

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155687	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 10/28/2015
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NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-MUNCIE	STREET ADDRESS, CITY, STATE, ZIP CODE 2701 LYN-MAR DR MUNCIE, IN 47304
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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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K 0000 Bldg. 01	<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: 10/28/15</p> <p>Facility Number: 000097 Provider Number: 155687 AIM Number: 100290970</p> <p>At this Life Safety Code survey, Golden Living Center-Muncie 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 smoke detection in the corridors, spaces open to the corridors and battery operated smoke detectors in all resident sleeping rooms. The facility has a capacity of 117 and had a census of 105 at the time of this survey.</p>	K 0000		
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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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K 0147 SS=E Bldg. 01	<p>All areas where the residents have customary access were sprinklered. All areas providing facility services were sprinklered except for one detached garage for facility storage which was not sprinklered.</p> <p>Quality Review completed on 11/09/15 - DA</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p> <p>Based on observation and interview, the facility failed to ensure 2 of 2 electrical junction boxes observed above the ceiling at the east and west smoke barrier walls of 100 hall were confined in a electrical junction box with a cover. NFPA 70, National Electrical Code, 1999 Edition, 1999 Edition, Article 370-28(c) requires exposed electrical wires be confined within a junction box with a cover compatible with the box. This deficient practice could affect 34 residents on 100 hall east and west as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observations on 10/28/15</p>	K 0147	<p>1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? The identified boxes have been covered with an electrical box cover. Maintenance is systematically reviewing areas above the ceiling to determine if there are any additional boxes that need to be covered. 2. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken? All residents have the potential to be affected. Maintenance is systematically reviewing areas above the ceiling to identify if any other boxes need to be covered. Results of the Maintenance Audit will be forwarded to the QAPI</p>	11/27/2015

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	<p>during the tour between 2:08 p.m. to 2:31 p.m. with the Maintenance Supervisor, a total of four electrical wires in each junction box observed above the ceiling panels of smoke barriers east and west on 100 hall were in junction boxes, but did not have a cover over the junction boxes to confine the electrical wires. Based on interview on 10/28/15 concurrent with the observations it was acknowledged by the Maintenance Supervisor, the electrical wires in each electrical junction box described were exposed and not protected with a cover.</p> <p>3.1-19(b)</p>		<p>Committee for review and further action if warranted. 3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur? Maintenance is systematically reviewing areas above the ceiling to identify if any other boxes need to be covered. Results of the Maintenance Audit will be forwarded to the QAPI Committee for review. Audits will be conducted quarterly for two quarters and if no further findings the Audit will be conducted annually. 4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place? Maintenance is systematically reviewing areas above the ceiling to identify if any other boxes need to be covered. Results of the Maintenance Audit will be forwarded to the QAPI Committee for review. Audits will be conducted quarterly for two quarters, and if no further findings are identified the Audit will be conducted annually. 5. By what date the systemic changes will be completed? November 27, 2015</p>		