

| | | | |
|--|---|--|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155157 | X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____ | X3) DATE SURVEY COMPLETED 07/27/2015 |
|--|---|--|---|

| | |
|---|--|
| NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-RICHMOND | STREET ADDRESS, CITY, STATE, ZIP CODE 1042 OAK DR RICHMOND, IN 47374 |
|---|--|

| (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 |
|--------------------|--|---------------|---|----------------------|
|--------------------|--|---------------|---|----------------------|

| | | | | |
|------------------------|--|--------|--|--|
| 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: 07/27/15</p> <p>Facility Number: 000077 Provider Number: 155157 AIM Number: 100266490</p> <p>At this Life Safety Code survey, Golden Living Center-Richmond 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 fully 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 sleeping rooms. The facility has a capacity of 122 and had a census of 80 at the time of this visit.</p> | K 0000 | <p>Submission of this Plan of correction is not a legal admission that a deficiency exists or that this statement of deficiency was correctly cited, and is also not to be constructed as an admission of interest against the facility, the Administrator or any employees, agents or other individuals who draft or may be discussed in this response and Plan of Correction. In addition, preparation and submission of this Plan of Correction does not constitute an admission or agreement of any kind by the facility of the truth of any conclusions set forth in this allegation by the survey agency. Accordingly the facility has prepared this Plan of correction prior to the resolution of appeal of this matter solely because of the requirements under the requirements under the state and federal law that mandate submission of a plan of correction within this time frame should in not way be considered or construed a agreement with the allegation of noncompliance or admission by the facility. This Plan of Correction is submitted as this facilities credible allegation of compliance.</p> | |
|------------------------|--|--------|--|--|

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.

| | | | |
|--|---|--|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155157 | X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____ | X3) DATE SURVEY COMPLETED 07/27/2015 |
|--|---|--|---|

| | |
|---|--|
| NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-RICHMOND | STREET ADDRESS, CITY, STATE, ZIP CODE 1042 OAK DR RICHMOND, IN 47374 |
|---|--|

| (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 |
|----------------------------|---|---------------|--|----------------------|
| K 0025 SS=E Bldg. 01 | <p>All areas where residents have customary access were sprinkled. All areas providing facility services were sprinkled except two detached wooden storage sheds.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one half 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 and steel 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. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4</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. LSC Section 8.3.6.1 requires the passage of building service materials such as pipe, cable or wire to be protected so the space between the penetrating item and the smoke barrier shall be filled with a material capable of maintaining the smoke resistance of the smoke barrier or be protected by an approved device designed for the specific</p> | K 0025 | <p>K 025 The Maintenance Director will fill the improperly sealed areas that were identified in A, B, C, D, ,E ,F and G with caulk that meets the requirements for use in through penetration fire stop systems. The Maintenance Director will inspect the facility for any improperly sealed areas that were not identified in A, B, C, D, ,E ,F and G and fill them with caulk that meets the requirements for use in through penetration fire stop systems. The Maintenance Director will inspect the facility monthly for three months then quarterly for any improperly sealed areas and seal those</p> | 08/31/2015 |

| | | | | | | | |
|---|---|---|--|--|---|---|----------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155157 | | X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____ | | X3) DATE SURVEY COMPLETED 07/27/2015 | |
| NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-RICHMOND | | | | STREET ADDRESS, CITY, STATE, ZIP CODE 1042 OAK DR RICHMOND, IN 47374 | | | |
| (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 |
| | <p>purpose. This deficient practice can affect 50 residents of the facility.</p> <p>Findings include:</p> <p>Based on observation during the tour of the facility with the Maintenance Director and Administrator on 07/27/15 between 10:00 a.m. and 1:00 p.m., the following unsealed or improperly sealed penetrations were noted:</p> <p>a.) a gap measuring a half inch to one fourth of an inch around sprinkler heads in the dining room entrance, storage closet by room 19, in rooms 12, 50, and 91.</p> <p>b.) in the kitchen store room around the sprinkler riser system, fire caulk was cracked and falling out causing a one inch gap.</p> <p>c.) in the fire panel room there were two unsealed holes around wires measuring one half of an inch in size.</p> <p>d.) in the IT/store room there were four unsealed holes one fourth on an inch in size around wires.</p> <p>e.) in the IT/store room above the IT equipment panel was an unsealed five foot by half inch crack running between the wall and ceiling.</p> <p>f.) in the IT closet in the office hall there were two unsealed holes one fourth on an inch in size around wires.</p> <p>g.) in the janitor ' s closet by room 45 and</p> | | | | <p>identified with caulk that meets the requirements for use in through penetration fire stop systems. The maintenance Director will report to the quality assurance committee monthly any and all inspections.</p> | | |

| | | | | | | | |
|---|--|---|---|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155157 | | X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____ | | X3) DATE SURVEY COMPLETED 07/27/2015 | |
| NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-RICHMOND | | | | STREET ADDRESS, CITY, STATE, ZIP CODE 1042 OAK DR RICHMOND, IN 47374 | | | |
| (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 | | | |
| K 0029 SS=E Bldg. 01 | <p>the janitor ' s closet by room 18 there were penetrations sealed with a gray or white non-fire rated caulk. Based on interview at the time of observation, the Maintenance Director and Administrator acknowledged and provided the measurements of the penetrations. Also, the Maintenance Director did not know if the gray or white caulk was an approved material and did not have the documentation to show if the caulk met the requirements for use in through penetration fire stop systems.</p> <p>3.1-19(b)</p> <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 Based on observation and interview, the facility failed to ensure 1 of 1 laundry rooms and 1 of 1 maintenance shops were smoke resistive and provided one</p> | K 0029 | K 029 | 08/31/2015 | | | |

| | | | | | |
|---|---|---|--|----------------------|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155157 | X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____ | | X3) DATE SURVEY COMPLETED 07/27/2015 |
| NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-RICHMOND | | | STREET ADDRESS, CITY, STATE, ZIP CODE 1042 OAK DR RICHMOND, IN 47374 | | |
| (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 | |
| K 0062 SS=D Bldg. 01 | <p>hour fire rated construction. This deficient practice was not in a patient treatment area but could affect staff working in laundry and maintenance shop.</p> <p>Findings include:</p> <p>Based on observation during the tour of the facility with the Maintenance Director on 07/27/15 at 12:28 p.m., in the laundry room there was a half inch unsealed gap in the ceiling around a sprinkler head. Also in the maintenance shop there were four ceiling penetrations around electrical conduits sealed with a white non-fire rated caulk.</p> <p>Based on interview at the time of observation, the Maintenance Director acknowledged and provided the measurements of the penetration. Also, the Maintenance Director did not know if the white caulk was an approved material and did not have the documentation to show if the caulk met the requirements for use in through penetration fire stop systems.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are</p> | | <p>The Maintenance Director will seal all improperly sealed areas identified in the Laundry room around sprinkler head and in the maintenance shop the four ceiling penetration's around electrical conduits with caulk that meets the requirements for use in through penetration fire stop systems.</p> <p>The Maintenance Director will inspect the facility for any improperly sealed areas that were not identified and fill them with caulk that meets the requirements for use in through penetration fire stop systems.</p> <p>The Maintenance Director will inspect the facility monthly for three months then quarterly for any improperly sealed areas and seal those identified with caulk that meets the requirements for use in through penetration fire stop systems.</p> <p>The maintenance Director will report to the quality assurance committee monthly any and all inspections.</p> | | |

| | | | |
|--|---|--|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155157 | X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____ | X3) DATE SURVEY COMPLETED 07/27/2015 |
|--|---|--|---|

| | |
|---|--|
| NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-RICHMOND | STREET ADDRESS, CITY, STATE, ZIP CODE 1042 OAK DR RICHMOND, IN 47374 |
|---|--|

| (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 |
|----------------------------|--|---------------|--|----------------------|
| K 0072 SS=E Bldg. 01 | <p>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 2 sprinklers in the Directors office was properly maintained. 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. This deficient practice could affect 2 residents by or in the Directors office.</p> <p>Findings include:</p> <p>Based on observation during a tour of the facility with the Maintenance Director and Administrator on 07/27/15 at 11:31 a.m., the sprinkler in the closet of the Directors office was missing an escutcheon. Based on interview at the time of observation, this was acknowledged by the Maintenance Director and Administrator.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Means of egress are continuously maintained free of all obstructions or</p> | K 0062 | <p>K-62</p> <p>The Maintenance Director replaced the missing escutcheon in the director's office on 7-27-15</p> <p>The Maintenance Director will inspect the facility for missing or loose Escutcheon and replace or tighten as indicated.</p> <p>The Maintenance Director will inspect the facility monthly for three months then quarterly for missing or loose Escutcheon and replace or tighten as indicated</p> <p>The maintenance Director will report to the quality assurance committee monthly any and all inspections.</p> | 08/31/2015 |

| | | | | | |
|---|---|---|---|----------------------|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155157 | X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____ | | X3) DATE SURVEY COMPLETED 07/27/2015 |
| NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-RICHMOND | | | STREET ADDRESS, CITY, STATE, ZIP CODE 1042 OAK DR RICHMOND, IN 47374 | | |
| (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 | |
| | <p>impediments to full instant use in the case of fire or other emergency. No furnishings, decorations, or other objects obstruct exits, access to, egress from, or visibility of exits. 7.1.10</p> <p>Based on observation and interview, the facility failed to maintain the means of egress free from obstructions in three of four corridors. This deficient practice could affect 70 residents.</p> <p>Findings include:</p> <p>Based on observations during a tour of the facility with the Administrator and Maintenance Director on 07/27/15, it was noted at 10:00 a.m. and then again at 12:30 p.m. that all patient hallways had equipment not in use and stored in the corridors. Items observe in the corridor included, nine Hoyer lifts, six wheel chairs, three Geri chairs, two walkers, and one shower chair. Around 11:00 a.m. during the tour, due to the aforementioned equipment, the clearance of the hallway was less than six feet and obstructing the egress path. Based on interview with the administrator and maintenance supervisor at the time of observations, these items are typically kept in the hallway throughout the day till after bed time.</p> <p>3.1-19(b)</p> | K 0072 | K-72 On 7-27-15 The facility removed all equipment that was not in use and stored in the corridors as to allow the means of egress free form obstructions in all corridors. The facility will maintain the means of egress free form obstructions in all corridors. The Executive Director or designee will monitor 5 times as week for 12 weeks then 3 times a week for 12 weeks then weekly to ensure that the facility will maintain the means of egress free form obstructions in all corridors. The Executive Director will report to the quality assurance committee monthly any and all inspections. | 08/31/2015 | |

| | | | |
|--|---|--|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155157 | X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____ | X3) DATE SURVEY COMPLETED 07/27/2015 |
|--|---|--|---|

| | |
|---|--|
| NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-RICHMOND | STREET ADDRESS, CITY, STATE, ZIP CODE 1042 OAK DR RICHMOND, IN 47374 |
|---|--|

| (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 |
|----------------------------|---|---------------|--|----------------------|
| K 0147 SS=E Bldg. 01 | <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 1 of 1 flexible cords in the beauty shop and 1 of 1 flexible cords in room 53 were not used as a substitute for fixed wiring to provide power for medical equipment and equipment with a high current draw. NFPA 70, National Electrical Code, 1999 Edition, Article 400-8 requires that, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice was not in a patient care area but could affect facility and staff in the Assistant Director of Nursing's office.</p> <p>Findings include:</p> <p>Based on observations during a tour of the facility with the Director of Maintenance and Administrator on 07/27/15 at 11:12 a.m. and at 11:52 a.m., in resident room 53 two medical beds and an oxygen concentrator was supplied with electricity by extension cord power strip. Also, in the Beauty Shop two</p> | K 0147 | <p>On 7-27-15 the Maintenance Director Removed the extension cord power strip from room 53, and the Beauty shop and installed receptacles for fixed wiring structure. The Maintenance Director will inspect the facility for and removed the extension cord power strips and installed receptacles for fixed wiring structure where indicated. The Maintenance Director will inspect the facility monthly for three months then quarterly for extension cord power strips and installed receptacles for fixed wiring structure where indicated. The maintenance Director will report to the quality assurance committee monthly any and all inspections.</p> | 08/31/2015 |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155157 | X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____ | | X3) DATE SURVEY COMPLETED 07/27/2015 |
|---|--|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-RICHMOND | | | STREET ADDRESS, CITY, STATE, ZIP CODE 1042 OAK DR RICHMOND, IN 47374 | | |
| (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 | |
| | curling irons and a hair dryer was supplied with electricity by extension cord power strip. Based on interview, the Director of Maintenance acknowledged the extension cord and power strip at the time of observation. 3.1-19(b) | | | | |