

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155076	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 03/25/2014
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NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER- BROOKVIEW	STREET ADDRESS, CITY, STATE, ZIP CODE 7145 E 21ST ST INDIANAPOLIS, IN 46219
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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: 03/25/14</p> <p>Facility Number: 000031 Provider Number: 155076 AIM Number: 100266150</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Golden Living Center-Brookview was found in substantial 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 facility with the east and west wing consisting of one story and the subacute wing consisting of two stories and a basement was determined to be of Type V (000) construction and fully sprinklered. The facility has a fire alarm</p>	K010000		
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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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	<p>system with smoke detection in the corridors and in all areas open to the corridor. The facility has battery operated smoke detectors in all resident sleeping rooms. The facility has a capacity of 136 and had a census of 116 at the time of this visit.</p> <p>All areas where residents have customary access were sprinklered. The facility has one detached shed providing facility storage services which was not sprinklered.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 03/27/14.</p> <p>The facility was found in substantial compliance with the aforementioned regulatory requirements as evidenced by the following:</p>						

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K010050 SS=C	<p>NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2</p> <p>Based on record review and interview, the facility failed to conduct quarterly fire drills at unexpected times under varying conditions on the third shift for 3 of 4 quarters. This deficient practice could affect all residents, staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on review of "Fire Drill GLC Brookview" documentation with the Senior Director of Maintenance during record review from 9:40 a.m. to 11:10 a.m. on 03/25/14, third shift fire drills conducted on 06/20/13, 10/17/13, 12/29/13 and 02/26/14 were conducted at, respectively, 4:50 a.m., 5:45 a.m., 5:30 a.m. and 5:20 a.m. Based on interview at the time of record review, the Senior Director of Maintenance acknowledged third shift fire drills were not conducted at unexpected times under varying</p>	K010050	<p>K050</p> <p>It is the practice of this facility that fire drills are held at unexpected times under varying conditions, at least quarterly on each shift.</p> <p>What corrective actions will be accomplished for those residents found to have been affected by the deficient practice are as follows:</p> <p>No residents were found to have been affected by the deficient practice.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken is as follows:</p> <p>All residents are identified to have potential to be affected by the deficient practice. A facility fire drill schedule for 2014 will be implemented to include all twelve</p>	04/08/2014			

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	conditions. 3.1-19(b)		(12) 2-hour periods including at least quarterly on each shift (Attachment 1). What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur is as follows: A facility fire drill schedule for 2014 will be implemented to include all twelve (12) 2-hour periods including at least quarterly on each shift (Attachment 1). The schedule and documented drills will be maintained in the facility Life Safety Documentation binder in the Maintenance Department. 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 and by what date the systemic changes will be completed is as follows: The facility fire drill schedule for 2014 and the documented drills will be reviewed at the monthly Quality Assurance / Performance Improvement committee for further review and recommendations By what date the systemic changes will be completed is		

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			<p>as follows:</p> <p>4/8/14.</p>	
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