

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155755	X2) MULTIPLE CONSTRUCTION A. BUILDING 03 B. WING _____	X3) DATE SURVEY COMPLETED 07/18/2014
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NAME OF PROVIDER OR SUPPLIER GOLDEN YEARS HOMESTEAD	STREET ADDRESS, CITY, STATE, ZIP CODE 3136 GOEGLEIN RD FORT WAYNE, IN 46815
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K030000	<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: 07/18/14</p> <p>Facility Number: 000282 Provider Number: 155755 AIM Number: 100287520</p> <p>Surveyor: Amy Kelley, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Golden Years Homestead 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 18, New Health Care Occupancies and 410 IAC 16.2.</p> <p>This one story facility with a partial basement was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with hard wired smoke detectors in the corridors, in spaces open to the corridors and in the resident rooms. The</p>	K030000	the provider respectfully requests that the Plan of Correction be considered the Letter of Credible Allegation and requests a Post Survey Desk Review on or after August 17, 2014. Our documents for verification of compliance will be attached. Preparation and submission of the Plan of Correction does not constitute an admission or agreement of the facts in this statement of deficiencies. The Plan of Correction is submitted because of requirements of State and Federal law.	

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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K030021 SS=E	<p>facility has a capacity of 106 and a census of 102 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. The areas providing facility services included an unsprinklered detached garage used for the storage of mowing equipment and a golf cart.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 07/22/14.</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 Any door in an exit passageway, stairway enclosure, horizontal exit, smoke barrier or hazardous area enclosure is held open only by devices arranged to automatically close all such doors by zone or throughout the facility upon activation of:</p> <p>a) the required manual fire alarm system;</p> <p>b) local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and</p>				

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	<p>c) the automatic sprinkler system, if installed. 18.2.2.2.6 7.2.1.8.2</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 single smoke barrier doors was held open only by a device which would allow it to close automatically upon activation of the fire alarm system. This deficient practice could affect two of thirteen smoke compartments.</p> <p>Findings include:</p> <p>Based on observation with the Facility Engineer on 07/18/14 at 1:30 p.m., the laundry room smoke barrier door was held in the open position by a plastic door wedge. Based on an interview with the Facility Engineer at the time of observation, he was not aware the magnetic hold open device was not working properly and the laundry staff were propping the door open.</p> <p>3.1-19(b)</p>	K030021	<p>1. What corrective actions will be accomplished for those residents found to have been affected by the deficient practice? There were no residents found to have been affected by this deficient practice. The door in B laundry in question is located in a hallway not part of the resident apartments. There have been no fires or other safety incidents affecting residents.</p> <p>2. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken? All doors were tested to ensure that the magnetic locks were working.</p> <p>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur? The magnetic door release that was defective has been replaced on July 24, 2014. It has been tested to ensure that it is working properly. (attachment A)</p> <p>4. How the corrective action will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance</p>	08/17/2014

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K030025 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one-hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels in approved frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 18.3.7.3, 18.3.7.5, 18.1.6.3</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 ceiling smoke barriers was maintained to provide a one hour fire resistance rating. LSC 8.3.2 requires smoke barriers shall be continuous from an outside wall to an outside wall. This deficient practice could affect 1 of 13 smoke compartments.</p>	K030025	<p>program will be put into place? It is the policy of Golden Years Homestead to conduct monthly inspections to ensure that all fire doors work properly. All departments are to report any issues with fire doors to the Maintenance Department. Laundry staff has been educated on the policy and procedure.</p> <p>5. By what date the systemic changes will be completed? August 17, 2014.</p> <p>1. What corrective actions will be accomplished for those residents found to have been affected by the deficient practice? There were no residents found to have been affected by this deficient practice. There have been no fires or other safety incidents affecting residents in the areas as a result of the practice.</p>	08/17/2014

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K030062 SS=F	<p>Findings include:</p> <p>Based on observations with the Facility Engineer on 07/18/14 during a tour of the facility from 10:50 a.m. to 2:02 p.m., the following areas had unsealed ceiling penetrations:</p> <ul style="list-style-type: none"> a. a one fourth inch opening around the ansul system conduit in all four kitchens, b. a one inch opening above the air handling unit in the laundry room, c. openings from one inch to one fourth inch around conduit in the receiving area storage room. <p>This was acknowledged by the Facility Engineer at the time of observations.</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</p>		<p>2. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken? The .25" opening around the ansul system conduit in all four kitchens were repaired. All were taped and drywall mudded to seal the opening. The 1" to 1.25" openings in the laundry room and receiving storage room were drywall, mudded and taped to seal the openings.</p> <p>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur? All openings were taped and drywall mudded to seal the openings. No further action is needed.</p> <p>4. How corrective actions will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place? Visual inspection upon completion.</p> <p>5. By what date the systemic changes will be completed? August 17, 2014.</p>	

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	<p>periodically. 18.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>Based on record review and interview, the facility failed to ensure 2 of 2 private fire hydrants were continuously maintained in reliable operating condition and inspected and tested periodically. NFPA 25, 1998 Edition, the Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems at Section 4-2.2.4 requires dry barrel hydrants to be inspected annually and after each operation. Hydrants shall be inspected and the necessary corrective action shall be taken. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on record review and interview with the Facility Engineer on 07/18/14 at 3:10 p.m., he confirmed the last annual inspection of the two private fire hydrants was conducted by J.O. Mory on 07/12/13.</p> <p>3.1-19(b)</p>	K030062	<p>1. What corrective actions will be accomplished for those residents found to have been affected by the deficient practice? There were no residents found to have been affected by this deficient practice. There have been no fires or other safety incidents affecting residents as a result of this deficient practice.</p> <p>2. How other residents having the potential to be affected by the same deficient practices will be identified and what corrective actions will be taken? The annual inspection was scheduled for July 14, 2014 by J.O. Mory, Inc. The company did not conduct the inspection on the scheduled date. The company conducted the inspection on July 22, 2014. (attachment B)</p> <p>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur? Golden Years Homestead will continue to ensure yearly inspections of the private fire hydrants are conducted.</p> <p>4. How corrective actions will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place? Golden Years Homestead will continue to ensure yearly inspections of the private fire hydrants are conducted.</p> <p>5. By what date the systemic changes will be completed? The</p>	08/17/2014	

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K030067 SS=F	<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. 9.2, 18.5.2.1, 18.5.2.2, NFPA 90A</p> <p>Based on observation, record review and interview; the facility failed to ensure all dampers 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 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 shall be removed; all dampers shall be opened to verify they fully close; the latch, if provided, shall be checked, and moving parts shall be lubricated as necessary. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on observation with the Facility Engineer on 07/18/14 during the tour from 10:50 a.m. to 2:02 p.m., dampers</p>	K030067	<p>inspection took place July 22, 2014.</p> <p>1. What corrective actions will be accomplished for those residents found to have been affected by the deficient practice? There were no residents found to have been affected by this deficient practice. There have been no fires or other safety incidents affecting residents as a result of this deficient practice. 2. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken? The quadrennial inspection has been scheduled for August 4, 2014. (attachment C) 3. What measures will be put into place or what systemic changes will be made to ensure the deficient practice does not recur? Golden Years Homestead will revise its damper inspection schedule to reflect the inspection take place every four years. 4. How the corrective action will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place? Golden Years Homestead will follow the four</p>	08/17/2014			

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K030074 SS=D	<p>were observed in the ventilation system. Based on interview with the Facility Engineer at 3:18 p.m. during the record review process, he was unable to determine the number of dampers installed in 2009 and stated they have not receive an inspection since the initial installation.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Draperies, curtains, including cubicle curtains, and other loosely hanging fabrics and films serving as furnishings or decorations in health care occupancies are in accordance with provisions of 10.3.1 and NFPA 13, Standards for the Installation of Sprinkler Systems. Shower curtains are in accordance with NFPA 701.</p> <p>Newly introduced upholstered furniture within health care occupancies meets the criteria specified when tested in accordance with the methods cited in 10.3.2 (2) and 10.3.3. 18.7.5.1, 1, NFPA 13</p> <p>Newly introduced mattresses meet the criteria specified when tested in accordance with the method cited in 10.3.2 (3) , 10.3.4, 18.7.5.3</p> <p>Based on observation and interview, the facility failed to ensure window curtains in 1 of 109 resident rooms were flame retardant. This deficient practice could affect 1 resident.</p>	K030074	<p>year inspection guideline. 5. By what date the systemic changes will be completed? August 17, 2014.</p> <p>1. What corrective actions will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>Two residents were found to have</p>	08/17/2014			

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	<p>Findings include:</p> <p>Based on observation and interview with the Facility Engineer on 07/18/14 at 1:52 p.m., he was unable to confirm the sheers hanging in the window of resident room B-24 were inherently flame retardant.</p> <p>3.1-19(b)</p>		<p>been affected. The families have been notified and the curtains removed.</p> <p>2. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken?</p> <p>Golden Years Homestead policy on curtains and wall hangings in resident rooms has been reviewed and revised. New residents/ responsible parties will sign an acknowledgement of the policy upon admission.</p> <p>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur? Residents and responsible parties will be notified through written communication of the policy. Staff will receive education during a safety and fire in-service scheduled for August 14, 2015. (attachment D)</p> <p>4. How corrective actions will be monitored to ensure the deficient practice does not recur? Homemaker staff will visually inspect rooms as they clean the rooms to identify any items that are a violation and to notify maintenance to have the items removed.</p> <p>5. By what date the system changes will be completed?</p>		

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K030147 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 Based on observation and interview, the facility failed to ensure 2 of 2 flexible cords such as extension cords were not used as a substitute for fixed wiring. LSC 9.1.2 requires electrical wiring and equipment to comply with NFPA 70, National Electrical Code, 1999 Edition. NFPA 70, Article 400-8 requires, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice could affect 2 residents.</p> <p>Findings include:</p> <p>Based on an observation with the Environmental Services personnel # 1 and the Facility Engineer on 07/18/14 from 11:10 a.m. to 12:05 p.m., a light weight extension cord was plugged in and providing power to a decorative tree in resident room C-4 and a clock in resident room A-26. The Environmental Services personnel # 1 and the Facility Engineer acknowledged two separate extension cords were plugged in and providing to a decorative tree and a</p>	K030147	<p>August 17, 2014.</p> <ol style="list-style-type: none"> What corrective actions will be accomplished for those residents found to have been affected by the deficient practice? The extension cords in the rooms of the two residents who were affected were removed (C-4 and A-26). The extension cords were replaced with surge protectors. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken? It is the policy of Golden Years Homestead that extension cords are not permitted for resident use. All resident rooms were visually inspected after the defective practice was identified to ensure that there were no other extension cords in use. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur? Upon admission, new 	08/17/2014
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	clock. 3.1-19(b)		<p>residents/responsible parties will sign an acknowledgement of the extension cords policy. All staff will be asked to monitor for the presence of extension cords in resident rooms.</p> <p>4. How the corrective actions will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</p> <p>Staff will be educated on the policy at an in-service scheduled for August 14, 2014. (attachment E) Visual inspections of resident rooms for extension cords will take place quarterly.</p> <p>5. By what date the systemic changes will be completed? August 17, 2014.</p>		