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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155390 | X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____ | X3) DATE SURVEY COMPLETED 04/29/2015 |
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| NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-WOODBRIDGE | STREET ADDRESS, CITY, STATE, ZIP CODE 816 N FIRST AVE EVANSVILLE, IN 47710 |
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| (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 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 Dates: 04/29/15</p> <p>Facility Number: 000438 Provider Number: 155390 AIM Number: 100274170</p> <p>At this Life Safety Code survey, Golden Living Center-Woodbridge 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 facility consists of two buildings connected in the center. The east portion of the facility contains the 300 Unit and was one story with a basement. The west portion of the facility contains the 100 and 200 Units and was two stories with a basement. Both buildings were determined to be of Type II (222) construction and were fully sprinklered.</p> | K 000 | <p>K000</p> <p>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 conclusion set forth in this allegation. Accordingly, the facility has prepared and submits this Plan of Correction solely as a requirement under State and Federal Law that mandates a submission of a Plan of Correction as a condition to participate in Title 18 and 19 programs, and</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.

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| K 071 SS=E Bldg. 01 | <p>The facility has a fire alarm system with hard wired smoke detectors in the corridors and spaces open to the corridors, plus battery operated smoke detectors in all resident sleeping rooms. The facility has a capacity of 67 and had a census of 60 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered and all areas providing facility services were sprinklered, except, a detached wood shed and a detached metal pod both used for facility storage.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Rubbish Chutes, Incinerators and Laundry Chutes:</p> <p>(1) Any existing linen and trash chute, including pneumatic rubbish and linen systems, that opens directly onto any corridor is sealed by fire resistive construction to prevent further use or is provided with a fire door assembly having a fire protection rating of 1 hour. All new chutes comply with section 9.5.</p> <p>(2) Any rubbish chute or linen chute, including pneumatic rubbish and linen systems, is provided with automatic extinguishing protection in accordance with 9.7.</p> <p>(3) Any trash chute discharges into a trash collection room used for no other purpose and protected in accordance with 8.4.</p> | | <p>to provide the best possible care to our residents as possible.</p> | |

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| | <p>(4) Existing flue-fed incinerators are sealed by fire resistive construction to prevent further use. 19.5.4, 9.5, 8.4, NFPA 82</p> <p>Based on observation and interview, the facility failed to ensure 2 of 2 laundry chute doors were provided with fire doors which latched automatically into there door frames. This deficient practice could affect all residents, as well as staff and visitor on the 1st and 2nd floors of the two story portion of the facility.</p> <p>Findings include:</p> <p>Based on observations on 4/29/15 between 11:00 a.m. and 12:15 p.m. during a tour of the facility with the Maintenance Director, the first and second floor soiled laundry chute doors were not provided with latching devices which would ensure the chute doors latched automatically when the doors self closed. This was acknowledged by the Maintenance Director at the time of each observation.</p> <p>3.1-19(b)</p> | K 071 | <p>K 071</p> <p>The soiled laundry chute doors on the first and second floor will have an automatic latching device installed. Installing these latches will protect any or all residents that would be affected.</p> <p>All residents having the potential to be affected by the existing latches will now be protected by the installation of automatic latching devices.</p> <p>The correct operation of the automatic latching devices on the soiled laundry chute doors on the first and second floor will be monitored on a regular basis during preventive maintenance rounds in accordance with the Building Engines maintenance program by the Maintenance Director/Designee.</p> <p>Installing the automatic latching devices on the soiled laundry chute doors on first and second floor will</p> | 05/29/2015 |

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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| | | | be completed by 05/29/ 2015. | | |