

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155264	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 08/01/2013
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NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-GOLDEN RULE	STREET ADDRESS, CITY, STATE, ZIP CODE 2330 STRAIGHT LINE PIKE RICHMOND, IN 47374
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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: 08/01/13</p> <p>Facility Number: 000165 Provider Number: 155264 AIM Number: 100288220</p> <p>Surveyor: Mark Bugni, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Golden Living Center-Golden Rule 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 V (000) construction and sprinkled. The facility has a fire alarm system with smoke detection in the corridors, in spaces open to the corridors and battery operated smoke detectors in all resident</p>	K010000	Preparation, submission and implementation of this Plan of Correction does not constitute an admission of or agreement with the facts and conclusions set forth on the survey report. Our Plan of Correction is prepared and executed as a means to continuously improve the quality of care and to comply with all applicable State and Federal regulatory requirements.	

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>sleeping rooms. The facility has a capacity of 170 and had a census of 117 at the time of this survey.</p> <p>All areas where residents have customary access were sprinkled. All areas providing facility services were sprinkled except the Hall 2 dining room mechanical room and three wooden detached sheds.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 08/07/13.</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>Based on observation and interview, the facility failed to ensure the corridor door to 2 of 24 hazardous areas, such as combustibile storage rooms over 100 square feet, were provided with self closing devices which would cause the doors to automatically close and latch into the door frames. This deficient practice could affect 67 residents who use the main dining room, located adjacent to the kitchen where the storage room is located, and 12 residents who reside on Hall 1 near the medical supply storage room.</p> <p>Findings include:</p> <p>Based on observations on 08/01/13 during a tour of the kitchen and Hall 1 from 11:50 a.m. to 12:30 p.m. with the maintenance supervisor, the three hundred seventy five square foot kitchen food storage room where forty seven cardboard</p>	K010029	<p>K 029</p> <p>The metal bracket attached to the dry wall and to the door of the food storage room was removed on 8-1-13.</p> <p>The hall 1 medical supply storage room door has been equipped with a self-closing device.</p> <p>These corrections have ensured that those residents who have been identified are no longer affected by the deficient practice.</p> <p>The maintenance department has reviewed the facility for any similar deficiencies and none were found.</p> <p>During regular rounds by maintenance staff observations will be done to ensure compliance to LSC 8.4.1 and/or 19.3.5.4.</p> <p>Any trend of non-compliance will</p>	08/14/2013

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	<p>boxes of paper and plastic food were stored had a metal bracket mounted behind the door. The metal bracket was attached to the drywall behind the door and had a bracket also attached to the door, which allowed the door to stay in the propped open position. Furthermore, the Hall 1 medical supply storage room which measured two hundred forty square foot and had ten shelves of combustible cardboard boxes of plastic and paper medical supplies lacked a self closing device. This was verified by the maintenance supervisor at the time of observations and acknowledged by the administrator at the exit conference on 08/01/13 at 3:20 p.m.</p> <p>3.1-19(b)</p>		<p>be brought to the QAA committee for review and a plan of action.</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 ensure 1 of 66 corridor and open spaces photoelectric smoke detectors was not installed where air flow would adversely affect its operation. NFPA 72, 2-3.5.1 requires, in spaces served by air handling systems, detectors shall not be located where air flow prevents operation of the detectors. This deficient practice could affect 12 residents who reside on Hall 1.</p> <p>Findings include:</p> <p>Based on an observation with the maintenance supervisor on 08/01/13 at 12:45 p.m., the smoke detector in the Hall 1 corridor by the nurses' station was located within six inches of the return air duct. This was verified by the maintenance supervisor at the time of observation and acknowledged by the administrator at the exit conference on 08/01/13 at 3:20 p.m.</p> <p>3.1-19(b)</p>	K010052	<p>K 052</p> <p>The smoke detector in hall 1 corridor by the nurses station will be relocated as required by NFPA 72, 2-3.5.1.</p> <p>A visual review of all smoke detectors were made by maintenance staff and no other smoke detectors were observed to located to air ducts or obstructions.</p> <p>The relocation of the smoke detector will ensure that those residents identified in the 2567 are no longer affected. The review made by maintenance ensure no other residents are affected.</p> <p>Regular rounds by maintenance staff will include observation for any deficiencies.</p> <p>Any trend of deficiencies will be brought to the QAA committee for review and a plan of action.</p>	08/22/2013	

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K010056 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5</p> <p>Based on observation and interview, the facility failed to ensure 1 of 22 rooms on Hall 2 were sprinklered. This deficient practice could affect 30 residents who reside on Hall 2.</p> <p>Findings include:</p> <p>Based on observation on 08/01/13 at 11:40 a.m. with the maintenance supervisor, the Hall 2 dining room mechanical room was not provided with sprinkler coverage. This was verified by the maintenance supervisor at the time of observation and acknowledged by the administrator at the exit conference on 08/01/13 at 3:20 p.m.</p> <p>3.1-19(b)</p>	K010056	<p>K 056</p> <p>The exception requirements for the electrical closet will be met as in NFPA 13, 5-13.11 as follows: a. the room is dedicated to electrical equipment only. Only the ED and maintenance staff have access to the locked doors. b. Only dry type electrical equipment is used. c. Equipment is in a 2-hour fire rated enclosure. It is protected from penetration. The metal doors are 90 min. fire-rated. We will install additional fire rated material to equal a two (2) hour fire rating to the closet. d. No combustible storage is permitted.</p> <p>Review of the building finds no other area lacking in sprinkler protection.</p>	08/30/2013			

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K010062 SS=F	<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 record review and interview, the facility failed to ensure over 300 sprinkler heads in the facility were replaced after the sprinklers were recalled. This deficient practice could affect all residents in the facility.</p> <p>Findings include:</p> <p>Based on record review of the Sprinkler System Inspection and Testing Reports dating from 2/12/2009 through 06/03/2013 with the maintenance supervisor on 08/01/13 at 10:20 a.m., the facility has Star model sprinklers which were recalled approximately three years ago. Furthermore, the sprinklers have not been replaced. This was verified by the maintenance supervisor at the time of record review and acknowledged by the administrator at the exit conference on 08/01/13 at 3:20 p.m.</p> <p>3.1-19(b) 3.1-19(ff)</p>	K010062	<p>K 062</p> <p>All recalled sprinklers are to be replaced by our contractor VFD Fire Systems beginning on or about 9-1-13 and expected to be completed in four weeks. An extension of time for completion is requested with the waiver request attached to this CMS 2567.</p>	08/30/2013			