

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155062	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	X3) DATE SURVEY COMPLETED 05/11/2015
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NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-LAPORTE	STREET ADDRESS, CITY, STATE, ZIP CODE 1700 I ST LA PORTE, IN 46350
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K 000 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: 05/11/15</p> <p>Facility Number: 000023 Provider Number: 155062 AIM Number: 100289400</p> <p>At this Life Safety Code survey, Golden Living Center-Laporte 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.</p> <p>This one story facility with a partial basement was determined to be of Type II (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 powered smoke detectors in all resident rooms. The facility has a capacity of 87 and had a census of 61 at the time of this survey.</p>	K 000		
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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 051 SS=C Bldg. 01	<p>All areas where the residents have customary access were sprinklered. All areas providing facility services were sprinklered except for a block building used to store maintenance equipment which were not sprinklered.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, National Fire Alarm Code, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection or extinguishing system operation. Pull stations in patient sleeping areas may be omitted provided that manual pull stations are within 200 feet of nurse's stations. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72 and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 19.3.4, 9.6</p> <p>Based on observation and interview, the facility failed to install 1 of 1 fire alarm systems in accordance with NFPA 72, National Fire Alarm Code, 1999 Edition. NFPA 72, 1-5.2.5.2 requires the fire alarm circuit disconnecting means shall</p>	K 051	K 051 NFPA 101 Life Safety code Standard The standard was not met as evidenced by: based on observation and interview, the facility failed to install 1 of 1 fire alarm systems in accordance with NFPA. It	06/10/2015			

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K 143 SS=E Bldg. 01	<p>have a red marking, shall be accessible only to authorized personnel, and shall be identified as FIRE ALARM CIRCUIT CONTROL. This deficient practice could affect all residents as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observation on 05/11/15 at 3:10 p.m., with the Maintenance Supervisor the fire alarm system circuit breaker could not be located. Based on interview on 05/11/15 at 3:15 p.m. with the Maintenance Supervisor it was acknowledged the location of the breaker for the fire alarm panel was unknown..</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Transferring of oxygen is:</p>		<p>requires the fire alarm circuit disconnecting means shall have a red marking, shall be accessible only to authorized personnel and shall be identified as FIRE ALARM CIRCUIT CONTROL. This deficient practice could affect all residents as well as visitors and staff. The corrective actions initiated for the above K tag are as follows for the alleged deficient practice. 1. DON, ED, and maintenance was educated by life safety surveyor on the requirement of a separate labeled breaker switch for the FIRE ALARM CIRCUIT CONTROL. 2. The fire alarm circuit for the facility was located in the breaker box and designated with a red breaker switch. It was further labeled FIRE ALARM CIRCUIT CONTROL. 3. The ED/maintenance will validate with a tour and documentation each month that the breaker continues to be labeled correctly. 4. The ED will discuss the results of tours with documentation will be reviewed monthly at the QAPI meeting times for 90 days. If after 90 days of review, no trends or patterns are identified then the documentation will be reviewed quarterly. The above plan of correction will be in compliance by 6/10/15.</p>		

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	<p>(a) separated from any portion of a facility wherein patients are housed, examined, or treated by a separation of a fire barrier of 1-hour fire-resistive construction;</p> <p>(b) in an area that is mechanically ventilated, sprinklered, and has ceramic or concrete flooring; and</p> <p>(c) in an area posted with signs indicating that transferring is occurring, and that smoking in the immediate area is not permitted in accordance with NFPA 99 and the Compressed Gas Association. 8.6.2.5.2</p> <p>1. Based on observation and interview, the facility failed to ensure 1 of 1 oxygen storage rooms where oxygen transfer occurs had continuously working electrically powered mechanical ventilation. This deficient practice could affect 12 residents on Southeast hall as well as visitors and staff in the area.</p> <p>Findings include:</p> <p>Based on observation on 05/11/15 at 2:06 p.m. with the Maintenance Supervisor, the oxygen storage room Southeast hall used to store and transfer oxygen was not provided with a working electrically powered mechanical vent. Based on interview on 05/11/15 at 2:08 p.m. it was acknowledged by the the Maintenance Supervisor this room was used to transfer oxygen and did not have an electrically</p>	K 143	<p>K 143</p> <p>NFPA 101 Life Safety Code Standard</p> <p>Based on observation and interview , the facility failed to ensure 1 or 1 oxygen storage rooms where oxygen transfer occurs had continuously working electrically powered mechanical ventilation. This deficient practice could affect 12 residents on south east hall as well as visitors and staff in the area.</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 electrical outlets was positions five feet above the floor in the oxygen storage room</p>	06/10/2015

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	<p>powered vent in the room.</p> <p>3.1-19(b)</p> <p>2. Based on observation and interview, the facility failed to ensure 1 of 1 electrical outlets was positioned five feet above the floor in the oxygen storage room on Southeast hall where oxygen transfer occurs. NFPA 99, 1999 Edition Standard for Health Care Facilities, Section 8-3.1.11.2(f) requires electrical fixtures in oxygen storage locations shall meet 4-3.1.1.2 (a) 11(d) which requires ordinary electrical wall fixtures in supply rooms shall be installed in fixed locations not less than 5 feet above the floor to avoid physical damage. This deficient practice could affect an 12 residents on Southeast hall as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observation on 05/11/15 at 2:09 p.m. with the Maintenance Supervisor, there was one electrical outlet installed inside the oxygen room on the south wall located forty eight inches above the floor. Based on interview on 05/11/15 at 2:12 p.m. with the Maintenance Supervisor, it was acknowledged the electrical wall fixture in the oxygen storage room used for oxygen transfer was located less than</p>		<p>on south east hall where oxygen transfer occurs. NFPA 99 requires electrical fixtures in oxygen supply rooms shall meet 4-3.1.1.2(a) 11(d) which requires ordinary electrical fixtures in supply rooms shall be installed in fixed locations not less than 5 feet above the above the floor to avoid physical damage. this deficient practice could affect 12 residents on South east hall as well as visitors and staff.</p> <p>1. DNS, Maintenance, and ED educated by Life safety surveyor concerning above tag concerning oxygen storage room.</p> <p>2. Maintenance installed a new a continuously working electrically powered mechanical ventilations.</p> <p>3. Maintenance relocated the electrical outlet to NFPA code(at/ over 5 feet).</p> <p>4. Maintenance/designee will verify through documentation that the electronically powered mechanical ventilations are working weekly.</p>				

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	<p>five feet above the floor.</p> <p>3.1-19(b)</p>		<p>The ED will discuss the documentation monthly at the QAPI meeting times for 90 days. If after 90 days of review, no trends or patterns are identified then the documentation will be reviewed quarterly.</p> <p>The above plan of correction will be in compliance by 6/10/15.</p> <p>Golden Living Center LaPorte is officially requesting a desk review for this plan of correction.</p>	