>Based on record review, observation and interview; the facility failed to document testing of emergency lighting in accordance with LSC 7.9 for 4 of 4 battery powered lights for 12 months. LSC 7.9.3 Periodic Testing of Emergency Lighting Equipment requires an annual test to be conducted on every required battery powered emergency lighting system for not less than 1 ½ hour duration. Equipment shall be fully operational for the duration of the test. Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction. This deficient practice could affect all residents staff and visitors.</p> <p>Findings include:</p> <p>Based on review of "Building Engine Systems" documentation with the Maintenance Supervisor during record review from 9:40 a.m. to 11:55 a.m. on 08/13/13, documentation of an annual ninety minute test for each of four battery operated emergency lights in the facility within the most recent twelve month period was not available for review. Based on interview at the time of record</p>	K010046	046 NFPA 101 Life Safety Code Standards, Sections: 7.9, 7.9.3, 19.2.9.1 3.1-19(b) ss=c The facility will ensure that Emergency Lighting Equipment is tested annually for not less than one and one half hour duration and that all equipment is fully operational during the duration of the test. The facility will also ensure that the results of these tests are fully documented. No residents were affected by this alleged deficient practice. All residents have the potential to be affected by this alleged deficient practice. The facility Maintenance Director will conduct visual inspections on all Emergency Lighting Equipment and documents the equipment's positive operational status by 9/12/13. Any equipment found to be deficient operationally will be repaired or replaced. The facility Maintenance staff will be re-in-serviced on the NFPA 101 Life Safety Code Standard sections: 7.9, 7.9.3 and 19.2.9.1 by 9-12-13. The facility Maintenance Director, or designee will conduct daily ( 5 times per week) audits of all Emergency Lighting Equipment (see Item #22- E.L.E Equipment Audit Tool)for a period of 30 days. Then weekly audits will be conducted for an additional	09/12/2013	

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	<p>review, the Maintenance Supervisor acknowledged annual testing documentation for each of four battery operated emergency lights was not available for review. Based on observations with the Interim Executive Director and the Maintenance Supervisor during a tour of the facility from 12:30 p.m. to 3:30 p.m. on 08/13/13, two battery powered emergency lights were observed in the facility at the emergency generator location and two battery powered emergency lights were observed in the Blue Room and each light functioned when their respective test button was depressed.</p> <p>3.1-19(b)</p>		<p>period of 60 days and then bi-weekly audits of E.L.E. Equipment will be conducted for a final period of 90 days. Significant audit results and trends will be reviewed as part of the facilities Daily Stand Up Meeting in order to ensure that a safe environment is maintained for our residents. Significant audit results will also be reviewed at the facilities Monthly QAPI meetings. Audit findings will be reviewed in QAPI meetings for a period of 6 months and thereafter decreased to an as needed basis as determined by the QAPI committee. Any patterns or trends will cause an Action Plan to be written and appropriate interventions to be implemented.</p> <p>Completion Date: September 12, 2013</p>		

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K010052 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4 Based on observation and interview, the facility failed to maintain 2 of 88 smoke detectors in accordance with NFPA 72. NFPA 72, 2-3.5.1 requires, in spaces served by air handling systems, smoke detectors shall not be located where airflow prevents operation of the detectors. NFPA 72, A-2-3.5.1 explains smoke detectors should not be located in a direct airflow nor closer than 3 feet from an air supply diffuser or return air opening. This deficient practice could affect 24 residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on observations with the Interim Executive Director and the Maintenance Supervisor during a tour of the facility from 12:30 p.m. to 3:30 p.m. on 08/13/13, the smoke detector on the ceiling in the corridor outside Room 321 was located ten inches from an air supply vent and the smoke detector on the ceiling in the corridor outside Room 331 was located sixteen inches from an air supply vent. Based on interview at the time of the</p>	K010052	<p>K-052 NFPA 101 Life Safety Code Standard 70 &amp; 72, Section: 9.6.1.470, 72, 9.6.1.4, and 3.1-19(b) Ss= E The facility will ensure that the fire system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electric Code and NFPA 72 sections 9.6.1.4., 2-3.5.1 and A-2-3.5.1. which requires that smoke detectors should not be located in a direct airflow nor closer than 3 feet from an air supply diffuser or return air opening? The facility Maintenance Director or designee will have the smoke detectors located on the ceiling in the corridor outside of room 321 and room 331 moves to a new position which is neither in a direct airflow nor closer at least 3 feet from any existing air diffuser or return air opening by 9-12-13. The facility Maintenance Staff will be re-in-serviced on NFPA 70 &amp; 72 sections 9.6.1.4, 2-3.5.1 and A-2-3.5.1 by 9-12-13. The Maintenance Director or designee will conduct weekly audits (see item 24- Smoke Detector Location Audit Tool) for a period</p>	09/12/2013			

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	<p>observations, the Maintenance Supervisor acknowledged the aforementioned smoke detector locations were each installed less than three feet from an air supply vent.</p> <p>3.1-19(b)</p>		<p>of 30 days, then bi-weekly audits for an additional period of 60 day and finally monthly audits for 90 days of facility corridor smoke detectors in order to ensure that no smoke detector is in a direct airflow nor closer than 3 feet from an air supply diffuser or return air opening. Significant audit results and trends will be reviewed as part of the Daily Stand Up Meetings to help ensure that a safe environment is maintained for our residents. Significant audit results or trends will also be reviewed at the facility monthly QAPI Meetings. Audit findings will be reviewed in the QAPI meetings for a period of 6 months and thereafter decreased to an as needed basis as determined by the QAPI committee. Any patterns or trends will cause an Action Plan to be written and appropriate interventions to be implemented.</p> <p>Completion Date: September 12, 2013</p>		

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K010069 SS=B	<p>NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96 Based on record review, observation and interview; the facility failed to ensure 1 of 1 kitchen exhaust systems was inspected semiannually. NFPA 96, 1998 Edition, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, 8-3.1 requires hoods, grease removal devices, fans, ducts, and other appurtenances shall be cleaned to bare metal at frequent intervals prior to surfaces becoming heavily contaminated with grease or oily sludge. After the exhaust system is cleaned to bare metal, it shall not be coated with powder or other substance. The entire exhaust system shall be inspected by a properly trained, qualified, and certified company or person(s) in accordance with Table 8-3.1. Table 8-3.1 requires systems serving moderate volume cooking operations shall be inspected semiannually. This deficient practice could affect five staff and visitors in the kitchen.</p> <p>Findings include:</p> <p>Based on review of Phoenix Industrial Cleaning "Daily Work Order/Time Report" documentation dated 07/27/12 and 01/14/13 with the Maintenance Supervisor during record review from</p>	K010069	<p>K-069 NFPA 96 Life Safety Code Standards Sections 9.2.3, 19.3.2.6, 3.1-19(b) Ss=B The facility will ensure that cooking facilities are protected in accordance with 9.2.3 and 19.3.2.6 of NFPA 96, 1998 Edition Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, 8-3.1 which requires that hoods, grease removal devices, fans, ducts, and other appurtenances shall be cleaned to bare metal at frequent intervals prior to surfaces being heavily contaminated with grease or oily sludge. The entire exhaust system shall be inspected, semi-annually, by a properly trained, qualified, and certified company or person in accordance with table 8-3.1. No residents were affected by this alleged deficient practice. All residents have the potential to be affected by this alleged deficient practice. The facility Maintenance Director or designee will have the kitchen range hood exhaust system cleaned by a properly trained and certified company by 9-12-13 and every 6 months thereafter per NFPA 96, 1998 Edition standards. All such cleanings and inspections will be appropriately documented. The facility Maintenance Staff will be</p>	09/12/2013	

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	<p>9:40 a.m. to 11:55 a.m. on 08/13/13, documentation of a semiannual kitchen hood extinguishing system service record after 01/14/13 was not available for review. Based on observation with the Maintenance Supervisor during a tour of the facility from 12:30 p.m. to 3:30 p.m. on 08/13/13, the inspection record sticker affixed to the kitchen range hood exhaust system was dated January 2013. Based on interview at the time of observation, the Maintenance Supervisor acknowledged it has been more than six months since the most recent semiannual kitchen exhaust system inspection was performed in January 2013.</p> <p>3.1-19(b)</p>		<p>re-in-serviced on the NFPA 96, 1998 Edition Standards for Ventilation Control and Fire Protection of Commercial Cooking Operations section 8-3.1, 9.2.3, and 19.3.2.6 related to kitchen exhaust system semiannual inspections. The facility Maintenance Director or designee will conduct monthly audits (see item #25- Kitchen Range Hood Cleaning Audit Tool) of the kitchen exhaust system inspections for a period of 60 days, then quarterly audits for a period of 120 day and then quarterly for an additional 180 days. Significant audit results will be reviewed at the Daily Stand Up Meetings to ensure that a safe environment is maintained for our residents. Significant audits or trends will also be reviewed at the facilities monthly QAPI meetings. Audits findings will be reviewed in the QAPI meeting for a period of 6 months and thereafter decreased to an as needed basis as determined by the QAPI committee. Any patterns or trends will cause an Action Plan to be written and appropriate interventions to be implemented.</p> <p>Completion Date: September 12, 2013</p>		

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K010075 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Soiled linen or trash collection receptacles do not exceed 32 gal (121 L) in capacity. The average density of container capacity in a room or space does not exceed .5 gal/sq ft (20.4 L/sq m). A capacity of 32 gal (121 L) is not exceeded within any 64 sq ft (5.9-sq m) area. Mobile soiled linen or trash collection receptacles with capacities greater than 32 gal (121 L) are located in a room protected as a hazardous area when not attended. 19.7.5.5</p> <p>Based on observation and interview, the facility failed to ensure a capacity of 32 gallons for mobile soiled linen or trash collection receptacles was not exceeded within any 64 square foot area for 6 of 10 corridors. This deficient practice could affect 46 residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on observations with the Interim Executive Director and the Maintenance Supervisor during a tour of the facility from 12:30 p.m. to 3:30 p.m. on 08/13/13, six mobile soiled linen and trash carts which each contained three bins for trash or soiled linen were unattended and stored in the corridor by Rooms 102, 116, 211, 220, 231 and 309. Based on interview at the time of observation, the Interim Executive Director stated each bin on each cart has a 25 gallon capacity and acknowledged mobile soiled linen</p>	K010075	K-075 NFPA 101 Life Safety Code Standard Section 19.7.5.5, 3.1-19(b) Ss= E The facility will ensure that soiled linen or trash collection receptacles do not exceed 32 gallons (121 L) in capacity; that the average density of container capacity in a room or space does not exceed .5 gallons/sq ft(20.4 L/sq meter); that a capacity of 32 gallons (121 L) is not exceeded within any 64 sq ft (5.9-sq meters) area, that mobile soiled linen or trash collection receptacles with capacities greater than 32 gal (121L) are located in a room protected as a hazardous area when not attended. No residents were affected by this alleged deficient practice. All residents have the potential to be affected by this alleged deficient practice. The facility Maintenance Director or designee will purchase and put into use new soiled linen and trash receptacles with a capacity of 32 gallons and will monitor these receptacles to make sure	09/12/2013			

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	receptacles with a capacity of more than 32 gallons total were stored within the 64 square feet corridor area near the aforementioned rooms.  3.1-19(b)		that they are stored in areas separate from other spaces by smoke resistant partitions and doors. The facility Maintenance staff will be re-in-serviced by 9/12/13 on NFPA 101 Life Safety Code Standards section 19.7.5.5 which requires that mobile soiled linen or trash collection receptacles do not exceed 32 gallons in capacity and that these receptacles do not exceed 32 gallons per any 64 square foot area. The facility Maintenance Director designee will conduct weekly environmental audits (see item #15) for a period of 30 days, then bi-weekly audits for an additional period of 60 day and finally a monthly audit for a period of 90 days to ensure that this deficient practice is not repeated in the future. Significant audit results will be reviewed as part of the facilities Daily Stand Up meetings to ensure that the resident's environment is maintained in a safe and secure manner. Audit results will be discussed as part of the facilities monthly QAPI meetings. Audit findings and trends will be reviewed as part of the facilities monthly QAPI meetings for a period of 6 months and thereafter decreased to an as needed basis as determined by the QAPI committee. Any patterns or trends will cause an Action Plan to be written and appropriate interventions to be implemented.		

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K010130 SS=C	<p>NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 Based on record review, observation, and interview; the facility failed to implement and maintain a preventive maintenance program for battery operated smoke detectors installed in 82 of 82 resident sleeping rooms. LSC 4.6.12.2 requires existing life safety features obvious to the public, if not required by the Code, shall be either maintained or removed. This deficient practice could affect 164 residents, staff and visitors in Building 0102.</p> <p>Findings include:</p> <p>Based on review of "Battery Operated Smoke Detector Maintenance Log for 2012 and 2013" documentation with the Maintenance Supervisor during record review from 9:40 a.m. to 11:55 a.m. on 08/13/13, an itemized listing of monthly battery operated smoke detector testing for each resident sleeping room location in Building 0102 was not available for review. The results of monthly checks of battery operated smoke detectors in 82 resident sleeping rooms is not itemized by room location on the aforementioned documentation for the period of September 2012 through August 2013. Based on interview at the time of record</p>	K010130	<p>K-130 NFPA 101 Miscellaneous Sections 4.6.12.2, 3.1-19(b), 3.1-19(a) Ss=C The facility will ensure that it implements and maintains a preventative maintenance program for its battery operated smoke detectors which are installed in resident sleeping rooms and that an itemized listing of monthly battery operated smoke detector testing results for each resident sleeping rooms is maintained in writing. No residents were affected by this alleged deficient practice. All residents have the potential to be affected by this alleged deficient practice. The facility Maintenance Director or designee will conduct a visual inspection of all battery operated smoke detectors in resident sleeping areas and document the operational condition of all smoke detectors (see item #27- Smoke detector Audit Tool). Any smoke detectors found to be operationally efficient will be repaired or replaced. The facility Maintenance staff will be re-in-serviced on the NFPA 101 section 4.6.12.2, 3.1-19(b) and 3.1-19(a). which required facilities to implement and maintain a preventative maintenance program for battery operated smoke detectors installed in resident sleeping areas. The facility Maintenance Director or</p>	09/12/2013			

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	<p>review, the Maintenance Supervisor acknowledged documentation of the periodic testing and cleaning for battery operated smoke detectors in resident sleeping rooms was not itemized by room location. Based on observations with the Interim Executive Director and the Maintenance Supervisor during a tour of the facility from 12:30 p.m. to 3:30 p.m. on 08/13/13, battery operated smoke detectors were observed installed in each resident sleeping room in Building 0102.</p> <p>3.1-19(a)</p>		<p>designee will conduct weekly audits (see item #27) for a period of 30 days, then bi-weekly audits for an additional period of 60 day and finally a monthly audit will be conducted for an additional period of 90 days. Significant results from these audits will be reviewed as part of the facilities Daily Strand Up meetings to ensure that the resident's environment is maintained in a safe and secure manner. Audit results will be discussed as part of the facilities monthly QAPI meetings. Audit findings and trends will be reviewed as part of the facilities QAPI meetings for a period of 6 months and thereafter decreased to an as needed basis as determined by the QAPI Committee. Any patterns or trends will cause an Action Plan to be written and appropriate interventions to be implemented.</p> <p>Compliance Date: September 12, 2013</p>	

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K020000	<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: 08/13/13</p> <p>Facility Number: 000098 Provider Number: 155187 AIM Number: 100290980</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Golden Living Center-Fountainview Place 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), and 410 IAC 16.2. Building 0202 consisting of 14 additional rooms in a north wing which was referred to as Rehab wing, was surveyed in accordance with LSC Chapter 18, New Health Care Occupancies.</p> <p>This facility was surveyed as two separate buildings due to the construction dates of two sections of the building. Building</p>	K020000					

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	<p>0202 built in 2005 was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and in all areas open to the corridor. The facility has battery operated smoke detectors in all resident sleeping rooms. The facility has a capacity of 186 and had a census of 149 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. The facility has three detached buildings providing facility storage services which were each not sprinklered.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>				

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K020029 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Hazardous areas are protected in accordance with 8.4. The areas are enclosed with a one hour fire-rated barrier, with a 3/4 hour fire-rated door, without windows (in accordance with 8.4). Doors are self-closing or automatic closing in accordance with 7.2.1.8. 18.3.2.1 Based on observation and interview, the facility failed to ensure 1 of 1 soiled linen and trash receptacle carts was stored in an enclosure having a one fire resistance rating. This deficient practice could affect 16 residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on observations with the Interim Executive Director and the Maintenance Supervisor during a tour of the facility from 12:30 p.m. to 3:30 p.m. on 08/13/13, a mobile soiled linen and trash cart which contained three bins for trash or soiled linen was unattended and stored in the corridor by Room 328. Based on interview at the time of observation, the Interim Executive Director stated each bin on the aforementioned mobile cart has a 25 gallon capacity and acknowledged a mobile soiled linen and trash cart with more than 32 gallons total capacity was not stored in an area providing a one hour fire resistance rating.</p> <p>3.1-19(b)</p>	K020029	<p>K-029 NFPA 101 Life Safety Code Standards Sections: 8.4.1, 19.3.5.4, 19.3.2.1, and 3.1.19(b) ss= E The facility will ensure that trash receptacle carts are stored in areas separate from other spaces by smoke resistant partitions and doors. The facility will also ensure that doors serving hazardous areas such as storage rooms greater than fifty feet in size and used for the storage of combustible materials are provided with self-closing devices to close and latch each door into the door frame. No residents were affected by this alleged deficient practice. All residents have the potential to be affected by this alleged deficient practice. The facility Maintenance Director or designee will obtain and put into service new trash and soiled linen receptacles that do not exceed 25 gallon in capacity and will monitor these receptacles to make sure that they are stored in areas separated from other spaces by smoke resistant partitions and doors. The Maintenance Director or designee will also install a self-closing</p>	09/12/2013	

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			device on the Alzheimer's area storage room door; inspect all other storage room doors within the facility and install self-closing devices on any similar doors found to be lacking in this area of compliance. The facility Maintenance staff will be re-in-serviced by 9-12-13 on NFPA 101 Safety Code Standards sections 8.4.1, 19.3.5.4 and 19.3.2.1 to ensure that this deficient practice is not repeated in the future. The facility Maintenance Director or designee will conduct weekly Environmental Audits (see Item # 15) for a period of 30 days; then bi-weekly audits will be conducted for an additional period of 60 days and then a monthly audit will be conducted for an additional period of 90 days to ensure that this deficient practice is not repeated. Significant results from theses Audits will be reviewed as part of the facilities Daily Stand Up Meeting to ensure that resident's environment is maintained in a safe and secure manner. Audit results will be discussed as part of the facilities monthly QAPI meetings. Audit findings and trends will be reviewed as part of this QAPI meeting for a period of 6 months and thereafter decreased to an as needed basis as determined by the QAPI committee. Any patterns or trends will cause an Action Plan to be written and appropriate interventions to be		

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K020046 SS=C	<p>NFPA 101 LIFE SAFETY CODE STANDARD Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9.18.2.9.1</p> <p>Based on record review, observation and interview; the facility failed to document testing of emergency lighting in accordance with LSC 7.9 for 2 of 2 battery powered lights for 12 months. LSC 7.9.3 Periodic Testing of Emergency Lighting Equipment requires an annual test to be conducted on every required battery powered emergency lighting system for not less than 1 ½ hour duration. Equipment shall be fully operational for the duration of the test. Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction. This deficient practice could affect all residents staff and visitors.</p> <p>Findings include:</p> <p>Based on review of "Building Engine Systems" documentation with the Maintenance Supervisor during record review from 9:40 a.m. to 11:55 a.m. on 08/13/13, documentation of an annual ninety minute test for each of two battery operated emergency lights in the facility within the most recent twelve month period was not available for review. Based on interview at the time of record</p>	K020046	046 NFPA 101 Life Safety Code Standards, Sections: 7.9, 7.9.3, 19.2.9.1 3.1-19(b) ss=c The facility will ensure that Emergency Lighting Equipment is tested annually for not less than one and one half hour duration and that all equipment is fully operational during the duration of the test. The facility will also ensure that the results of these tests are fully documented. No residents were affected by this alleged deficient practice. All residents have the potential to be affected by this alleged deficient practice. The facility Maintenance Director will conduct visual inspections on all Emergency Lighting Equipment and documents the equipment's positive operational status by 9/12/13. Any equipment found to be deficient operationally will be repaired or replaced. The facility Maintenance staff will be re-in-serviced on the NFPA 101 Life Safety Code Standard sections: 7.9, 7.9.3 and 19.2.9.1 by 9-12-13. The facility Maintenance Director, or designee will conduct daily ( 5 times per week) audits of all Emergency Lighting Equipment (see Item #22- E.L.E Equipment Audit Tool)for a period of 30 days. Then weekly audits will be conducted for an additional	09/12/2013			

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	<p>review, the Maintenance Supervisor acknowledged annual testing documentation for each of two battery operated emergency lights was not available for review. Based on observations with the Interim Executive Director and the Maintenance Supervisor during a tour of the facility from 12:30 p.m. to 3:30 p.m. on 08/13/13, two battery powered emergency lights were observed in the facility at the emergency generator location and each light functioned when the test button was depressed.</p> <p>3.1-19(b)</p>		<p>period of 60 days and then bi-weekly audits of E.L.E. Equipment will be conducted for a final period of 90 days. Significant audit results and trends will be reviewed as part of the facilities Daily Stand Up Meeting in order to ensure that a safe environment is maintained for our residents. Significant audit results will also be reviewed at the facilities Monthly QAPI meetings. Audit findings will be reviewed in QAPI meetings for a period of 6 months and thereafter decreased to an as needed basis as determined by the QAPI committee. Any patterns or trends will cause an Action Plan to be written and appropriate interventions to be implemented.</p> <p>Completion Date: September 12, 2013</p>		

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K020075 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Soiled linen or trash collection receptacles do not exceed 32 gal (121 L) in capacity. The average density of container capacity in a room or space does not exceed .5 gal/sq. ft (20.4 L/sq m). A capacity of 32 gal (121 L) is not exceeded within any 64 sq ft (5.9 sq. m) area. Mobile soiled linen or trash collection receptacles with capacities greater than 32 gal (121 L) are located in a room protected as a hazardous area when not attended. 18.7.5.5</p> <p>Based on observation and interview, the facility failed to ensure a capacity of 32 gallons for mobile soiled linen or trash collection receptacles was not exceeded within any 64 square feet area for 1 of 10 corridors. This deficient practice could affect 16 residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on observation with the Interim Executive Director and the Maintenance Supervisor during a tour of the facility from 12:30 p.m. to 3:30 p.m. on 08/13/13, a mobile soiled linen and trash cart which contained three bins for trash or soiled linen was unattended and stored in the corridor by Room 328. Based on interview at the time of observation, the Interim Executive Director stated each bin on the mobile cart has a 25 gallon capacity and acknowledged mobile soiled linen receptacles with a capacity of more</p>	K020075	<p>K-075 NFPA 101 Life Safety Code Standard Section 19.7.5.5, 3.1-19(b) Ss= E The facility will ensure that soiled linen or trash collection receptacles do not exceed 32 gallons (121 L) in capacity; that the average density of container capacity in a room or space does not exceed .5 gallons/sq ft(20.4 L/sq meter); that a capacity of 32 gallons (121 L) is not exceeded within any 64 sq ft (5.9-sq meters) area, that mobile soiled linen or trash collection receptacles with capacities greater than 32 gal (121L) are located in a room protected as a hazardous area when not attended. No residents were affected by this alleged deficient practice. All residents have the potential to be affected by this alleged deficient practice. The facility Maintenance Director or designee will purchase and put into use new soiled linen and trash receptacles with a capacity of 32 gallons and will monitor these receptacles to make sure</p>	09/12/2013
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	<p>than 32 gallons total were stored within the 64 square feet corridor area near Room 328.</p> <p>3.1-19(b)</p>		<p>that they are stored in areas separate from other spaces by smoke resistant partitions and doors. The facility Maintenance staff will be re-in-serviced by 9/12/13 on NFPA 101 Life Safety Code Standards section 19.7.5.5 which requires that mobile soiled linen or trash collection receptacles do not exceed 32 gallons in capacity and that these receptacles do not exceed 32 gallons per any 64 square foot area. The facility Maintenance Director designee will conduct weekly environmental audits (see item #15) for a period of 30 days, then bi-weekly audits for an additional period of 60 day and finally a monthly audit for a period of 90 days to ensure that this deficient practice is not repeated in the future. Significant audit results will be reviewed as part of the facilities Daily Stand Up meetings to ensure that the resident's environment is maintained in a safe and secure manner. Audit results will be discussed as part of the facilities monthly QAPI meetings. Audit findings and trends will be reviewed as part of the facilities monthly QAPI meetings for a period of 6 months and thereafter decreased to an as needed basis as determined by the QAPI committee. Any patterns or trends will cause an Action Plan to be written and appropriate interventions to be implemented.</p>	

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K020130 SS=C	<p>NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 Based on record review, observation, and interview; the facility failed to implement and maintain a preventive maintenance program for battery operated smoke detectors installed in 14 of 14 resident sleeping rooms. LSC 4.6.12.2 requires existing life safety features obvious to the public, if not required by the Code, shall be either maintained or removed. This deficient practice could affect 28 residents, staff and visitors in the Rehab Wing.</p> <p>Findings include:</p> <p>Based on review of "Battery Operated Smoke Detector Maintenance Log for 2012 and 2013" documentation with the Maintenance Supervisor during record review from 9:40 a.m. to 11:55 a.m. on 08/13/13, an itemized listing of monthly battery operated smoke detector testing for each resident sleeping room location in the Rehab Wing was not available for review. The results of monthly checks of battery operated smoke detectors in 14 resident sleeping rooms is not itemized by room location on the aforementioned documentation for the period of September 2012 through August 2013. Based on interview at the time of record</p>	K020130	<p>K-130 NFPA 101 Miscellaneous Sections 4.6.12.2, 3.1-19(b), 3.1-19(a) Ss=C The facility will ensure that it implements and maintains a preventative maintenance program for its battery operated smoke detectors which are installed in resident sleeping rooms and that an itemized listing of monthly battery operated smoke detector testing results for each resident sleeping rooms is maintained in writing. No residents were affected by this alleged deficient practice. All residents have the potential to be affected by this alleged deficient practice. The facility Maintenance Director or designee will conduct a visual inspection of all battery operated smoke detectors in resident sleeping areas and document the operational condition of all smoke detectors (see item #27- Smoke detector Audit Tool). Any smoke detectors found to be operationally efficient will be repaired or replaced. The facility Maintenance staff will be re-in-serviced on the NFPA 101 section 4.6.12.2, 3.1-19(b) and 3.1-19(a). which required facilities to implement and maintain a preventative maintenance program for battery operated smoke detectors installed in resident sleeping areas. The facility Maintenance Director or</p>	09/12/2013	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155187	X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____		X3) DATE SURVEY COMPLETED  08/13/2013
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	<p>review, the Maintenance Supervisor acknowledged documentation of the periodic testing and cleaning for battery operated smoke detectors in resident sleeping rooms was not itemized by room location. Based on observations with the Interim Executive Director and the Maintenance Supervisor during a tour of the facility from 12:30 p.m. to 3:30 p.m. on 08/13/13, battery operated smoke detectors were observed installed in each resident sleeping room in the Rehab Wing.</p> <p>3.1-19(a)</p>		<p>designee will conduct weekly audits (see item #27) for a period of 30 days, then bi-weekly audits for an additional period of 60 day and finally a monthly audit will be conducted for an additional period of 90 days. Significant results from these audits will be reviewed as part of the facilities Daily Strand Up meetings to ensure that the resident's environment is maintained in a safe and secure manner. Audit results will be discussed as part of the facilities monthly QAPI meetings. Audit findings and trends will be reviewed as part of the facilities QAPI meetings for a period of 6 months and thereafter decreased to an as needed basis as determined by the QAPI Committee. Any patterns or trends will cause an Action Plan to be written and appropriate interventions to be implemented.</p> <p>Compliance Date: September 12, 2013</p>		